

# POST COVID-19 ASSESSMENT



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## ASSESSMENT & NEEDS REPORT

MAY 2020



# 2020

**Report written by:** Krystal Garvin

**Assessment conducted by:** Vian Ahmed, Lotus Flower's Regional Program Manager and Sindus Sabri Majeed, Lotus Flower's Psychologist, with support from our team of community mobilizers and

**May 10-14, 2020**

The Lotus Flower would like to extend our gratitude to all of our local staff in Kurdistan. They have handled the global coronavirus pandemic with grace, dignity, and continued perseverance. It is because of your passion, work ethic, and team work that we are able to continue our impact on women and girls living in displacement.

**Thank you!**



# ABOUT US

The Lotus Flower is a non-governmental organization that has successfully founded and operated multiple women's centers for women and girls in displacement, beginning with The Lotus Flower Women's Center in Rwanga Community camp. The center opened its doors to the community in 2016 with the aim to provide a safe, supportive, and healing environment to women and girls who have survived the atrocities of war and the invasion of ISIS in 2014. The Lotus Flower now operates 3 centers that serve the IDP and refugee community.

The Lotus Flower Women's Centers work to fill resource gaps by providing community-responsive programming that revolves around 6 pillars from the UN's Sustainable Development Goals: Education, Livelihoods, Mental Health, Well-Being, Human Rights, and Peacebuilding. We aim to provide the foundation for women to rebuild themselves, their families, and their futures.

We strive for a world where they are safe, free to access education, and are empowered to participate in their communities to drive social and economic change from within. We are investing in the future of women and girls because they play a vital role in resurrecting and strengthening communities. As local implementers, we work at the grassroots level to get right into the heart of communities. To ensure we meet their needs, we listen to the local community and employ local women to implement the programs.

Our fundamental belief is that women and girls are powerful drivers of change. We provide women and girls affected by conflict the strength and support they need to rise out of darkness; moving from past suffering and economic hardship to reach their full potential to rebuild their future.





# INTRODUCTION

Since early 2020, the coronavirus has spread to 177 countries and forced an almost global quarantine as schools, public institutions, businesses, and services have been required to close and travel has been restricted to help contain the outbreak.

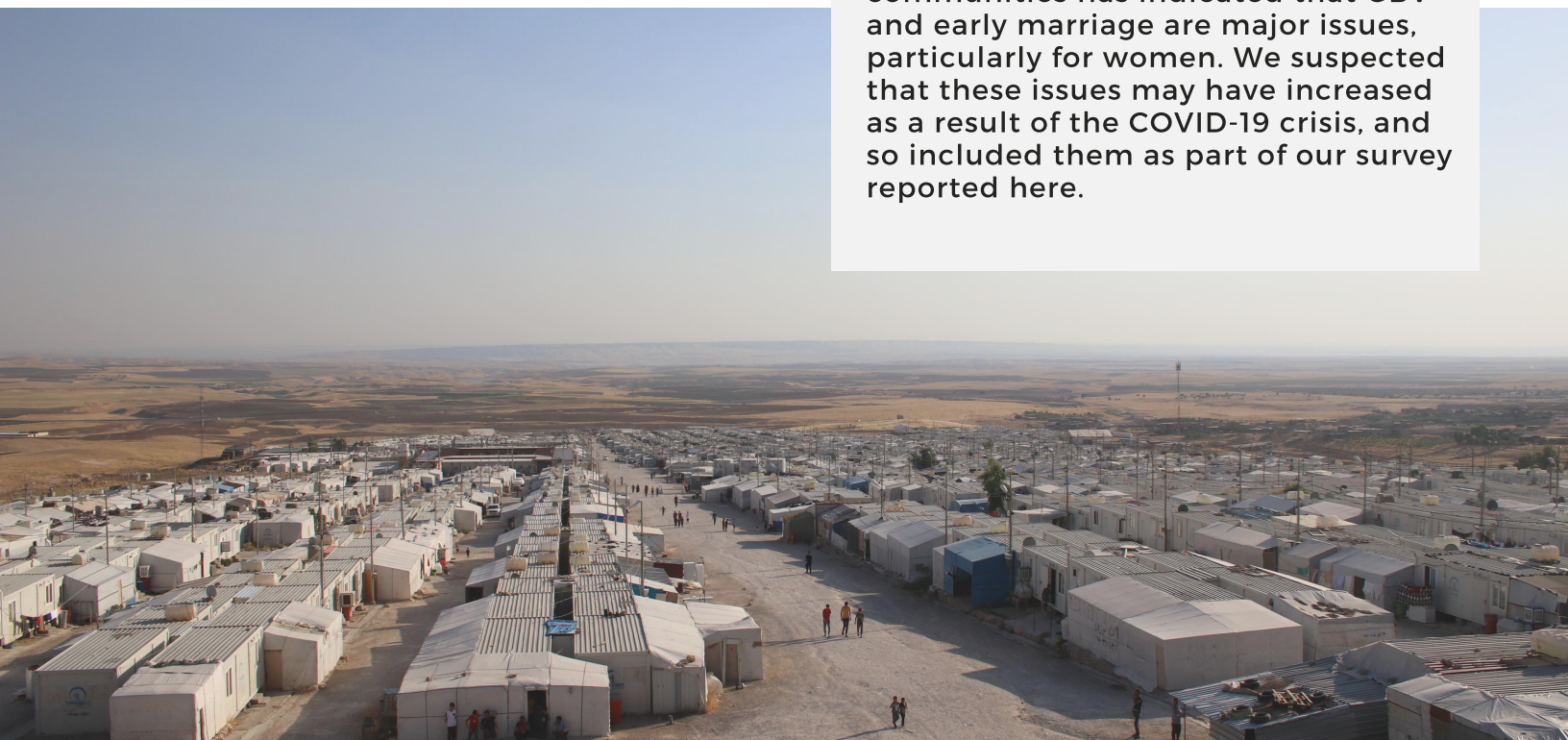
Iraq officially started implementing lockdowns by governorate after the first case was reported in late February. The Kurdistan Region of Iraq (KRI) implemented a curfew on March 14th. All organizations - local and international NGOs, camp management, all service providers - were required to leave the camps until given permission to return.

In early May, NGOs were allowed to enter the camps and resume limited, person-to-person activities while practicing social distancing guidelines as established by the World Health Organization (WHO). The refugee and IDP communities were required to go without necessary services for two months.

According to OECD and World Bank projections, global economic growth will likely be halved by industry disruptions from COVID-19, potentially forcing 40-60 million people into extreme poverty. 85% of the world's refugees live in low- and middle-income countries and for those already living in forced displacement, the effects of COVID-19 are devastating.

Mental health conditions are higher among displaced communities in general, according to UNHCR, with about 1 in 5 suffering from conditions of clinical concern. The actions required by governments in response to the COVID-19 crisis are likely to have exacerbated this. Camp residents could not access services previously available and were unable to travel or, in some cases, even leave their dwellings for an extended period. This leads to increased feelings of isolation, depression, and anxiety.

Our own contact with refugee and IDP communities has indicated that GBV and early marriage are major issues, particularly for women. We suspected that these issues may have increased as a result of the COVID-19 crisis, and so included them as part of our survey reported here.



# KEY FINDINGS

## METHODOLOGY

Over the course of 5 days in May 2020, our field team conducted over 300 questionnaires and one-on-one interviews in 3 different camps: Rwanda (IDP), Domiz 2 (Refugee), and Essyan (IDP).

The questions were a combination of quantitative and qualitative with the goal to gain insight into how coronavirus and the subsequent quarantine affected the residents.

## DEMOGRAPHICS

Total Respondents: 313  
79% Women / 21% Men  
91% Adults / 9% Under 18

3 different refugee and IDP camps  
- Rwanda  
- Domiz 2  
- Essyan

35% Refugee / 65% IDP

## ECONOMIC HARDSHIP

**81%** of respondents reported increased financial hardship due to the COVID-19 crisis

**46%** of respondents are unemployed or supported by a family member

Most jobs were halted due to curfew and quarantine, salaries were cut, and businesses had to close. Travel restrictions also impacted even essential workers, as they were unable to leave the camps.

Respondents reported loss of government salaries and NGO support as well as private business income, resulting in lack of food, medicine, and increasing debts and illness.

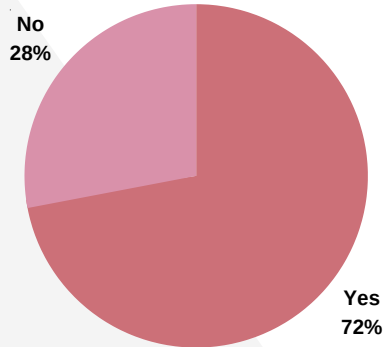


**81%**

Of respondents reported increased financial hardship

## MENTAL HEALTH

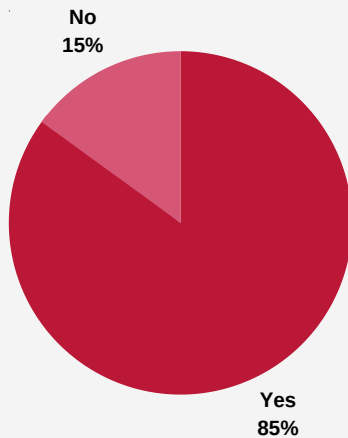
Have you experienced mental health difficulties?



**72%** of respondents said that they had experienced mental health difficulties

- 74% of women
- 62% of men

Have mental health difficulties increased since the start of the COVID-19 crisis?



**85%** of respondents said that these difficulties have increased since the start of the COVID-19 crisis

- 86% of women
- 83% of men

**80%** of respondents said that access to a therapist or psychologist by phone or online would be helpful

- 77% of women
- 88% of men



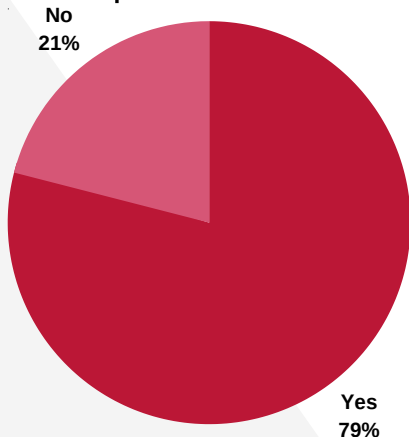
# 80%

Of respondents said that being able to speak to a therapist via phone or online would be helpful

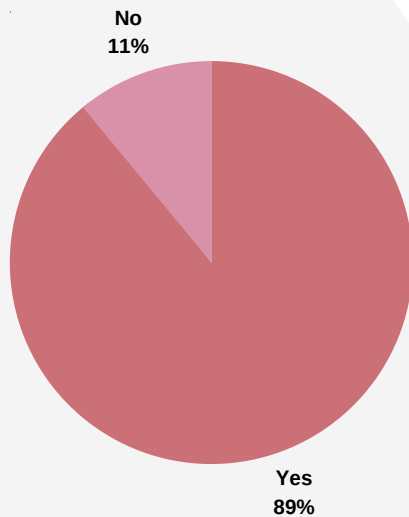




Have you or anyone in your family experienced GBV?



Has GBV increased since the start of the COVID-19 crisis?



## GENDER BASED VIOLENCE & EARLY MARRIAGE

**79%** of respondents said that they or a family member had experienced gender-based violence (GBV)

- 76% of women
- 89% of men

**89%** of respondents said that GBV has increased since the start of the COVID-19 crisis

**57%** of respondents indicated that GBV is a 4 or 5 when asked how large a problem GBV is on a scale of 1-5

**69%** of respondents said that they knew girls under 18 who had gotten married, **48%** knew girls under 16

**37%** said that they knew girls under 18 who had gotten married in the last 3 months, immediately before or during the COVID-19 crisis

When asked why girls were getting married that young, the primary reasons cited were poverty, lack of education, and the fear of losing family honor.

# CONCLUSION

According to our research survey, the COVID-19 crisis has provoked several detrimental effects. The primary impact is on livelihoods, which has exacerbated pre-existing issues in the displaced communities. These secondary effects include increases in mental health issues, SGBV, and early marriage.

The Lotus Flower is well-positioned to help address these issues via existing and expanded versions of our ongoing programs. By targeting populations that are at risk to begin with and substantially impacted by the crisis, such as female entrepreneurs, we can ensure that our programming has maximum positive impact and helps support the community as a whole.

Our survey brought to light some nuance within pre-existing conditions. For example, a large number of respondents reported that having access to a therapist or psychologist remotely would be valuable (80%). Of particular interest within this group, the high percentage of men responding yes to this question (89%) indicates an unfulfilled need for this type of support.

Economic hardship can be seen as the key underlying factor, particularly with the increase brought about by the COVID-19 crisis. It was the most common factor cited in early marriage, factors into GBV, and directly impacts families in our beneficiary group by reducing availability of food, medicine, and shelter.

Addressing economic hardship through livelihood programs while providing psychosocial, GBV, and early marriage support can help to counteract the most detrimental effects of the COVID-19 crisis in a holistic and mutually supportive way.





# NEXT STEPS

- Continue to develop remote psycho-social services via private online platforms. This will enable us to provide therapy in times of crisis.
- Increase existing mental health support programs including:
  - Professional counseling
  - Art therapy
  - Yoga & mindfulness
  - Awareness raising campaigns and activities
- Provide emergency grants to women-led businesses to help address lack of income and enhance economic activity in the camps.
- Ramp up livelihood programs as soon as group gatherings are allowed again.
- Increase existing SGBV and early marriage programming to address heightened risks created by economic distress and mental health difficulties.



**24,000**

**Women helped in the  
past 4 years by The  
Lotus Flower  
programming**

Photo: Baking Sisters, March 2019