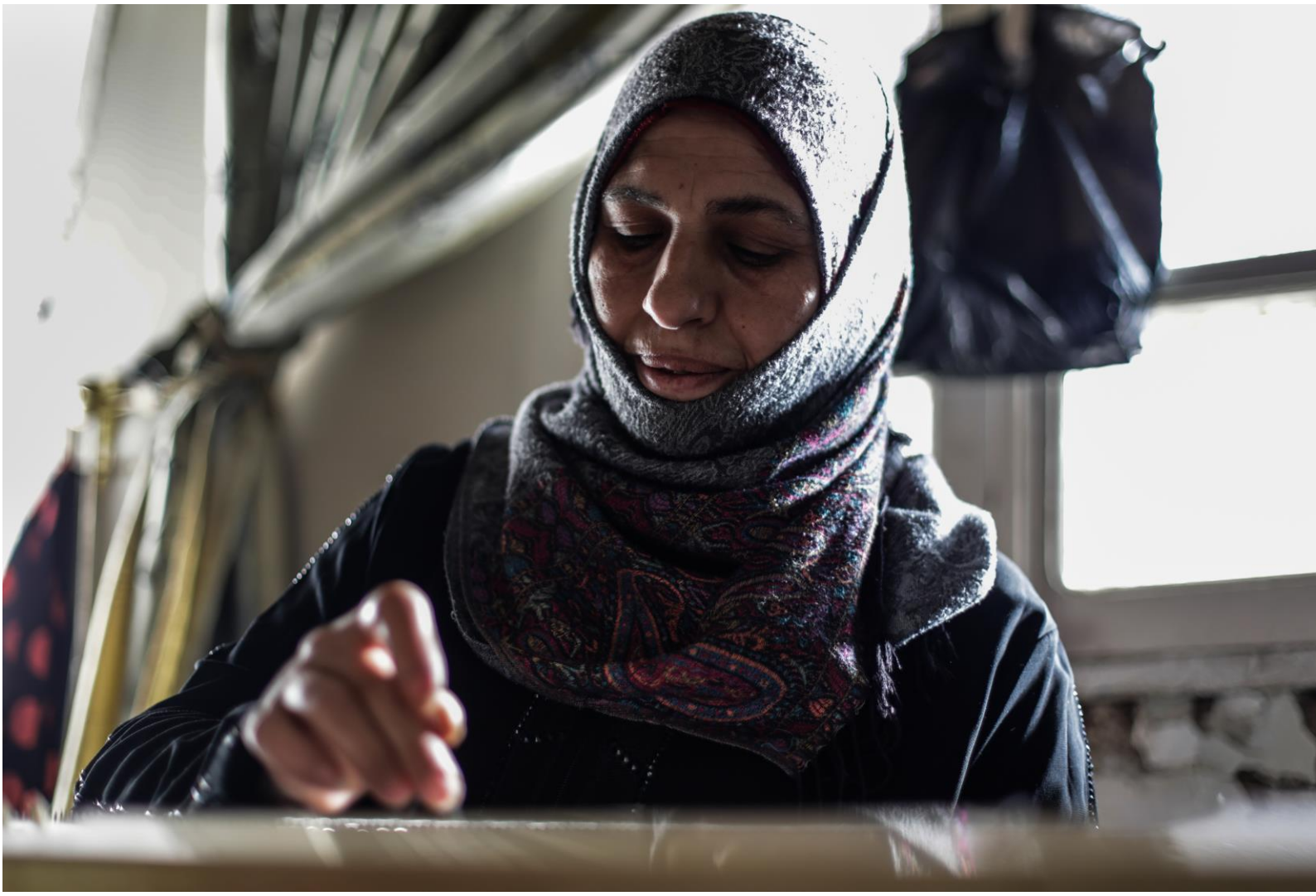

Rapid Gender Analysis

Middle East and North Africa Region

8 April 2020

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Acknowledgements

This RGA has benefitted from the valuable contributions from CARE International colleagues, especially Anushka Kalyanpur and Christina Haneef.

The views in this RGA are those of the author alone and do not necessarily represent those of CARE or its programs.

Cover page photo: A widow in Syria sews clothing for displaced persons as a new form of livelihoods. © Abdullah Hammam/Syria Resilience Consortium, 2019

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Abbreviations

COVID-19	Novel Coronavirus 2019
GBV	Gender-based violence
IDPs	Internally-displaced persons
LGBTQ	Lesbian, Gay, Bisexual, Transsexual, and/or Queer
MENA	Middle East & North Africa
MHM	Menstrual Hygiene Management
MHPSS	Mental Health & Psychosocial Support
MISP	Minimum Initial Service Package
OPD	Organizations for Persons with Disabilities
PPE	Personal Protective Equipment
RGA	Rapid Gender Analysis
SADD	Sex, Age, and Disability Disaggregated
SDR	Secondary Data Review
SEA	Sexual Exploitation and Abuse
SME	Small & Medium Enterprises
SRH	Sexual & Reproductive Health
U.N.	United Nations
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation, & Hygiene
WHO	World Health Organization

Executive Summary

The novel coronavirus 2019 (COVID-19) pandemic has been wreaking havoc on the international community in recent weeks and months, leaving almost no corner untouched. As of 8th April 2020, 1,464,852 cases and 85,397 deaths have been recorded in 212 countries[1], including all countries in the Middle East/North Africa (MENA) region with the exception of Yemen. MENA is at a critical stage in containing the pandemic. Some countries have been successful in curtailing the spread by utilizing stringent lockdown measures, while other more fragile and conflict-affected countries, that are less equipped for additional crises, are only beginning to face the inevitable spread of the virus, with incredibly diminished health infrastructures. Widespread conflict, displacement, and migration in the region significantly complicates a controlled response to COVID-19, and extreme water scarcity makes preventative measures even more challenging.

Key Findings

- Deeply-entrenched gender roles in the region have led to an even **heavier double-burden of work, on women** to serve as caregivers for households, included infected family members.
- Gains made in **women's household and community-level decision-making and leadership are at risk** with the pandemic.
- Economic deprivation, psychosocial stress, and containment measures are leading to **substantial increases in intimate partner and domestic violence** and the need for service expansion is critical.
- There is significant **need for continuation and increase of support to sexual and reproductive health services** for women and girls, including menstrual hygiene management and pre- and post-natal care
- **Water, sanitation, and hygiene materials are severely lacking** particularly in displacement settings, and need to be addressed as a matter of urgency.
- **Women's increased role in supporting the economy could be diminished** if concerted efforts are not made to ensure flexible modalities for income generation and other types of economic assistance provided in conjunction with support to caregiving roles.

Women and girls in MENA faced numerous barriers to education, mobility, financial and asset control, and public leadership prior to the pandemic, and any positive gains made recently are at risk. They are impacted by losses in the informal labor market, elevated levels of violence and harassment, and increased burdens of caregiving for out-of-school children, sick and elderly family members.

Levels of psychosocial distress, already high in a volatile region are only escalating, with reductions in men's roles as providers being felt in a context of strict gender roles and stigmatization. The potential shift in men's and boys' role to provide increased caregiving should be explored in contextually-appropriate manners.

Core Recommendations include:

1. Consistently collect and analyze **sex, age, and disability disaggregated (SADD) data** in all preparedness and response interventions.
2. Prioritize provision of **sexual and reproductive health services and menstrual hygiene materials** in line with the MISP for women and girls.
3. Continue, expand, and adapt **protection and gender-based violence (GBV) services** as a matter of life-saving urgency.
4. Increase provision of **water, sanitation, and hygiene services** particularly in rural and displaced settings.
5. Take **economic measures** to protect those involved in informal/insecure labor markets such as cash assistance.
6. **Ensure women are involved in leadership and decision making** on COVID-19 response at global, regional, national, and community levels.
7. **Engage men and boys in dialogue** to change social norms and strengthen engagement in caregiving roles.
8. Increase investment in **mental health and psychosocial services**, especially in conflict settings.
9. Adapt **women's economic empowerment** initiatives to promote remote modalities for income generation.

[1] https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

Introduction

Background information – COVID-19 in Middle East & North Africa Region

The novel coronavirus 2019 (COVID-19) pandemic was first detected in December 2019 in Hubei Province, China, and has since spread exponentially with over 1.4 million documented cases and 85,397 deaths across 212 countries and territories as of 8th April, 2020[2][3]. While many countries have taken measures to contain the spread of COVID-19, the rate of infection is expected to increase in coming weeks as testing becomes more available and the virus is now being documented in vulnerable war-torn countries.

Older persons and those with pre-existing medical conditions (e.g. asthma, diabetes, and heart disease) are most likely to become severely ill upon contracting the virus, with higher prevalence rates among men than women. However, all demographic groups will experience the effects of the pandemic differently, including impacts related to access to water, sanitation, and hygiene (WASH) services, reduction of livelihoods opportunities, disruption of children's education, interruption of live-saving sexual and reproductive health (SRH) services, and increased household violence (both intimate partner and other domestic), which all disproportionately impact women and girls.

The Middle East/North Africa (MENA)[4] region has seen a drastic increase in COVID-19 cases in the past week[5] and is at a critical point in preventing further spread. Many countries in the region are experiencing (directly and indirectly) heightened conflict and complex emergencies – the region hosts the largest population of refugees in the world[6] – which is compounded by often fragile or weakened health infrastructure and disease surveillance capacity. This severely impacts countries like Syria and West Bank/Gaza who have also experienced longstanding economic deprivation. All MENA countries with the exception of Yemen have documented cases, totaling 45,778 cases to date[7]. The frequency of mass religious gatherings characteristic in the region, and protest movements in countries like Lebanon and Iraq (though recently abated)[8], as well as substantial internally displaced populations in Iraq and Syria, can further contribute to the likelihood of rapid transmission of COVID-19. In the immediate term, the quick and stringent response from many governments in the region[9], including attempts to rapidly curtail population movements with varying degrees of lockdown, has led to better containment of CoVID-19. However, the response has at times been characterized by limitations on freedom of speech, that call to question accurate reporting of prevalence rates. WHO drafted a regional preparedness and response plan in February 2020[10].

> *"I know that several contexts in our Region, such as camp settings, represent high-risk environments for transmission of the virus and can make physical distancing a challenge. We are working hard to ensure that people who are most vulnerable are protected, and able to get tested and treated without delay or interruption."*
>
> -World Health Organization Director, Eastern Mediterranean Regional Office

[2] World Health Organization Coronavirus (COVID-19) pandemic: https://www.who.int/emergencies/diseases/novel-coronavirus-2019
[3] Other sources have more elevated reporting of cases and deaths, but WHO reporting is utilized here.
[4] While there are varied terminologies and classifications, MENA here reflects the countries in which CARE operates within the geographic region: Jordan, Palestine, Lebanon, Iraq, Syria, Yemen, Morocco, Egypt, Turkey, Caucasus, and Georgia.
[5] WHO; http://www.emro.who.int/media/news/rd-statement-on-covid-19.html; 2 April 2020
[6] https://www.weforum.org/agenda/2019/03/mena-countries-in-the-middle-east-have-the-highest-proportion-of-refugees-in-the-world/
[7] Johns Hopkins University; https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6
[8] https://www.economist.com/middle-east-and-africa/2020/03/26/as-covid-19-spreads-arab-states-are-clamping-down
[9] https://www.cbsnews.com/news/coronavirus-in-jordan-seemingly-kept-in-check-by-drastic-early-lockdown-measures/
[10] WHO; http://applications.emro.who.int/docs/EMCSR260E.pdf?ua=1

MENA is additionally the most water scarce region of the world with increasing desertification[11], complicating the ability of vulnerable populations, particularly in rural areas, to access WASH resources critical to curbing the COVID-19 spread in line with global recommendations, such as regular handwashing. WASH service availability is further exacerbated in MENA countries experiencing protracted conflict, where millions of people were in need of emergency WASH assistance prior to the COVID-19 pandemic.

The Rapid Gender Analysis objectives & methodology

The current Rapid Gender Analysis (RGA) for the MENA region has the following key objectives:

- To identify and analyze the different impacts of the COVID-19 pandemic, both current and potential, on women, men, girls and boys and other vulnerable demographics in the MENA region;
- To provide a repository of available secondary resources to inform country-specific RGA exercises;
- To inform COVID-19 response interventions in the region that are sensitive to the needs of women, men, girls, and boys, with a particular focus on gender-based violence (GBV), water, sanitation, and hygiene (WASH), sexual and reproductive health (SRH), livelihoods and women's economic empowerment.

The RGA, undertaken from 31 March to 5 April 2020, yields information about the different needs, capacities and coping strategies of women, men, girls and boys, during the COVID-19 pandemic. Such RGAs are built up progressively to monitor changes during a crisis; the current RGA should be read in conjunction with CARE International's Policy Brief, "Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings"[12] and CARE International and the International Rescue Committee's Global Rapid Gender Analysis for COVID-19[13]. The RGA contributes to better understanding of gender roles and relations and provides practical programming and operational recommendations. In light of both need for expediency and recognition of risks and limitations associated with primary data collection under the risk of pandemic spread, the study utilized secondary data review (SDR) comprised of both country-specific and regionally-available resources from government, humanitarian, and health sector stakeholders. Use of SDR is inevitably limited to available context-specific analysis in immediate stages of crises. The RGA benefitted from CARE International's adapted RGA Toolkit for COVID-19, including guidance for SDR.

Demographic profile

Sex and Age Disaggregated Data

The MENA region hosts roughly 6% of the world's population[14] (Egypt and Turkey constituting the most populous countries in the region), and is both dense and culturally and linguistically diverse, spanning three continents. It is a hub for international travel with high rates of migration to, from, and within the region. Roughly 36% of the population is under the age of 19[15], with an average life expectancy of 71 for men and

[11] https://thewaterproject.org/water-crisis/water-in-crisis-middle-east
[12] CARE International. Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings. 16 March 2020. https://www.care-international.org/files/files/Gendered_Implications_of_COVID-19-Full_Paper.pdf
[13] CARE International and International Rescue Committee, Global Rapid Gender Analysis for COVID-19. 31 March 2020. https://insights.careinternational.org.uk/images/documents/rapid-gender-analysis/GiE_learning_Global_RGA_COVID_March2020.pdf
[14] UNICEF; https://www.unicef.org/mena/wash
[15] https://population.un.org/wpp/Download/Standard/Population/

74 for women[16]. An average of 9% of persons in MENA are living with a disability, including a substantial increase in conflict-related injuries over the past decade, with Syria reaching 27% of the total population living with a disability[17]. An average of 15% of households in the region are female-headed, with substantial differences in Yemen and Syria, which each have about one third of populations living in female-headed households. Rates of gender-based violence, such as intimate partner violence, so-called 'honor killings', early child marriage, female genital mutilation, and sexual assault are particularly high, while acknowledging typically low levels of reporting and support-seeking by survivors, given strong cultural stigmatization.

Table 1: Shows Sex and Age Disaggregated Data from selected countries in the MENA region[18]

Sex and Age Disaggregated Data										
Egypt	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	49%	52%	49%	51%	50%	50%	54%	46%	50%	50%
#									50,632,000	51,702,000
Georgia	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
	48%	52%	47%	53%	51%	49%	60%	40%	52%	48%
									1.932.600	1.790.900
Iraq	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	49%	51%	49%	51%	50%	50%	54%	46%	50%	50%
#									38,959,000	39,282,000
Jordan	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	49%	51%	49%	51%	49%	51%	53%	47%	50%	50%
#									5,037,000	5,166,000
Lebanon	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	48%	52%	48%	52%	50%	50%	52%	48%	50%	50%
#									3,391,000	3,436,000
Morocco	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	49%	51%	49%	51%	51%	49%	52%	48%	50%	50%
#									18,594,000	18,316,000
Palestine	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	49%	51%	49%	51%	49%	51%	52%	48%	50%	50%
#									2,514,000	2,587,000
Syria	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	49%	51%	49%	51%	50%	50%	54%	46%	50%	50%
#									8,741,000	8,760,000
Turkey	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	49%	51%	49%	51%	50%	50%	57%	43%	51%	49%
#									42,703,000	41,635,000
Yemen	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
	Age 0-9		**Age 10-19**		**Age 20 -59**		**Age 60+**		**Total #/%**	
%	49%	51%	49%	51%	50%	50%	54%	46%	50%	50%
#									14,800,000	15,025,000

[16] https://www.worldlifeexpectancy.com
[17] Humanitarian Needs Assessment Program (HNAP); Disability: Prevalence and impact, Syrian Arab Republic, 2020
[18] United Nations, Word Population Prospects. Department of Economic and Social Affairs. Population Dynamics. Estimates for 2020. Access 07.04.2020. https://population.un.org/wpp/Download/Standard/Population/

Findings and analysis

Secondary data review from the MENA region indicates the following summary of findings:

The COVID-19 pandemic has already notably impacted women and girls disproportionately in MENA, particularly as relates to their traditional role as caregiver; responsibilities for which have only expanded in situations of lockdown, school closures, and frontline healthcare provision. Gender roles are deeply entrenched in the region, and while advancements have been made in gender equality and women's leadership in recent decades, such gains are at risk given male-dominated governance structures and current limitations in civil society engagement. Access to sexual and reproductive health including maternal health services were already limited in many countries, in part owing to restrictive gender norms related to access, and are now increasingly inaccessible.

Women are also detrimentally impacted economically, given a higher proportional involvement in informal and insecure labor[19] and lack of access to and control of financial resources. The pandemic is likely to further entrench gender inequalities in the formal labor market in MENA. Men's inability to fulfill the traditional role of breadwinner is also increasing tensions and rates of violence in the home.

Gender Roles and Responsibilities

> "*In the Arab States region, women perform nearly 5 times as much unpaid care work as men…When health systems are overloaded in responding to COVID-19, a greater burden is placed on women to care for the sick at home. This makes them more exposed to contracting the virus."*
>
> -United Nations Women Regional Director for the Arab States

Control of resources & household decision-making

While in many MENA countries, women have legal rights to property ownership, financial service access, employment, and inheritance, traditionally-bound attitudes and perspectives mean that in practice there are still substantial restrictions to women's access to land, major assets, and capital for income generation [2021]. While many men and women report joint decision-making on key household issues, trends indicate that men ultimately are responsible for final decisions, particularly related to finances and who in the household works[22]. Some trends indicate that women's increased involvement in the workforce correlate to increased participation in decision-making[23] particularly in areas where conflict settings alter women's productive roles[2425], though the impact of COVID-19 on men's ability to contribute to income and corresponding household dynamics could likely lead to a reversion to more traditional patriarchal decision-making patterns. In some countries prior to the pandemic, men still report having a final say on whether women can leave the home[26], with implications for health- and other support-seeking

[19] UN Women: https://arabstates.unwomen.org/en/news/stories/2020/03/statement-rd-moez-doraid-gender-and-covid-19-in-the-arab-states
[20] CARE Gender in Brief Iraq, 2016
[21] Rapid Gender Analysis, Northeast Syria, October 2018, Syria Resilience Consortium
[22] Ibid
[23] CARE Gender Analysis; Jordanian Community Development and Support Program; May 2019
[24] Hidden, Overlooked, and at Risk: The role of gender, age, and disability in Syria. Syria Resilience Consortium. September 2019
[25] CARE Gender & Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen; September 2019
[26] CARE Gender in Brief Lebanon, 2019

behaviors. Women's economic resilience is at substantial risk as they lose what little control over resources and decisions they may have had prior to the pandemic.

Division of labor

Generally, there is stark homogeneity in the division of labor between men and women in MENA, with women largely responsible for household or reproductive tasks, and men in charge of income generating activities. However there are some difference between urban and rural areas[27], and for those directly impacted by displacement (host communities versus internally displaced persons [IDPs] or those residing in camp settings). Given increased caregiving needs owing to the pandemic, women are experiencing heightened inequality in household labor with the expectation they will care for children, the sick, and the elderly who do not receive formal healthcare services. In some cases, this is in addition to ongoing income generating work when this is done at home, which has particular impacts on humanitarian staff asked to work remotely.

Conflict, in countries such as Syria, Yemen, and Iraq and those that host substantial refugee populations such as Lebanon, Jordan, Turkey, Georgia and the Balkans, have led to an increase in women's presence in the work force. This, however, has not resulted with an equivalent rebalancing of men's caregiving responsibilities, meaning women have a double burden in many cases to provide both income and household labor. While in some cases women's income generating role is marginally increasing, in others the "MENA Paradox" continues wherein women's increased education levels do not correlate to increased participation in the formal labor market[28]. In some areas of the region like the South Caucasus, women comprise nearly half of the workforce and policy advancements have led to marginal reductions in the gender wage gap[29], though such nascent progress is at risk with the spread of COVID-19.

Capacity, Participation, and Coping Mechanisms

Capacity of affected populations

Many countries in MENA are in precarious economic circumstances, including those hosting sizeable refugee populations, as well as conflict affected areas such as Yemen, Syria, Palestine, and Iraq where any additional loss of livelihoods due to the pandemic jeopardizes the resilience of households and communities. Economic fragility is exacerbated by water insecurity and, in some locations, the incidence of drought has impacted rain-fed agricultural production on which some populations subsist[30]. Women play a role in some aspects of agricultural production, and in much of the region are traditionally responsible for livestock and dairy production, as well as knitting, sewing, weaving, and tailoring. Many men and women in MENA prefer that women prioritize home-based income generating activities[31], though amplifying this in the context of COVID-19 lockdowns should account for a balance in expectations of women's caregiving roles to avoid excessive burdens.

[27] Hidden, Overlooked, and at Risk: The role of gender, age, and disability in Syria. Syria Resilience Consortium. September 2019
[28] Explaining the MENA Paradox: Rising Educational Attainment, Yet Stagnant Female Labor Force Participation. IZA Institute of Labor Economics. March 2018.
[29] https://www.worldbank.org/en/news/opinion/2019/03/07/why-we-care-about-closing-gender-wage-gaps-in-the-south-caucasus
[30] https://www.atlanticcouncil.org/blogs/menasource/climate-resilient-small-farming-communities-vital-to-mena-food-security/
[31] CARE Gender Analysis; Jordanian Community Development and Support Program; May 2019

Cash-based assistance has been prioritized as a tool for humanitarian response in the region as a flexible modality that is less likely to jeopardize local markets. Evidence is mixed as to the increased likelihood of transmitting COVID-19 through the handling of cash, with potential shifts towards electronic transfers; this may negatively impact conflict settings such as Syria in which financial services are largely nonexistent and other precautionary measures for cash transfer programming should be considered[3233].

Participation in public decision-making

Despite gains in recent decades, the presence of women in leadership roles in MENA still lags behind many other regions in the world, and is even less visible in rural communities, where opportunities for female representation in local authority structures are often not existent. There are a number of positive high-level female figures in government leadership due to targeted investment in the region[34], yet cultural stigmas continue to stifle the role of women as top decision-makers who can influence strategy and resource allocation. While we know particularly in humanitarian work the voices of women and girls critical are critical to response design, only around one third of the population in MENA believe women can be effective in public leadership compared with men[35]. In MENA CARE offices, women constitute an overall 44% of staff, with only 38% at senior levels. These trends imply a need to shift beyond equal rights on paper towards cultural attitudes, and mean that at all levels, women and girls lack voice in decisions that impact their lives, including response planning for COVID-19. Currently no guidance is provided on gender composition for rapid response teams within the World Health Organization's (WHO) regional plan[36].

Women's civil society has begun to burgeon in recent decades in MENA in an environment of legal and political transformation, and is at risk of falling backwards in the current crisis, which only furthers repressive measures in the region, meant to stifle meaningful participation of women in civil society and rights advocacy[37]. There is potential in many countries to capitalize on women's rights movements and localized mobilization of women to advocate for their needs, including the work of women-led organizations, but this is at heightened risk during the pandemic and requires adapted means of ensuring collective action.

Coping Mechanisms

Given aforementioned economic instability in parts of the region, many households will lose what delicate financial security they have, disproportionately impacting women whose presence in the formal and protected labor market is already tenuous. Many families do not have savings to rely upon, particularly in protracted conflict settings such as Syria, Yemen, and Iraq, and may then resort to borrowing or debt acquisition, and in areas with broken financial systems, could then be at risk of exploitation in order to survive and provide for families. While men in the region are typically responsible for making decisions regarding borrowing and credit[38], women's and adolescent boys' prevalent role in informal labor, particularly in refugee and displacement settings[39], puts them at unique risk of mistreatment and corruption. This may increase with the pandemic leading to even higher rates of school interruptions for boys and girls. Economic vulnerability in the region is exacerbated by collapsing oil prices in MENA correlated with decreased demand, reduction in labor force, and disruption of global value chains[40].

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[32] COVID-19, cash, and the future of payments: https://www.bis.org/publ/bisbull03.pdf
[33] https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA_GBV-guidelines_compendium.FINAL_.pdf
[34] https://www.weforum.org/agenda/2019/04/a-new-generation-of-arab-women-leaders/
[35] https://www.arabbarometer.org/wp-content/uploads/AB_WomenFinal-version05122018.pdf
[36] WHO; http://applications.emro.who.int/docs/EMCSR260E.pdf?ua=1
[37] https://www.peacewomen.org/sites/default/files/SG-Letter-30.03.2017-Eng.pdf
[38] Rapid Gender Analysis, Northeast Syria, October 2018, Syria Resilience Consortium
[39] Social Policy in the Middle East & North Africa: The new social protection paradigm and universal coverage. Jawad, Jones, & Messkoub. 2019
[40] https://voxeu.org/article/coping-dual-shock-covid-19-and-oil-prices

Times of conflict, instability, and crisis are globally characterized by increased manifestation of psychosocial distress across demographics, which is not novel in a region rife with conflict and displacement. However, the dramatic impact of COVID-19 on economic engagement, gender roles, and household confinement invariably leads to heightened levels of maladaptive psychological coping mechanisms. This may be more acute among older men and women, men and women with disabilities, and frontline response workers[41]. Yet the stigma surrounding mental health service-seeking, coupled with inadequate resourcing in region, means that mental health and psychosocial support (MHPSS) needs are largely unmet in MENA[42]. This exacerbates generational impacts for youth in MENA who have grown up surrounded by conflict, displacement, educational disruption, and little access to age-appropriate MHPSS support[43]. Even where services are available, many men, in particular, demonstrate reticence to avail of such opportunities[44].

National governments in MENA are also seeking to help their populace cope with the pandemic, including Turkish President Recep Tayyip Erdogan who has launched a national fundraising campaign ("We are Self-Sufficient") to help citizens particularly impacted financially by the crisis to cope, including contribution of 7 months of the President's salary to support daily wage workers, including during the upcoming holy month of Ramadan in which people may feel the strain more acutely[45].

Access to Services & Information

Mobility analysis

In a large proportion of MENA countries, women have had substantially more restrictions on movement outside of their homes and immediate communities, in part owing to cultural expectations, risks of harassment, and in some cases perceived safety risks. This is acute in more religiously conservative communities and in areas affected by conflict, where women need to be accompanied by either a male relative or travel in groups of other women. Such mobility constraints for women are only further impacted by the COVID-19 pandemic where lockdowns, childcare responsibilities, and harsher limitations placed by male heads of household lead to even fewer opportunities for women to leave the home. Mobility constraints are even more extreme for adolescent girls, who faced isolation in the region well before the COVID-19 pandemic[46]. In some areas, men move more freely, while criticizing women for leaving the home at the risk of infecting the family with the virus[47].

> The MENA region hosts the largest population of refugees and displaced persons, with over 5 million refugees from Syria alone.
>
> -UNHCR Middle East & North Africa Civil Society Network for Displacement

In conflict areas such as Syria, mobility has also been hampered for men of conscription age who face forced recruitment into military or armed groups, and whose safety can be at risk when passing through checkpoints. Anticipating the rapid spread of the virus in such fragile settings, COVID-19 will further reduce freedom of movement for men in this age group, with implications for participation in income generating activities.

[41] https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%202%20March%202020-English.pdf
[42] https://social.eyeforpharma.com/column/first-we-need-talk-mental-healthcare-mena-region
[43] https://hhi.harvard.edu/sites/default/files/publications/final_harvard_report_-_mena_youth_in_crisis_landscape_study.pdf
[44] Rapid Gender Analysis, Northeast Syria, October 2018, Syria Resilience Consortium
[45] https://www.dailysabah.com/turkey/turkey-launches-national-fundraising-campaign-against-covid-19/news
[46] Social Policy in the Middle East & North Africa: The new social protection paradigm and universal coverage. Jawad, Jones, & Messkoub. 2019
[47] CARE Yemen staff; 6 April 2020

With many governments in the region imposing strict regulations against public gatherings and in some countries total lockdown (and in the case of Jordan, imposing fines and potential imprisonment[48] and seizing of private property[49]), this will limit women's, men's, girls' and boys' access to essential services. Accommodations have been made in countries like Jordan to ensure people have access to food and pharmaceutical supplies, but invariably those most vulnerable, such as elderly populations and those with disabilities, will remain isolated and harder to reach with the care they need.

MENA is also characterized by substantial population movements of refugees, IDPs, migrants, and asylum seekers, which in some cases are difficult to track with irregular border crossings[50]. These movements are notable between Turkey, Greece, Syria, and Iraq, and can make tracking the spread of COVID-19 exceedingly difficult. Meanwhile travel restrictions and formal border closures imposed by most countries in the region are having the effect of severely hindering humanitarian service provision[51] and will further increase risks for those using informal routes and amplify rates of family separation.

Access to information

Men and women in MENA tend to receive and share information in different ways, with men largely having more access to official communication from local authorities and public spaces and women and adolescent girls sharing information by word-of-mouth through their informal social networks. This has implications for how vital information on the spread of COVID-19, is disseminated in situations of physical distancing and lockdown, in light of the risk of potential misinformation being shared. IDPs, refugees, and ethnic minorities have even further limitations in access to communication, due to linguistic, financial, and regulatory limitations[52].

While MENA has well-developed technological infrastructure and internet and telecommunications access, with many people actively present on social media, this is not always the case in rural communities or areas deeply impacted by conflict and displacement. Additionally, many governments in the region have taken measures to limit or control the flow of information, such as in Morocco where people are detained if perceived to be spreading rumors, and in Jordan and Egypt where restrictions are placed on journalistic reporting[53]. While literacy rates in the region have progressed in recent decades and are relatively high, particularly among youth, which can be optimized for sharing of accurate information on COVID-19, literacy gaps are noted amongst older populations (more vulnerable to the pandemic) and attention must be paid to communication modalities for persons with cognitive disabilities or other constraints[54].

Protection

Gender-Based Violence

While there are gaps in available data on prevalence rates of some forms of gender-based violence (GBV) in MENA, the largest proportion of reported incidences of GBV involve intimate partner or domestic violence, and early/forced marriage[55]; due to strong stigmatization, very little data is available on GBV against men and boys, LGBTQ populations, and sex workers. Across the region, women's legal, social,

[48] https://www.cbsnews.com/news/coronavirus-in-jordan-seemingly-kept-in-check-by-drastic-early-lockdown-measures/
[49] https://www.economist.com/middle-east-and-africa/2020/03/26/as-covid-19-spreads-arab-states-are-clamping-down
[50] IOM; Migrants' Presence Monitoring Turkey; Situation Report; February 2020
[51] NES Forum; Impact of COVID-19 movement restrictions on the provision of humanitarian assistance in northeast Syria; March 2020
[52] https://www.unhcr.org/innovation/wp-content/uploads/2019/04/Displaced-Disconnected-WEB.pdf
[53] https://www.economist.com/middle-east-and-africa/2020/03/26/as-covid-19-spreads-arab-states-are-clamping-down
[54] https://www.jpost.com/middle-east/arab-world-turns-page-on-literacy-589769
[55] https://banyanglobal.com/wp-content/uploads/2018/02/MENA-Context-Analysis.pdf

> "For many women and girls, the threat looms largest where they should feel safest: in their own homes…I urge all governments to put women's safety first as they respond to the pandemic."
>
> -U.N. Secretary-General Antonio

and economic conditions are largely inequitable despite some progress made as a result of activist movements over the past few decades[56], which put women and girls at particular risk of GBV and which are often reinforced in the social context. GBV prevalence in MENA has also been exacerbated by wide scale conflict and displacement, and is anticipated to escalate as a result of the COVID-19 pandemic. The economic impact of the virus and harsh movement restrictions increase tensions in the home, and the loss of household income can increase the risk of exploitation and abuse for women[57], as well as likely increases in early marriage among girls increasingly losing access to education opportunities. Along with escalated rates of intimate partner violence, quarantine and lockdown circumstances mean that women may typically be stuck inside the home with their abuser[58].

Lockdown and movement restrictions significantly impede women's and girls' ability to access what limited GBV services may be available, including safe spaces, shelters or medical and psychosocial services. These services are already few in many MENA countries, and experts anticipate a reduction, suspension, or interruption in those services such as sexual and reproductive health (SRH) and clinical management of rape services as resources are pulled towards the COVID-19 response[59].While cases have not been confirmed in Yemen, which in 2017 was named the worst place in the world to be a woman[60], the likelihood of eventual infection will inevitably have dire consequences for women and girls' protection.

Displaced and refugee populations, which comprise a large proportion of the MENA demographic, face higher risks of violence and abuse and greater challenges in accessing information due to the breakdown of, and separation from, their social support systems. This also impacts their ability to receive accurate information on GBV service availability, correct guidance on protection from COVID-19, and how to handle abuse, harassment, or violence in their home and community. While some countries have hotline services for survivors to access under the current conditions, these are often insufficient to meet the overall demand and may exclude those in rural and impoverished conditions, without access to phones – or whose means of communication are controlled by the perpetrator. Women with disabilities can be up to 4 times more likely to experience intimate partner violence (likely higher for those with intellectual and cognitive disabilities), and can be further constrained in seeking services, as they may rely on their abuser for mobility[61].

Sexual Exploitation & Abuse (SEA)

Public health emergencies, such as the current pandemic, have been seen to dramatically increase the potential for sexual exploitation and abuse (SEA) in part, given the high demand for services in a context of limited resources, as well as the increase in new responders who may not have experience and training in humanitarian do no harm principles[62]. Women and girls are disproportionately at risk; reduction in available services for at-risk children and potential separation from caregivers, increase the risk of SEA against children, and past epidemics have seen a rise in child labor, neglect, and early marriage[63]. Curfews and restrictions for aid workers may also impact existing reporting and response mechanisms[64].

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[56] Ibid.
[57] GBV Sub-Cluster COVID-19 Guidance Note; Iraq; March 2020
[58] https://news.un.org/en/story/2020/04/1061052
[59] Ibid
[60] CARE Gender & Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen; September 2019
[61] GBV AoR; Disability considerations in GBV programming during COVID-19
[62] IASC Interim Guidance on COVID-19: Protection from Sexual Exploitation and Abuse; March 2020
[63] https://www.unicef.org/mena/press-releases/covid-19-children-heightened-risk-abuse-neglect-exploitation-and-violence-amidst
[64] IASC Interim Guidance on COVID-19: Protection from Sexual Exploitation and Abuse; March 2020.

Given the high ethnic diversity in MENA, there is higher risk of exploitation, isolation, and abuse of ethnic minority groups, who are already more exposed to such treatment[65]. Ethnic minority groups face a greater threat of trafficking, with less access to justice systems[66].

WASH & Health services

Availability of sufficient and quality healthcare supplies and services varies widely throughout the region. Some countries have solid public health systems, and other conflict-affected countries such as Syria, Palestine, Yemen, and Iraq are at a substantial disadvantage, given long-term deterioration of medical infrastructure in areas where governance systems and medical supply chains have broken down[67][68], health facilities have been targeted and qualified health personnel, particularly women health workers, have fled Yemen and Syria[69]. COVID-19 has exacerbated this situation as border closures with northeast Syria previously used to transport critical medical supplies, as well as a ban by the Kurdish Regional Government of Iraq on the local purchase and importation of personal protective equipment (PPE), are expected to cause a minimum 20% increase in importation costs, as well as significant delays in reaching affected populations[70].

While the Government of Turkey has noted having sufficient testing and medical supplies, Turkish health workers and the Turkish Medical Association report adequate and correct equipment is not always provided[71], and a substantial increase in infections and deaths among medical service providers has been noted[72]. Given the disproportionate representation of women as frontline health workers, they are at greater risk of contracting the virus. In Palestine there are reports that many essential drugs and medical disposables within the Ministry of Health have been completely depleted, and escalations in violence have further overwhelmed a fatigued health system[73].

Women and girls in MENA may face further challenges accessing healthcare given it is culturally unacceptable for women and girls to be in mixed-sex spaces without male relatives, or in situations where a female health worker is not available[74]. Implications of these gender and social norms also result in limitations on women and in particular adolescent girls' mobility and decision-making, further exacerbated by disapproving attitudes of health providers, resulting in significant underlying barriers to accessing sexual and reproductive health services[75].

The gendered impact of COVID-19 on sexual and reproductive health and menstrual health management (MHM) services is therefore of grave concern to the region, as "when health services are overstretched, women's access to pre- and post-natal health care and contraceptives dwindle. There are rising concerns of this happening as a result of COVID-19[76]." It should be noted that diversion of resources in past epidemics have resulted in significant impact on maternal morbidity and mortality demonstrating the critical nature of continued access to life-saving SRH services including clinical management of rape, family

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65 CARE Gender & Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen; September 2019
66 http://www.shivafoundation.org.uk/ethnic-discrimination-risk-trafficking/
67 https://www.reuters.com/investigates/special-report/iraq-health/
68 https://www.hrw.org/news/2020/03/24/lebanon-covid-19-worsens-medical-supply-crisis#
69 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5930682/
70 Ibid
71 https://www.duvarenglish.com/health-2/coronavirus/2020/03/17/hospitals-are-close-to-running-out-of-masks-gloves-sanitizers-leading-medical-association-warns/
72 https://ahvalnews.com/turkey-coronavirus/turkish-healthcare-workers-risk-lives-fight-coronavirus
73 CARE Palestine (West Bank & Gaza) Emergency Preparedness Planning, December 2019
74 GBV Sub-Cluster COVID-19 Guidance Note; Iraq; March 2020
75 UNFPA A strategy to address the needs of adolescent girls in the Whole of Syria November 2017 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5930682/
76 https://arabstates.unwomen.org/en/news/stories/2020/03/news-womens-needs-and-leadership-in-covid-19-response

planning and emergency obstetric and newborn care[77]. Supplies and facilities to enable women's and girls' MHM and family planning were already insufficiently available prior to the pandemic[78], and are often deprioritized in favor of other "essential" health materials to combat the virus. This is paired with limited water supply in MENA, coexisting diseases such as cholera in Yemen[79], and inconsistent availability of private gender-sensitive WASH facilities, particularly in the context of over-crowded camp and urban living conditions, where emergency humanitarian WASH assistance was already a significant need for millions of people in the region. In some displacement settings in northwest Syria, up to 91% reported no access to soap, and 45% of sites did not have any latrines[80]. While advancements in water infrastructure in countries like Egypt and Morocco are recognized, there are still major geographic and social disparities in access that disproportionately impact rural and impoverished populations[8182].

In MENA, the rates of tobacco smoking and waterpipe usage are very high among both men and women, and often done in social settings which increases the risk of transmission as well as individual vulnerabilities to cardiovascular and respiratory complications, both of which are largely correlated with susceptibility to more acute infection and death from COVID-19[83].

Conclusion

> **"***This is a moment to recognize both the enormity of the contribution women make and the precarity of so many."*
>
> -U.N. Under-Secretary-General and U.N. Women Executive Director

The MENA region is in a critical stage in combating the spread of COVID-19, with increased cases in some countries and others nearing the point where they are considered to be flattening the curve of infection. There is noted disparity in the risk and impact some countries in the region will face, with those experiencing protracted conflict and massive displacement looking at looming major humanitarian crises on top of existing crises, for which they are not effectively prepared. Countries who have now been under lockdown status for weeks will soon face, not only economic deterioration but, increased household tensions with likely escalations in domestic violence and psychosocial distress. Many governments have taken strict measures to contain the pandemic, and it is critical that in the midst of such restrictions, accurate and gender inclusive messaging be provided and that service provision not be interrupted for vulnerable and marginalized populations.

In MENA, women are primary caregivers with already limited freedom of movement in many areas, and will likely be at greater risk of exposure in caring for sick and elderly populations while not always able to access the needed preventative equipment or health services. Maternal, MHM, sexual and reproductive health services, and referrals and services for GBV survivors must continue to be made available to women and girls as a matter of high importance. Also critical, is the ability of rural and impoverished areas to access water and hygiene materials that were already scarce in the region.

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[77] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5590567/
[78] https://www.unicef.org/mena/media/4961/file/SoP-MHMReport-June2019.jpg.pdf
[79] https://www.independent.co.uk/news/world/middle-east/coronavirus-syria-yemen-libya-cases-update-death-toll-doctors-a9440486.html

[80] CARE Rapid WASH Assessment, Northwest Syria, March 2020
[81] https://www.unicef.org/egypt/water-sanitation-and-hygiene
[82] https://www.who.int/water_sanitation_health/monitoring/investments/morocco-10-nov.pdf
[83] http://www.emro.who.int/tfi/know-the-truth/tobacco-and-waterpipe-users-are-at-increased-risk-of-covid-19-infection.html

Recommendations

The following recommendations are targeted towards humanitarian and development actors, as well as relevant government bodies in the MENA region.

Overarching recommendation

This RGA report should be updated and revised as the COVID-19 pandemic unfolds and be supplemented by country-specific RGAs in MENA, with support from country management and adequate resourcing. Impacts of the crisis are continuously evolving and require regular analysis of shifting gender dynamics for more effective and appropriate response. CARE and partner organizations should continue to invest in contextualized gender analysis and guidance on prevention and response messaging for COVID-19, and share new reports widely.

Targeted recommendations

- **All response actors should consistently collect and ensure thorough multi-sectoral analysis of sex, age, and disability disaggregated (SADD) data, tailored actions to address the COVID-19 pandemic**. While SADD data is considered a minimum standard in most humanitarian and development data collection, it is critical that response actors ensure all assessments and subsequent products collect and utilize information that can help discern the differential impact of the virus on women, men, girls and boys of different ages and with or without disabilities, and thereby plan for appropriately tailored program interventions. This should include differential rates of infection, economic impact, caregiving responsibilities, and incidences of gender-based violence.

- **Governments and service providers should prioritize provision of sexual and reproductive health (SRH) in line with the MISP and menstrual hygiene management (MHM) materials for women and girls as essential health services in response to COVID-19, with emphasis on rural and underserved areas**. Female health needs are critical to ensuring women and girls thrive in light of the global pandemic, and cannot be made secondary to other health-related needs. Service providers should ensure frontline women health workers are provided MHM kits, in addition to personal protective equipment. Additionally, availability of all critical services and supplies in line with the Minimum Initial Service Package (MISP) for SRH in Crisis-Settings must continue, including access to contraception and 24/7 emergency obstetric newborn care and clinical management of rape.[84] Accommodations should be made for women and girls with disabilities.

- **All humanitarian and development stakeholders should consider protection, in particular GBV services, including hotlines, referrals and remote and direct health and psychosocial response services for survivors, a life-saving priority and expand their availability.** Considering the continued increase in prevalence of intimate partner and domestic violence, harassment, and other forms of GBV during the pandemic, donors and service providers should not de-prioritize GBV prevention and response activities and rather increase allocation of funding to GBV services that are adapted for COVID-19 response modalities. GBV response hotlines where available are overwhelmed and need support to ensure functionality and expanded capacity.

- **Increased resources should be devoted to provision of water, sanitation, and hygiene (WASH) materials in particularly disadvantaged locations, such as displacement and**

[84] https://cdn.iawg.rygn.io/documents/IAWG-Programmatic-Guidance_SRH-during-COVID19-Pandemic.pdf?mtime=20200403222720&focal=none

refugee camps, rural communities, and the urban impoverished. MENA suffered pre-pandemic from water scarcity, and the disparity in available resources in conflict-affected and poor areas is extreme. Gender-sensitive modalities of distribution and provision of WASH services[85] should be a priority, including alternatives for local procurement and/or production of soap or other products which can prevent the spread of COVID-19 in areas where these are not available

- **Government agencies and – where appropriate – humanitarian and development actors should seek appropriate methods to ensure livelihoods are maintained for informal sector employees, such as compensatory payments or cash transfers**. To stem the long-term economic impacts of COVID-19 that will be burdensome for women largely involved in unstable or informal labor markets, economic support should be provided to vulnerable and marginalized groups, who may either lose informal employment and/or be at risk or engaging in exploitative labor to support their households. Such support should be provided in a way that does not put women at risk of violence by male household members and prioritizes joint spousal financial decision-making.

- **Government agencies, local authorities, and humanitarian and development responders should prioritize meaningful participation of women in leadership positions and decision-making bodies responsible for COVID-19 prevention and response at global, regional, national, and community levels**. Voices of women in times of crisis are critical to ensure gender-responsive strategies, and efforts should be made to continue and/or reinforce women's civil society in MENA, adapting modalities for mobilization in restricted settings. Women should be placed at the front of the pandemic response, while ensuring community-level networks are retained or created to facilitate safe and gender-inclusive information dissemination and activism.

- **Efforts should be made to engage men and boys in dialogue and social norm change interventions to capitalize on their potential contribution to household responsibilities.** Extreme isolation measures to prevent COVID-19 spread should be seen as an opportunity for governments, civil society, and response actors to seek to recalibrate gender roles in the home, encouraging men and boys to take on stronger caregiving roles and thereby reduce the disproportionate burden on women and girls in the home. Positive messaging to this end should be developed in contextually-appropriate manners, and networks built to pass such messages.

- **Agencies responding to the pandemic should increase investment in provision of mental health and psychosocial support services (utilizing remote modalities where possible) that are tailored for gender and age.** Levels of psychosocial distress were highly prevalent prior to the COVID-19 pandemic and will be exacerbated in coming weeks and months, leading to increased violence and household dissonance. Culturally-appropriate services available to all demographics should be developed and made widely available to ensure women, men, girls and boys have restorative activities to mitigate the impact of the pandemic and associated social isolation.

- **Governments, private sector, and humanitarian and development actors should prioritize investment in adapted women's economic empowerment initiatives, such as remote small and medium enterprises (SMEs).** Women's economic resilience is at risk with the spread of the current pandemic, and will be further hampered by increased caregiving responsibilities. Efforts should be made to explore home-based SME activities that allow women to contribute to income generation, while accommodating for childcare considerations that may currently preclude them from ensuring household financial stability that leverages existing entrepreneurial skill sets.

[85] https://insights.careinternational.org.uk/images/documents/GiE_guidance-note_gender_equality_programming_wash.pdf

References

[1] World Health Organization Coronavirus (COVID-19) pandemic: https://www.who.int/emergencies/diseases/novel-coronavirus-2019
[4] WHO; http://www.emro.who.int/media/news/rd-statement-on-covid-19.html; 2 April 2020
[5] https://www.weforum.org/agenda/2019/03/mena-countries-in-the-middle-east-have-the-highest-proportion-of-refugees-in-the-world/
[6] Johns Hopkins University; https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6
[7] https://www.economist.com/middle-east-and-africa/2020/03/26/as-covid-19-spreads-arab-states-are-clamping-down
[8] https://www.cbsnews.com/news/coronavirus-in-jordan-seemingly-kept-in-check-by-drastic-early-lockdown-measures/
[9] WHO; http://applications.emro.who.int/docs/EMCSR260E.pdf?ua=1
[10] https://thewaterproject.org/water-crisis/water-in-crisis-middle-east
[11] CARE International. Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings. 16 March 2020. https://www.care-international.org/files/files/Gendered_Implications_of_COVID-19-Full_Paper.pdf
[12] UNICEF; https://www.unicef.org/mena/wash
[13] UN Women: https://arabstates.unwomen.org/en/news/stories/2020/03/statement-rd-moez-doraid-gender-and-covid-19-in-the-arab-states
[14] CARE Gender in Brief Iraq, 2016
[15] Rapid Gender Analysis, Northeast Syria, October 2018, Syria Resilience Consortium
[16] Ibid
[17] CARE Gender Analysis; Jordanian Community Development and Support Program; May 2019
[18] Hidden, Overlooked, and at Risk: The role of gender, age, and disability in Syria. Syria Resilience Consortium. September 2019
[19] CARE Gender & Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen; September 2019
[20] CARE Gender in Brief Lebanon, 2019
[21] Hidden, Overlooked, and at Risk: The role of gender, age, and disability in Syria. Syria Resilience Consortium. September 2019
[22] Explaining the MENA Paradox: Rising Educational Attainment, Yet Stagnant Female Labor Force Participation. IZA Institute of Labor Economics. March 2018.
[23] https://www.worldbank.org/en/news/opinion/2019/03/07/why-we-care-about-closing-gender-wage-gaps-in-the-south-caucasus
[24] https://www.atlanticcouncil.org/blogs/menasource/climate-resilient-small-farming-communities-vital-to-mena-food-security/
[25] CARE Gender Analysis; Jordanian Community Development and Support Program; May 2019
[26] COVID-19, cash, and the future of payments: https://www.bis.org/publ/bisbull03.pdf
[271] https://www.weforum.org/agenda/2019/04/a-new-generation-of-arab-women-leaders/
[28] https://www.arabbarometer.org/wp-content/uploads/AB_WomenFinal-version05122018.pdf
[29] WHO; http://applications.emro.who.int/docs/EMCSR260E.pdf?ua=1
[30] https://www.peacewomen.org/sites/default/files/SG-Letter-30.03.2017-Eng.pdf
[31] Rapid Gender Analysis, Northeast Syria, October 2018, Syria Resilience Consortium
[32] Social Policy in the Middle East & North Africa: The new social protection paradigm and universal coverage. Jawad, Jones, & Messkoub. 2019
[33] https://voxeu.org/article/coping-dual-shock-covid-19-and-oil-prices
[34] https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%202%20March%202020-English.pdf
[35] https://social.eyeforpharma.com/column/first-we-need-talk-mental-healthcare-mena-region
[36] https://hhi.harvard.edu/sites/default/files/publications/final_harvard_report_-_mena_youth_in_crisis_landscape_study.pdf
[37] Rapid Gender Analysis, Northeast Syria, October 2018, Syria Resilience Consortium
[38] https://www.dailysabah.com/turkey/turkey-launches-national-fundraising-campaign-against-covid-19/news
[39] Social Policy in the Middle East & North Africa: The new social protection paradigm and universal coverage. Jawad, Jones, & Messkoub. 2019
[40] CARE Yemen staff; 6 April 2020
[41] https://www.cbsnews.com/news/coronavirus-in-jordan-seemingly-kept-in-check-by-drastic-early-lockdown-measures/
[42] https://www.economist.com/middle-east-and-africa/2020/03/26/as-covid-19-spreads-arab-states-are-clamping-down
[43] IOM; Migrants' Presence Monitoring Turkey; Situation Report; February 2020
[44] NES Forum; Impact of COVID-19 movement restrictions on the provision of humanitarian assistance in northeast Syria; March 2020
[45] https://www.unhcr.org/innovation/wp-content/uploads/2019/04/Displaced-Disconnected-WEB.pdf
[46] https://www.economist.com/middle-east-and-africa/2020/03/26/as-covid-19-spreads-arab-states-are-clamping-down
[47] https://www.jpost.com/middle-east/arab-world-turns-page-on-literacy-589769
[48] https://banyanglobal.com/wp-content/uploads/2018/02/MENA-Context-Analysis.pdf
[49] Ibid.
[50] GBV Sub-Cluster COVID-19 Guidance Note; Iraq; March 2020
[51] https://news.un.org/en/story/2020/04/1061052
[52] Ibid
[53] CARE Gender & Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen; September 2019
[54] GBV AoR; Disability considerations in GBV programming during COVID-19
[55] IASC Interim Guidance on COVID-19: Protection from Sexual Exploitation and Abuse; March 2020
[56] https://www.unicef.org/mena/press-releases/covid-19-children-heightened-risk-abuse-neglect-exploitation-and-violence-amidst
[57] IASC Interim Guidance on COVID-19: Protection from Sexual Exploitation and Abuse; March 2020.
[58] CARE Gender & Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen; September 2019
[59] http://www.shivafoundation.org.uk/ethnic-discrimination-risk-trafficking/

[60] https://www.reuters.com/investigates/special-report/iraq-health/
[61] https://www.hrw.org/news/2020/03/24/lebanon-covid-19-worsens-medical-supply-crisis#
[62] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5930682/
[63] Ibid
[64] https://www.duvarenglish.com/health-2/coronavirus/2020/03/17/hospitals-are-close-to-running-out-of-masks-gloves-sanitizers-leading-medical-association-warns/
[65] https://ahvalnews.com/turkey-coronavirus/turkish-healthcare-workers-risk-lives-fight-coronavirus
[66] CARE Palestine (West Bank & Gaza) Emergency Preparedness Planning, December 2019
[67] GBV Sub-Cluster COVID-19 Guidance Note; Iraq; March 2020
[68] UNFPA A strategy to address the needs of adolescent girls in the Whole of Syria November 2017 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5930682/
[69] https://arabstates.unwomen.org/en/news/stories/2020/03/news-womens-needs-and-leadership-in-covid-19-response
[70] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5590567/
[71] https://www.unicef.org/mena/media/4961/file/SoP-MHMReport-June2019.jpg.pdf
[72] https://www.independent.co.uk/news/world/middle-east/coronavirus-syria-yemen-libya-cases-update-death-toll-doctors-a9440486.html
[73] CARE Rapid WASH Assessment, Northwest Syria, March 2020
[74] https://www.unicef.org/egypt/water-sanitation-and-hygiene
[75] https://www.who.int/water_sanitation_health/monitoring/investments/morocco-10-nov.pdf
[76] http://www.emro.who.int/tfi/know-the-truth/tobacco-and-waterpipe-users-are-at-increased-risk-of-covid-19-infection.html
[77]https://cdn.iawg.rygn.io/documents/IAWG-Programmatic-Guidance_SRH-during-COVID19-Pandemic.pdf?mtime=20200403222720&focal=none

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