



CARE Rapid Gender Analysis Bardarash Camp,

November, 2019



Authors

Cansu Aydin - CARE International in Iraq, Gender and Protection Manager

Acknowledgements

This RGA has benefitted from the logistical support of REACH organization; and substantial guidance of Isadora Quay and Fatouma Zara Laouan. The author is also grateful to those who participated in this research and graciously shared their experiences to inform the analysis.

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

Cover page photo is retrieved from CARE International website, and for further information about the story: <https://www.care-international.org/news/stories-blogs/a-syrian-mother-in-northern-iraq-we-barely-escaped-syria-with-our-lives>

Image: *Fatima Azzeh/CARE*



Contents

Abbreviations	1
Executive Summary	2
Key findings	2
Key recommendations	2
Introduction	3
Background information	3
The Rapid Gender Analysis objectives	4
Methodology.....	4
Demographic profile.....	5
Sex-disaggregated data.....	6
Findings and analysis.....	6
Gendered roles and responsibilities	6
Gendered needs and vulnerabilities	10
Protection.....	12
Mobility Analysis	15
Capacity and Coping Mechanisms	16
Conclusions.....	17
Recommendations	18
Annexes	21
Annex 1: Gender in Brief.....	21
Annex 2: Schedule of Visits	23
References page.....	24

Abbreviations

FGD	Focus Group Discussion
GBV	Gender-Based Violence
HNO	Humanitarian Needs Overview
IDP(s)	Internally Displaced Person(s)
KII	Key Informant Interview
NFI	Non-Food Item
PHCC	Primary Health Care Clinic
PSEA	Prevention of Sexual Exploitation and Abuse
RGA	Rapid Gender Analysis
SADD	Sex- and Age-Disaggregated Data
SRHR	Sexual and Reproductive Health and Rights
WASH	Water, Sanitation, and Hygiene

Executive Summary

Following the military operation launched by Turkey on October 9th, an estimated number of 180,000 people displaced in Northeast Syria (OCHA, 2019). Around 18,991 of those displaced population¹ have crossed into Kurdistan Region of Iraq (KRI) and majority of those are settled in Bardarash camp in Duhok governorate which is managed by Barzani Charity Foundation. A smaller group of refugees are also settled in Gawilan camp, located in Duhok governorate. Despite many challenges, multiple organizations operate in the camp to assist people in need and provide support.

As the situation remains unstable in North East Syria, despite the cease-fire agreements, Syrian refugees continue to flee their homes and seek refuge in KRI. There are two informal points of entry to KRI and they are Sehela and Al Walid. While the security clearance process continues for the refugees to be able to leave the camp, some of them already got the approval to reunite with their families in urban areas. There remain twice-weekly interagency coordination meetings at Bardarash camp and a fortnightly inter-agency coordination meeting in Duhok.

In order to understand the different needs, capacities and coping strategies of refugee women, men, boys and girls in KRI camps from northeast Syria, CARE has conducted a Rapid Gender Analysis (RGA). Using a range of primary and secondary information, this RGA is built up progressively and aims at providing practical programming and operational recommendations to meet different needs of women, men, boys and girls and to ensure 'do-no-harm' principle.

Key recommendations

- Ensure consultations with different members of community; women, men, girls and boys with and without disability to provide safe and dignified services.
- Ensure sufficient lighting throughout the camp to mitigate the gender-based violence risks.
- Ensure lockers for each latrine and bathroom.
- Make sure service points are safe and accessible for all community members, particularly for women and girls.

Key findings

- Majority of the respondents highlighted that humanitarian actors have never consulted them.
- There are some households in the camp without latrines and baths; and some existing ones lack locks and are not well lit.
- There is a perception expressed by household survey respondents that aid is not fair and equally distributed.
- Lack of documentation appears to be one of the major challenges for both males and females in the camp.
- Residents of the camp have access issues to health services; and quality and availability of the services are disputed.
- More than half of the female respondents (53%) indicated that they are not involved in health care of the relatives; while 46% of the male said that they are partially involved in it.
- Majority of the respondents confirm limiting the portion size at mealtime.
- Some residents perceive the service locations in the camp as unsafe for women and girls.
- While most of the respondents want to make sure that their children attend to formal education; education services are not available in the camp.
- Four main priority needs are education, livelihoods, health care and NFI as identified by male and female respondents of the household surveys.

¹ UNHCR, NES Influx Overview, 1 January 2020

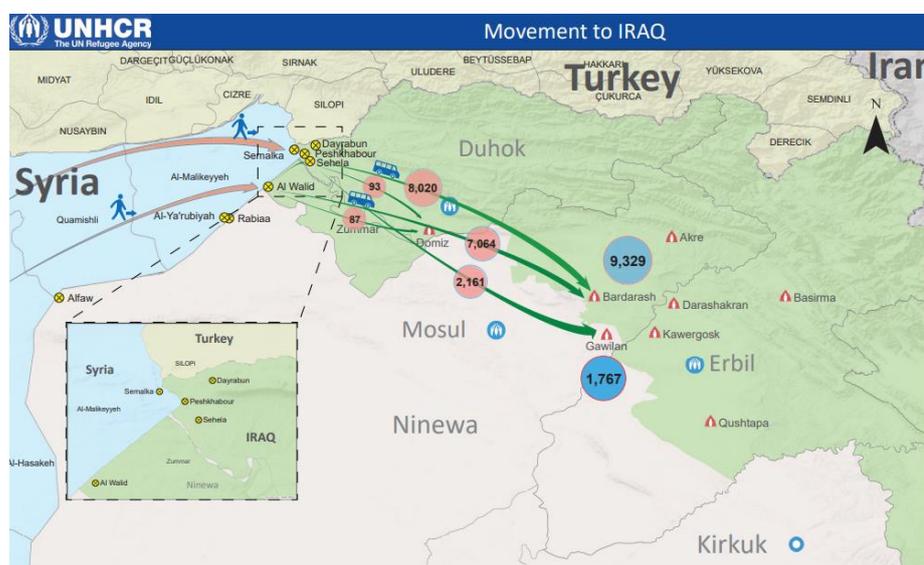
- Deploy mobile health teams in the camp to ensure reach out to people with limited access to the health care services.
- Since men seem to be more likely to be totally involved in collecting humanitarian aid and food purchase; it is important to re-consider the methods of food distribution to ensure women's equitable access.
- Ensure that camp residents are informed with the selection criteria for benefiting from the services.
- Ensure assistance for new arrivals for the necessary documentation at the camp.

Introduction

Background information

On October 9th, 2019, Turkey launched a military operation into North East Syria resulting in the displacement of around 180,000 people to date, including an estimated 80,000 children, according to OCHA². Around 18,991 of those displaced population³ have crossed into neighbouring Iraq in search of safety. The Kurdistan regional government (KRG) has accepted this new flow of Syrian Kurdish refugees into Kurdistan Region of Iraq (KRI) and arranging for them to be accommodated in Bardarash camp, a decommissioned IDP camp in Duhok Governorate now being re-activated with a capacity of 3,000 tents or 15,000 individuals. This camp has not been in use for at least 2 years requiring rapid preparation and repair. Around 7,525 of the refugees settled in Bardarash camp, around 1,998 settled in Gawilan camp; and others have received clearance to reunite with family members in KRI and/or to reside outside of camps. The gender segregation of the new arrivals according to UNHCR are as follows: 46.71% females, 53.23% are males and 0.06% identified themselves as other.

Of the overall refugee population in KRI, it is estimated that almost half is women, and majority of the population is between the ages of 18 – 60⁴. The forced displacement of civilians across northeast Syria into Iraq has brought with it a multitude of difficulties. While there are multiple actors helping the refugees to recover from the crisis, the post-displacement lives of those in the Bardarash camp can only be improved once the gendered needs and capacities are understood thoroughly. Within this



² OCHA, "Saving Aid in NE Syria October 21st2019 Report"

³ UNHCR, NES Influx Overview, 1 January 2020

⁴ UNHCR, Rapid Displacement Overview: Displacement from Syria, as of 11 November 2019

framework, gender equality is lacking in a variety of areas in both short- and long-term interventions by other sectors, and this report serves to document the current situation and make recommendations for improving on it.

As CARE has been urging all parties to the conflict to fully respect international humanitarian law and ensure that they refrain from using explosive weapons in populated areas, it also started to deliver humanitarian support to the refugees who reached to Iraqi Bardarash and Gawilan camps. In order to integrate gender into emergency response, CARE has conducted this RGA at the Bardarash camp, main camp that is hosting the northeast Syrian refugees in KRI.

The Rapid Gender Analysis objectives

The geographic focus of this analysis is Bardarash camp in Kurdistan region of Iraq to:

- Understand the gender dimension of the crisis and differentiated needs and vulnerabilities among the refugee communities in the camp.
- Analyse the specific needs and concerns of women, men, girls and boys; and their roles/responsibilities in the household and the community level in relation to gender and power differentials (structure, relations and agency) to reach to everyone and also use the identification of these as opportunity to empower women and girls in designing response.
- Develop a list of achievable recommendations based on the key findings.
- Inform CARE's programming in the camp based on different needs of women, girls, men and boys.
- Inform the broader humanitarian community responding to the crisis in the refugee camp on gendered needs and capacities.

The RGA limitations:

- Time-Sensitive: The data collected was time-bound and the findings are limited to a small population of catchment area. Particularly the household surveys remained limited in number.
- Issues relating to language: The data collected was translated into English from the original language. The translators had also minor issues in understanding handwriting of the assessment team who conducted the HH surveys and FGDs.

Methodology

Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It uses the tools and approaches of Gender Analysis Frameworks – such as focus group discussions, safety audit tools and secondary data review - and adapts them to the tight time-frames, rapidly changing contexts and insecure environments that often characterise humanitarian interventions.

The data for this research has been collected between the dates of 1 -3 November 2019. The research methods included:

- **10 Focus Group Discussions (5 Female, 5 Male)** conducted by 8 (4 females and 4 males) enumerators and were segregated by sex and age
- **Safety Audits** conducted by enumerators
- **48 Surveys (17 Female, 31 Male)** the HH survey was adapted from CARE's Gender in Emergencies (GiE) RGA toolkit and contextualized for the aim of this research and for cultural appropriateness

Secondary Data Review

- Regional Refugee & Resilience Plan (3RP), Regional Strategic Overview 2019 - 2020
- OCHA 2019, Humanitarian Needs Overview, Syria
- CARE 2015 Measuring gender-transformative change
- UN Women, Unpacking Gendered Realities of Displacement: The status of Syrian refugee women in Jordan, Lebanon and Iraq
- CARE Gender and Emergencies
- REACH, Rapid Needs Assessment: Hasakeh Governorate, Northeast Syria, November 2019
- Regional Refugee & Resilience Plan (3RP), Iraq, 2018 – 2019
- Regional Refugee & Resilience Plan (3RP), Country Chapter, 2019/2020, Iraq
- CARE 2016 Women, Work and War

Demographic profile

The recent military operations in Turkey has led to displacement of thousands of people in northeast, some of whom were seeking refuge in Kurdistan region of Iraq. Refugees have been crossing through two main informal points, serving as reception centres in Sehela and Al Walid. Two camps have been designated to host the refugees; namely, Bardarash and Gawilan. While previously both of the camps have been occupied earlier (Bardarash by IDPs in Iraq; and Gawilan by Syrian refugees who fled earlier); they have been empty before the current crisis. UNHCR⁵ reports that 18,991 individuals have crossed into KRI; and of those individuals 7,525 are residing in Bardarash camp; and main areas of origin of these refugees are Qamishli (34%) and Ras al Ain (33%). Both of these cities are located in al-Hasakah Governorate in northeastern Syria.

Al-Hasakah governorate is a large and mostly rural with some major cities such as Qamishli and Ras al Ain. According to ACAPS (2014), there are no accurate figures of distribution of ethnicities in the governorate. However, it is estimated that 40% - 70% of the governorate's population is ethnically Kurdish. Arabs and other ethnic and religious minorities such as Assyrians, Chaldeans, Turkmen and Armenians make up the rest of the population. Majority of the population in the governorate are Sunni (70% - 80%) and the rest is estimated to be Christians (20% - 30%) and some other religious

⁵ UNHCR, NES Influx Overview, 1 January 2020

minorities such as Yazidis, who are known to reside in Ras Al Ain. Lastly, following the military operation in northeast, majority of the IDPs in the governorate are estimated to be mostly married men with their families, elderly (60+) and married/widowed women with their family without husband (REACH, 2019). For instance, among the assessed communities by REACH, 96% were married men with their families, 44% were elderly (60+) and married/widowed women with their family without husband were making up the 44%. Average family size, as found out by the household surveys conducted for this RGA, was 5.

Sex-disaggregated data

The sex and age disaggregated demographics of the northeast Syrian refugees that arrived in Kurdistan region of Iraq since October 9 are as follows:

Refugees from Northeast Syria in KRI, UNHCR, NES Influx Update, 1 January 2020			
Breakdown by gender			
Total #	Male	Other	Female
100 %	53,23 %	0,06 %	46,71 %
18,991	10,109	11	8,871
Breakdown by age			
	Age 0-18	> 18	Total
Female	22%	25%	47%
Male	28%	25%	53%

Findings and analysis

Gender Roles and Responsibilities

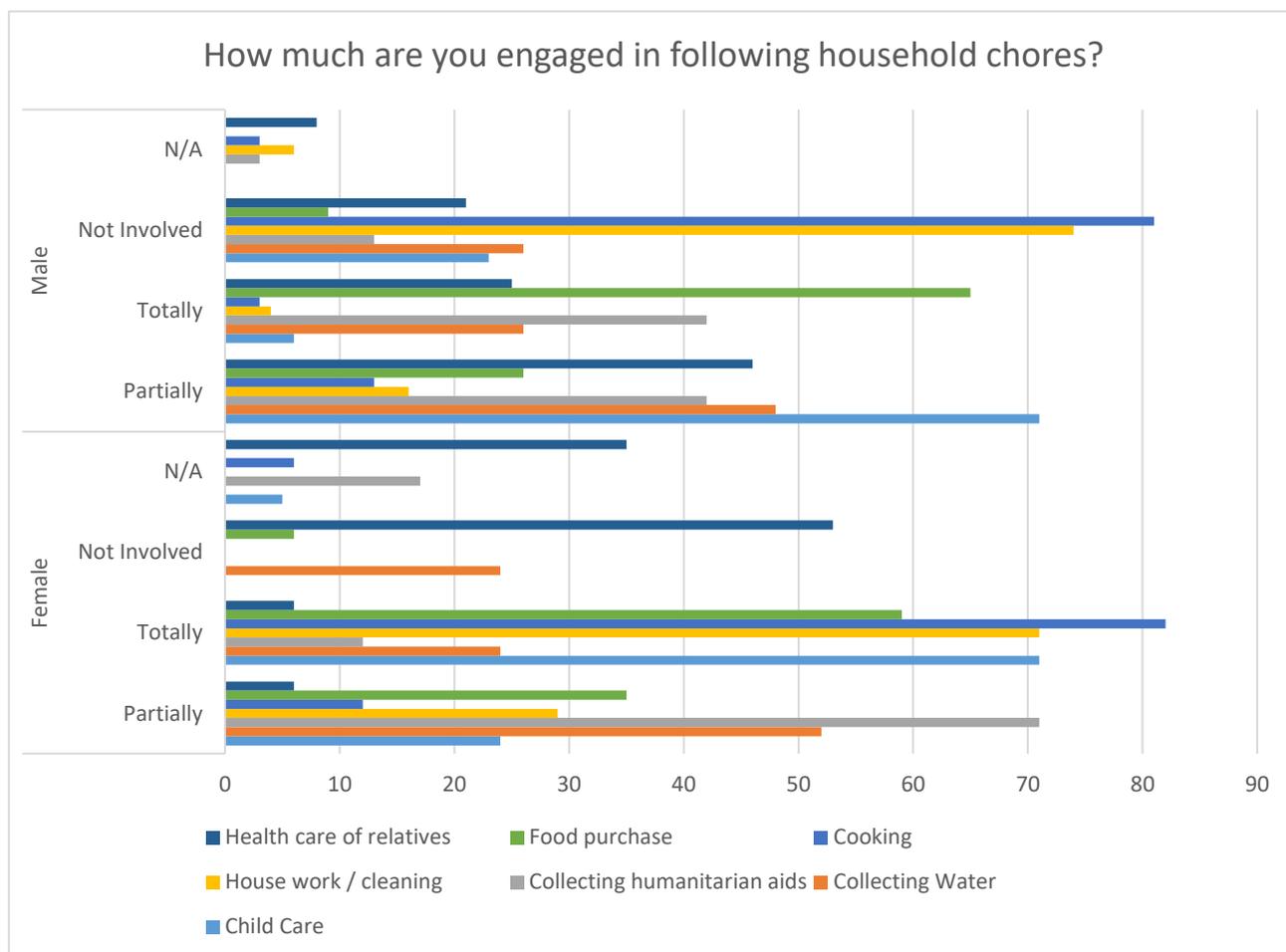
Division of (domestic) labour

In order to understand the division of domestic labour between men and women, they were asked to rate their involvement in health care of relatives, housework/cleaning, child care, food purchase, collecting humanitarian aid, cooking and collecting water as not applicable, not involved, partially involved and totally involved. It seems that women are more likely to be totally involved in housework, child care and cooking than men. This is also confirmed by the results of the male respondents, as majority of them indicated that they are not involved in cooking and housework. On the other hand, men seem to be more likely to be totally involved in collecting humanitarian aid and food purchase. Interestingly enough, while 41% of the male respondents claimed that they are the ones collecting humanitarian aid, 71% of female respondents also noted that it is partially their responsibility to collect aid.

Another important point concerns the perceptions of women and men respondents regarding child care responsibilities. While 71% of the women respondents noted that it is totally their responsibility to take care of children, 71% of the men respondents feel it is partially their responsibility as well. While it is unclear whether after the crisis men actually started to share child care duties at home, their perception reflects a responsibility towards child care. Women and men respondents of the household survey seem

to give compatible answers regarding their roles in collecting water as half of the both participants indicated that it is partially their role to collect water.

One of the interesting findings of this RGA also relates to the division of labor regarding the health care of the relatives. Majority of the women (53%) indicated that they are not involved in health care of the relatives; while 46% of the men said that they are partially involved in it. Furthermore, another 25% of the male respondents also indicated that it is totally their responsibility to take care the relatives' health.



6

Earning income

The RGA results showed that women were freely moving and engaging in either paid or unpaid work in their communities before the crisis. Only 10% of men and 19% of women respondents reported not being engaged in income generating activities before the crisis. The main sources of income in the pre-crisis community seems to be livestock and daily labour for both women and men.

⁶ Only 28 men responded to the question relating the health care of the relatives. Hence the estimations on the health care responsibilities of men are calculated based on the 28 respondents. Out of these 28 male respondents: 13 are partially involved, 6 are not involved, 7 are totally involved and the question is not applicable to 2 of them. The rest of the data were calculated based on the total number of respondents of household surveys.

It is noted by the safety auditors that within the camp there are no livelihoods opportunities and income generating activities for the residents. This was also confirmed by the household findings, as all of the respondents from both genders reported not being engaged in any paid work except one male respondent who reported engaging in daily labour for cash. However, when it comes to deciding how the earned money is spent, 61% of male respondents (19 out of 31) reported deciding together with their spouses while another 29% reported making the decision by themselves. 53% of the women respondents (9 out of 17 responding) on the other hand reported that they take decisions together with their husbands. Another 29% of the women respondents reported that their husbands are deciding on how the money is spent, and lastly 18% of them reported making decisions on their own (their civil status is not confirmed).

Gender and Emergencies

Conflicts have different impacts on women, men, boys and girls. Humanitarian crisis benefits few and tends to exacerbate the negative consequences of inequalities and marginalisation of people who are in vulnerable position such as women and girls including person with special needs. For example, systematic rape carried out during the Syrian civil war, and the scores of Yezidi girls married off against their will by Islamic State (IS) in Iraq are some recent arresting examples of violence affecting girls and women in a crisis context.

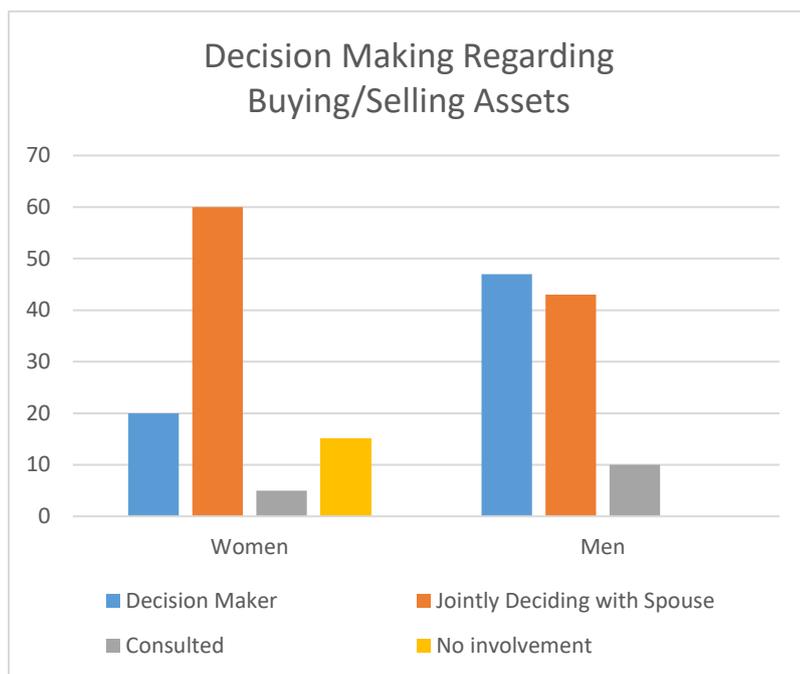
It also worth noting that except 15% of the male respondents (4 out of responding 27) and 6% of women respondents (1 out of 17 responding), none of the respondents reported having money of their own of which they can decide alone how to use.

Decision making within the household

According to UN Women⁷, when compared to the pre-crisis household decision-making roles, majority of the Syrian refugee women (57%) in KRI reported that they have a larger-decision making role in their homes. While these women have reportedly seen this increased responsibility not as a choice but as a condition for the survival of their families, older women were worried about these new roles giving bad reputation to Syrian refugee women in KRI. Similar findings were confirmed by household surveys. The respondents were administered their involvement in decision making for working to earn money, buying/selling assets, visiting birth relatives, migration, accessing health care for themselves, accessing healthcare for children, family planning and educational attainment of children.

⁷ UN Women, Unpacking Gendered Realities of Displacement: The status of Syrian refugee women in Jordan, Lebanon and Iraq, Policy Brief, <https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2018/refugeecrisis-all-brief-final-links.pdf?la=en&vs=2008&la=en&vs=2008>

The results of the household surveys show that majority of the women respondents are either involved



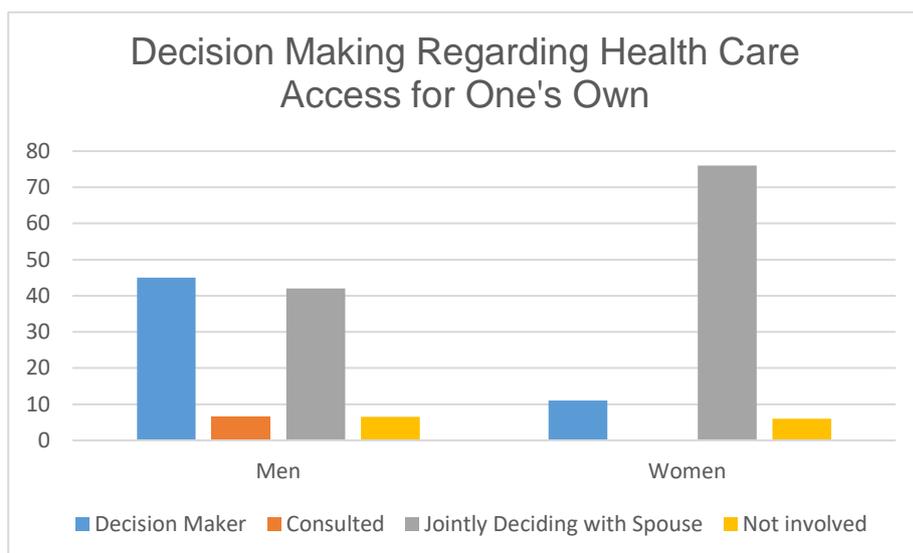
as a joint decision maker or are at least consulted in decision-making processes in their households. More than half of the female respondents (7 out of 12 responding) indicated that they are making joint decisions in the household with their husbands in terms of working to earn money; while 61% male respondents (19 out of 31) indicated that they are the decision makers and another 35% (11 out of 31) indicated that they take joint decisions. In terms of buying and/or selling assets, majority of the male and female participants reported either being the decision maker or involving in joint decision-making process. Out of 30 male respondents, 47% of them reported being the

decision maker and another 43% reported taking the decisions jointly with their spouses. The situation was visa-versa among the 20 female respondents of the question, as majority (60%) reported taking decisions jointly with their husbands and a smaller percentage (20%) reported being the decision maker in their households. It should be noted that it is not clear whether the women who self-reported to be decision makers in their households are the head of households or not.

Regarding the decisions in terms of visiting relatives, 81% of the female respondents (13 out of 16) reported making the decisions jointly with their husbands and 58% of the male respondents (18 out of 31) gave the same response as they make the decisions to visit relatives with their spouses. Another 26% of the male respondents (8 out of 31) also indicated that they are being consulted by their wives when the decisions regarding visits are being taken.

In order to understand how the decisions regarding the migration and displacement are being made in the households, 57% of the males (17 out of 30 responding) and 81% of the females (13 out of 16 responding) reported taking the decisions jointly with their families. Another 33% of male respondents and 19% of the female respondents reported taking the decisions regarding displacement by their own.

Regarding the decision making to access health care for one's self, 76% of women (13 out of 17 respondents of the question) reported taking the decisions jointly with their husbands, while 45% of men (14 out of 31 respondents of the question) reported being the decision maker. On the other hand, the decisions in terms of accessing health care for children, seems to be taken jointly according to the majority of the respondents (respectively 73% of the male respondents (22 out of 30) and



88% of female respondents (15 out of 17). 89% of women respondents (8 out of 9 responding to the question) and 77% of men respondents (20 out of 26 responding) also reported making the decision of having children jointly with their spouses.

Gendered Needs and Vulnerabilities

In the following section, the gendered needs and vulnerabilities of the refugees will be analyzed per health and WASH services. While the overall humanitarian needs will be also sought, it is worth mentioning that 77% males (23 out of 30 responding) and 35% of females (6 out of 11 responding) confirmed receiving humanitarian assistance during the last 7 days. The items received by them were listed as food baskets, hygiene items and mattresses. Additionally, some of the female respondents confirmed receipt of second-hand clothes.

Furthermore, majority of the male respondents (19 out of 29 responding to the question) noted that not everyone in the community are able to access the services. This was attributed to variety of reasons, such as; aid being provided randomly, service locations and distribution hours not being suitable for women and girls, lack of female staff providing services, lack of sufficient medicine at health facilities and long queues. These were confirmed by the all-female respondents (17 of them). 2 of the female respondents also added that they felt that priority was given to men while providing humanitarian assistance.

It should be also noted that 93% male respondents (28 out of 30 responding) and 94% females (16 out of 17 responding) said that they have not been personally consulted about their needs by an aid organization.

Health services

According to the Regional Sector Response Summary 2019 – 2020, 56% of Syrian refugee households in Iraq face issues accessing the healthcare services. This is valid for the Bardarash camp, as it is noted by the safety auditors that there are multiple issues within the camp in accessing the healthcare services. While a Primary Health Care Clinic (PHCC) is operational in the camp, it is not very specialized particularly in terms of Sexual, Reproductive and Maternal Health. Furthermore, in some cases the elderly and people with special needs have barriers to access, as the only existing ambulance is not always available or working for everyday 24 hours. As there are no mobile clinics in the camp,

some of the residents also have problems to access the static one. Additionally, it is noted that the health center is not providing specialized services, and not all the medicine is available.

According to the household surveys, almost all respondents (84% males and 94% females) confirm the location of the health clinic is safe. However safe location seems to not guarantee the access due to several reasons. There is a long wait time at the PHCC in camp and certain medicines are not available. This is particularly concerning as the 53% of the female respondents indicated that a girl or a woman in their household was affected by a certain disease during the last 7 days. 69 % of male respondents (20 out of 29 responding to the question) also confirmed the same for a boy or a man in their household. These were also confirmed during the FGDs as participants indicated that they are having barriers accessing the health services as the facility is far away and the wait time is long to get service or medication. Furthermore, the participants noted that the quality of the services are low and there is shortage of the medicine at the PHCC.

Water, Sanitation and Hygiene services

In order to access the WASH facilities, residents use different types of lightening devices such as torches as lighting is not always available. It was noted that the latrines are available at the household level and this made them relatively secure. However, some of the observers noted that not all the latrines have locks and are well lit, which made users feel they don't have privacy. This was valid particularly for women and girls who needed to meet their own menstrual hygiene needs in safety. It was also observed that people with special needs sometimes had physical barriers to access the WASH facilities.

Most of the observers also noted that water points are well functioning and are in secured areas. Everyone can access and use the water points. However, the timing is confusing for many families, as there is no clear schedule to access the water. For most of the male respondents (55%) it takes less than 30 minutes to collect water; while for the majority of female respondents (41%) noted that it takes between 30 and 60 minutes for them to collect water.

How long does it take to collect water?	Women	Men
Less than 30 minutes	6%	55%
30 – 60 minutes	41%	16%
More than 60 minutes	18%	16%
Don't know	35%	13%

It is also observed that the waiting lines are not exceptionally long, and this ensures access by different groups. This was somehow confirmed by the household surveys as well. 87% of male respondents and 71% of female respondents noted that water points are safe. Those who perceived the water points to be unsafe noted that they are going to other (safer) water points or buying water in some cases.

In terms of latrines, majority of the respondents (87% males and 71% females) perceive them as safe. The respondents who perceive latrines as unsafe note that lack of locks and lights make latrines unsafe

for them. Furthermore, 1 female and 1 male respondent of the household surveys also noted that they do not have latrines at all. 83% of male respondents (25 out of 30 responding) and 76% of female respondents also noted that the bathing places are perceived safe. The ones who perceived the bathing place as unsafe highlighted that lack of locks and not being well-lit makes are the major factors impacting the safety. Furthermore, 1 female and 1 male respondent of the household surveys also noted that they do not have baths at all. Hence, it can be interpreted as a small proportion of the refugees in the camp has no access to latrines and baths.

When asked what their menstrual hygiene needs are, majority of the female respondents (88%) highlighted that disposable pads; while another 12% noted washing and disposing facilities. Lastly majority of respondents (13 out of 16 responding to the question) noted that their menstrual hygiene needs are met in the camp.

Protection

As reported by the 3RP Country Chapter of Iraq (2019/2020), the overall absence of a legal refugee protection framework in Iraq prevents the “longer-term residency rights to stay and other legal benefits for Syrian refugees”. Apart from this overall need for a refugee protection legal framework, there are also multiple protection needs and concerns within the Bardarash camp. Out of 30 male respondents of household surveys, 70% of them indicated that there are major challenges in the camp that hamper their access to services and enjoyment of basic rights. Majority of the respondents (18 out of 30) highlighted that major challenge in the camp is lack of employment opportunities. Furthermore, 11 other respondents also highlighted that lack of documentation was their major challenge in the camp; while 7 respondents also highlighted that lack of information about humanitarian assistance also causes challenges for them. Other issues raised by male respondents as challenges are as follows: personal security, being separated from their families and contacting their families back in Syria.

Female respondents of the survey also highlighted similar challenges. All the 17 female respondents mentioned several challenges they faced in the camp. 10 of the respondents highlighted lack of employment and contacting families inside Syria as the main challenges. While another 9 female respondents also noted lack of documentation as a major challenge. In line with the male respondents’ challenges, female respondents also experienced challenges due to lack of information on available assistance. However, 11 of the respondents (65%) noted a challenge relating to safety and security. These safety concerns were listed as fear of harassment, personal security and

Protection

Diana left her village near Ras al-Ain, on the Syrian-Turkish border, with her three children after the military operation began in north-east Syria in early October. Her husband stayed behind to look after their house and belongings. While fleeing with her children who are between the ages of six and 14, Diana had to pay smugglers to bring them to safety in northern Iraq.*

“How can I keep my children dry, warm and safe in this tent?” says Diana. The family have asked for their tent to be moved to a higher area to be protected from the cold, wet winter, but they have not heard back. “We also want to be with our family. We are here by ourselves and my aunt’s tent is up on that hill. Our family is the only thing we have left,” adds Zara sobbing, her 14-years-old daughter. – CARE, News, Stories & Blogs: A Syrian mother in Northern Iraq: “We Barely Escaped Syria with our lives “

** All names have been changed to protect identities.*

inability to move safely. It should be noted that the options provided to the respondents were related to general protection concerns, rather than GBV related ones.

Additionally, FGDs participants also noted that highest protection risks in the camp are the intra-group conflicts, fire hazards, lack of security in the camp and loneliness due to separation from the families; and according to participants these risks affect everybody.

When asked to whom do community members often go for help, if they experience some form of violence, both female and male respondents majorly confirmed that they would go to police. However, 12% of females (2 out of 17 respondents) and 4% of males (1 out of 28 male respondents) highlighted that they didn't know where to go. Furthermore, when asked what their strategies are to reduce or to address different protection risks they face, 63% of male respondents said that they would seek support from family and 47% of females said that they would seek support from NGOs.

Strategies used to reduce or address protection risks	Female (17 respondents)	Male (30 respondents)
Seek support from the family	5	19
Seek support from NGOs	8	7
Approach community leaders	-	4
Talk to friends	1	10
Go to security office	6	3
Don't know	-	2

Due to the protracted nature of the refugee displacement, all protection risks in particular child protection related ones such as psychological distress, child labour and sexual violence for children both in and out camps seem to be exacerbated (3RP Country Chapter of Iraq, 2019/2020). Concerning the specific vulnerable groups in Bardarash camps, participants of FGDs noted that children, adolescent, elderly, people with special needs and the poor families are the most vulnerable at the current context.

Priority Needs

Settling down in their new homes, women and men in Bardarash camp have multiple needs to ensure that they have a dignified life. When asked about their top three priority needs, both women and men respondents of household surveys responded that education and livelihoods are one of the most urgent ones. This is in line with the fact that there are no formal education opportunities in the Bardarash camp; and the majority of the Syrian refugees report economic challenges and high living costs as a challenge in Iraq (3RP Country Chapter of Iraq, 2019/2020).

While the third priority of the women was shelter and household items (NFI), for men it was the health care. FGDs also confirmed the above findings of household surveys. Majority of the participants noted that the priority needs at the camp are bread, drinking water, NFI items (i.e. fridge) and hygiene kits, winterization kits, hot water and lighting around WASH facilities. Lastly, majority of the male (61%) and female (70%) respondents confirmed that both girls and boys were attending to the school before the

crisis. This is in line with the fact that, due to lack of education at the camp, both women and men respondents think it is one of the top three priorities.

Priority Needs	Women	Men
Education	X	X
Livelihoods	X	X
Sanitation – Hygiene		
Protection		
Dignity Kits		
Baby kits		
SRMH		
Health Care		X
Food		
Water		
Shelter and household items	X	
Winterisation kits		

Gender Based Violence

A comprehensive GBV assessment was out of the scope of this report, as there was not enough time or resources to collect the sensitive GBV related information. However, in order to understand the dynamics in the camp, and factors that increase the GBV risks, safety audits were conducted and questions around GBV were administered to the FGD and household surveys. Concerning the Syrian refugees that arrived before the current military operation, it was reported by the 3RP Iraq of 2019 – 2020 that GBV is reported mostly by women (48%) and girls (27%); and men (13%) and boys (12%). The Plan also confirms that fear of stigma in community, retaliation and lack of legal support seems to limit the access of survivors. Additionally, due to economic hardship and the lack of gender sensitive livelihood programs, negative coping mechanisms such as survival sex and/or forced prostitution and child marriage have been utilized by women and girls.

When it comes to specific risks in Bardarash camp, the safety audit shows that the majority of the camp is well-lit, although there are still areas where proper lighting is not available. Camp residents particularly report that light is not available in the latrines and bathrooms. Furthermore, some of the observers also

note that not every latrine and bathroom have lockers. In order to mitigate the risk of gender-based violence, it is highly important to ensure sufficient lighting and lockers for WASH facilities.

Similar findings were confirmed by the female respondents of the household surveys. When asked about their major safety and security risks in the camp; 15 of them provided answers. 73% of them noted that one of the main safety issues is the lack of locks as this makes them feel unsafe in their houses. 53% of them highlighted the fact that they also did not have privacy at home. Additionally, the safety audits also revealed that there is not enough space between households; and this hampers the privacy. Furthermore, another 27% of them told the interviewers that there are no safe spaces in the community. 20% noted being afraid of attacks when moving in the community; and forced marriage and trafficking were also highlighted as possible risks.

Gender-based Violence

“ Despite the implementation of quality protection and assistance programmes, the lack of access to socio-economic and livelihood opportunities, shrinking resources, and reduced humanitarian assistance, has resulted in increased risk of SGBV for refugee women, girls, and to lesser extent men and boys. The scope and coverage of governmental services to address SGBV remains a challenge due to a lack of resources and expertise. ”

3RP Iraq, 2019 - 2020

Mobility Analysis

In order to understand the mobility of women, men, girls and boys in the camp; respondents of the household surveys were administered questions on whether they are able to visit other tents in the camp, local market or shops, the service points, the health center, the nearest town; and family members in another location. While all of the male respondents reported moving freely to visit other tents and markets; only 13% of the male respondents (4 out of 31) reported having access issues to the service points in the camp. The reason for the limited mobility in terms of accessing the services points was not clarified by the respondents. In order to ensure equal access, consultations with communities to decide on service points can be useful. Only one male respondent indicated not being able to move freely to reach health care services; while another indicated that he would need another man to accompany him.

Female respondents also self-reportedly have some major limitations in mobility. The only area where few women reported not being able to move freely was visiting other tents. Only 2 of the female respondents reported having difficulties moving freely to visit other tents out of 17. Overall the safety audits confirmed existence of markets and safe access routes to them; and access by all age and gender groups except small girls⁸ in some families, some of the women respondents also reported needing a company to go there. Around, 41% female respondents (7 out of 17) reported not being able to go to the local market or shop unless accompanied by someone. This means that access to markets and shops for women and girls varies among the households; and even if it seems that women have access to markets, some of them still face limitations. Regarding the access to service points, 29% of the women reported not having mobility; while another 35% said they can only access the service points

⁸ Age range was not clarified by the auditors.

when accompanied by another women, men or a child. Another 41% also said that they can only move freely to access health services when they are accompanied by another woman or child.

Overall the observers conducting the safety audits noted that leaving the camp is very restricted and the process is complicated and time consuming to leave the camps for all residents of the camp. In line with this, there are also cases of informal departures from the camp which in return creates protection concerns for those leaving. Apart from two male respondents of the household survey, 96% of the total respondents (29 males and 17 females) reported not being able to go to the nearest town or visiting their families in another locations. The reasons for these limitations in mobility were listed as not having permission and the cost of transportation by the participants.

Capacity and Coping Mechanisms

Understanding capacities and coping mechanisms of the communities is an important to step to ensure that humanitarian actors build on those; and increase the resilience of the communities. The FGDs also revealed that all of the groups in the camp had better living conditions before the conflict; and settling down in the camp significantly changed their lives. Some of the major problems community faced are fear of theft, lack of livelihood opportunities, lack of proper health care, lack of clothes, fear of fire, lack of food and water, fear of insects, problems with security clearance to leave the camp, lack of space in the camp and lack of schools, including psychosocial support for children. Concerning these risks faced within the camp, participants of FGDs were asked how they cope, and various mechanisms were listed. Informing security forces with security issues, contacting camp management to seek solutions, consuming water in limited amounts, remaining alert against hazards, avoiding interaction with certain groups in the camp, requesting financial assistance from relatives and keeping faithful seems to be some of the coping mechanisms the residents of Bardarash camp use. As reported under the GBV section, the overall economic hardship also forced women and girls to resort to some negative coping mechanisms such as survival sex and/or forced prostitution and child marriage.

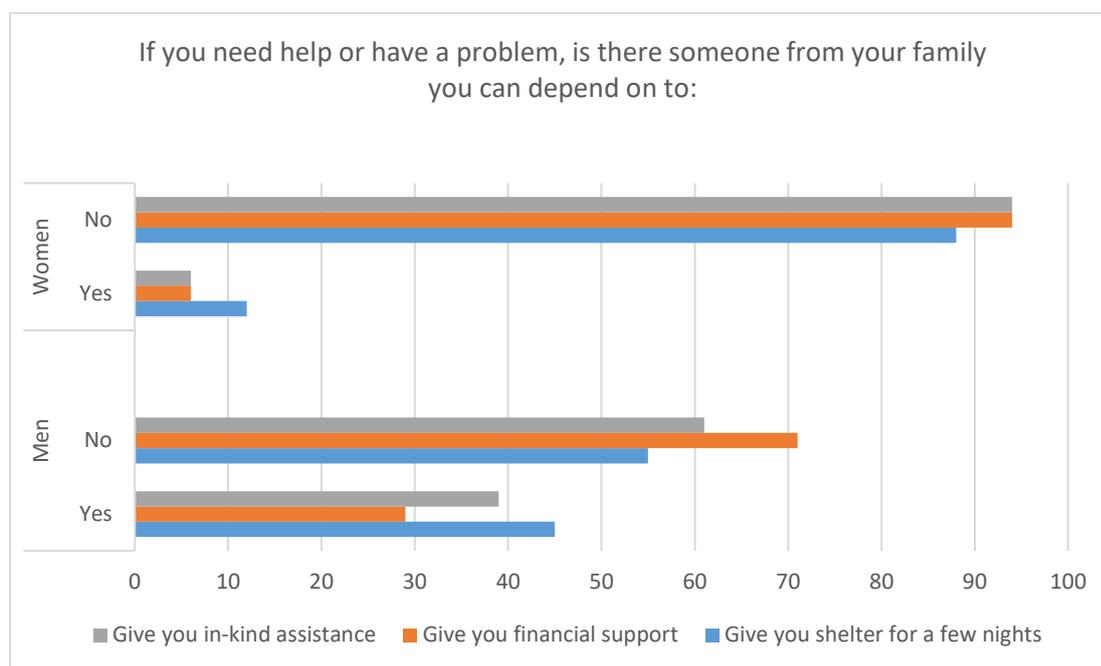
In order to understand if there are notable differences in the ways women and men react to circumstances that came with the crisis, the respondents were administered questions about their experience only during last 7 days. Majority of the respondents confirmed that they ate **less preferred or inexpensive food** at least for one day during last 7 days. The percentage of people who confirmed this was 69% for the male respondents of the question (20 out of 29); and 88% for the female respondents (15 out of 17). While ratios of men **borrowing food or relying on help from friends and relatives** seem low, it is relatively higher for women. While only 27% men respondents of the question (6 out of 22) confirmed borrowing food for at least one day in last 7 days; the 77% of women respondents of the question (10 out of 13) confirmed the same. Women's traditional role of preparing food might be helpful to explain this phenomenon; as women might be borrowing food to prepare for their families.

The ratio of participants who confirm **limiting the portion size at meal time** at least one time during last 7 days also seems high for both genders. 79% male respondents (23 out of 29) and 82% women respondents (14 out of 17) confirmed that they have limited portion size. **Limiting portion size to ensure that there is enough food for small children** also seems to be a common coping mechanism for both male and female respondents. 80% of men (24 out of 30 responding) and 76% of women (13 out of 17 responding) confirmed that they have limited intake to make sure their children have enough to eat.

Similarly, %71 of women (10 out of 14 responding) and 82% of men (23 out of 28 responding) confirmed that they have reduced the **number of meals they eat per day** during the last 7 days. While most of

the participants were reluctant to respond to the question whether they have **not eaten any days during last 7 days**; the limited responses revealed that women respondents were more prone to have days without food. 86% of women respondents (6 out of 7 responding) confirmed that they at least had one day in which they haven't eaten. 12.5% of men (1 out of 8 responding) also confirmed that they had at least one day in which they haven't eaten.

Trying to understand the support-seeking behaviors, the survey asked where men and women could go for help and what types of resources were available to them. This information also deemed important to understand whether women and men had ties in the community to rely on. **Men seem to be able to rely on the family members more than women in each category of the support as listed in the table.** Lack of social capital and limitations in mobility of women might be useful in explaining this phenomenon.



Conclusions

Conducting a Rapid Gender Analysis helped to understand how this crisis affected refugee women, men, boys and girls; how they are coping with the problems in the targeted communities; what their different needs, capacities and coping mechanisms; besides the power dynamics among and mobility of women, men, girls, boys and persons with special needs. This assessment was conducted in Bardarash camp. It offers some general recommendations and an insight into the different gender issues among the residents. Traditional gender and social norms began to change because of multiple crisis the communities faced. The new dynamics and challenged norms, while creating new protection risks, also give opportunity to challenge the harmful gender norms. Analysis of the gender dynamics within the affected communities help humanitarian actors to provide safe and dignified services to the communities and ensure equitable access. It is recommended that the programming in the Bardarash camp is continuously adapted to the changing needs and gender dynamics.

Recommendations

This RGA is focused on the northeast Syrian refugees in KRI and is written based on the preliminary findings and secondary data review. As the crisis continues to unfold, it will be revised and shared based on the changes. The recommendations below are for the humanitarian organizations responding to the crisis; and for the donors to have an overview of the gendered response needs for the crisis.

Overall Recommendations

- Ensure regular consultations with different groups of women, men, girls and boys with and without disabilities in the camp about the overall needs, preferences concerning the services and the locations of service points. Inform the humanitarian response with the consultation results.
- Ensure collection of sex and age disaggregated data (SADD) as all humanitarian activities must collect at minimum. If possible, make sure using Washington Group Questionnaire to collect disability disaggregated data. Once collected, utilize data to analyse trends in response and inform programming based on the analysis.
- Begin immediate community outreach on PSEA; and ensure that communities are aware of the fact that aid is free. Organize mass Information, Education and Communication (IEC) campaigns in multiple languages and dialects, including but not limited to Kurdish and Arabic. Utilize different channels of communication such as oral and visual.
- Ensure teams delivering the humanitarian aid are gender-balanced, multi-lingual and trained on Gender in Emergencies.
- Ensure protection mainstreaming into all sectors to prioritize safety and dignity and avoid causing harm, ensure meaningful access, accountability, and participation and empowerment.
- Make sure the service delivery points are selected in consultation with the communities to ensure safe and equitable access.
- Adapt women's leadership initiatives, such as CARE's Women Lead in Emergencies⁹, to ensure that women have a voice in humanitarian decision-making.
- As women and adolescent girls reportedly have limited mobility in the camp, besides the PWDs, ensure outreach to them through household visits and engage them meaningfully in all sectors, including the programme design and decision-making processes.
- Advocate for an enabling legal and administrative environment that allows Syrian refugees to live without fear of harassment, arrest, forced encampment or refoulement, and to take-up legal work opportunities (CARE, 2016)
- Ensure that camp residents are informed with the selection criteria for benefiting from the services.
- Advocate to ensure that all measures to promote economic participation provide equal access to women and men as well as to people with disabilities and other groups that face specific access barriers (CARE, 2016).
- To fully understand the gendered dynamics of the crisis; further research is recommended for GBV, SRH, shelter and livelihoods sectors.
- In order to extend beyond this research and overcome the listed limitations, further collection of qualitative data is recommended.

⁹ For more information on Women Lead in Emergencies:
https://insights.careinternational.org.uk/images/Women_lead_in_emergencies.pdf

Food assistance

- Since men seem to be more likely to be totally involved in collecting humanitarian aid and food purchase; it is important to re-consider the methods of food distribution to ensure women's equitable access.
- In order to prevent negative coping mechanisms such as eating less preferred or inexpensive food; or limiting the portion size or eating less to ensure enough food for children, ensure enough food assistance for the communities.
- Hold consultations with the communities on the preferred types of food assistance; and consider the nutritional needs of the general population, with a specific attention to the needs of young children, pregnant and lactating women.

Protection

- Ensure assistance for new arrivals for the necessary documentation at the camp.
- Conduct protection outreach sessions to inform communities on how to access different services in the camp, including how to seek support from law enforcement. This should focus on socializing the information on locations of community spaces and how to get psychological and psychosocial support.
- Distribute protection mainstreaming kits to the households with locker and lighting problems to ensure the risk mitigation until they are fixed.
- Disseminate clear and concise information on the steps the camp residents need to take in order to leave the camp.
- In order to address intra-community tension, implement activities that can foster social cohesion and open up community dialogue.

GBV

- Conduct a comprehensive GBV assessment including a detailed mapping of GBV services providers in the camp and around camp locations.
- Scale up comprehensive GBV prevention and response programming in the camp; and ensure strong linkages and coordination with other sectors.
- As women and girls indicated that they don't have safe spaces in the community, conduct outreach sessions to inform them with the existing Women Girls Safe Spaces.
- Strengthen GBV response referral pathways across the camp and ensure a targeted assessment to identify the gaps in the GBV referral pathways.
- Provide capacity building and strengthen the existing capacity of local actors to provide safety of GBV survivors, ensure confidentiality, respect the survivors and practicing non-discrimination.
- Ensure that GBV risks and protection concerns in the camp are assessed; and all of the interventions are designed to mitigate those risks.

Health

- Scale-up life-saving SRH and primary health care services with a specific attention to quality and 24/7 availability.
- Deploy mobile health teams in the camp to ensure reach out to people with limited access to the health care services.
- Ensure that mobile health teams also provide emergency maternal health services for pregnant women.
- As health services are usually the entry points for GBV cases, strengthen the referral pathways to the specialized GBV services.

WASH

- Against the flooding risk, either raise the basis of the houses in the camp or ensure proper drainage system.
- Consult women and girls on their specific hygiene needs and ensure that hygiene kits are gender-sensitive.
- Use the Gender minimum commitments for WASH sector in emergencies¹⁰ to ensure the safety and dignity of affected people as a practical guide for the project cycle.

¹⁰ The tools can be found at the following link: <https://www.careemergencytoolkit.org/gender/3-gender-in-emergencies/3-how-to-integrate-gender-into-an-emergency-response/>

Annex 1: Gender in Brief ¹¹

Iraq is a diverse country with a population comprising different ethnic groups with different faiths and gender norms. The roles and responsibilities of women, men, boys and girls in Iraq are fluid, changing with the political and security situation. At independence, Iraq's 1959 *Personal Status Law* established one of the most progressive platforms for women's rights in the region. During the Iran-Iraq war, Iraq's highly educated women took on traditionally male-dominated roles in engineering and the military. By the 1990s, the Ba'ath Party, in alliance with conservative groups, changed approach to promote women's place in the homeⁱ. Since 2005, women comprise more than 25% of the Iraqi Parliament and women's organisations have emerged but the continuing threat of insecurity has severely limited women's ability to exercise their rights and freedom of movementⁱⁱ. The impact of the current humanitarian crisis on the lives of women, men, boys and girls is only slowly becoming visible.

Traditional gender roles: Within the home, Iraqi men and women generally have gender specific roles. More than 40% of Iraqi men report that they do no household chores at allⁱⁱⁱ. Men are primarily responsible for providing for and protecting their families^{iv} although high youth unemployment rates make this challenging for younger men. Just under half of Iraqi girls report feeling that they are treated equally to their brothers^v. Older women who are a majority in the age group 40-54 years have specific vulnerabilities especially if they are also female headed households^{vi}. Social norms prevent women from living without men, leaving female headed households particularly at risk of violence^{vii}. Polygamous households are relatively common (12.3%); more common amongst older age groups and in rural areas^{viii}. In the Kurdistan Region of Iraq, polygamy is illegal however still allowed in circumstances whereby a wife cannot bear children, for example.

Education and literacy: Primary education is free in Iraq; 87.4% of girls and 90% of boys are enrolled but there are significant differences between rural and urban areas. Further, the Iraqi education system separates genders starting from the seventh grade. Illiteracy is a widespread concern and women are particularly affected; over a quarter of the Iraqi female population is illiterate and illiteracy rates in rural areas are almost twice as high as in urban areas^{ix}.

Employment: Participation in the labour market is very different for men and women: 73% of men work or are looking for work compared to only 14% of women^x. Overall low levels of women's participation in the workforce are part of the "*MENA Paradox*" whereby women in the region are increasingly more educated and healthier but their economic and political participation does not follow the trend^{xi}. Child labour is more common in rural areas where 10% of children reported working compared to 5% in urban areas; boys are more likely to work than girls^{xii}. Some of the coping strategies documented in previous crises include an increase in *al-mu'tah* (temporary marriage), trafficking of women and boys, increased child labour and early marriage^{xiii}.

Gender equality, legislation and representation: Iraq has had legal provisions on gender equality since 1959. Iraqi women can own land, work and open a bank account without permission from their husbands. However, there are gaps around personal law, domestic violence is not illegal, honour killings, and freedom of movement. Iraq is a signatory to the Convention on the Rights of the Child (1989) and the Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979). Iraq's new Constitution (adopted in 2005) states that all Iraqis are equal before the law and

¹¹ Information and data in this section has been taken from the 2016 Gender in Brief (GiB) for Iraq, unless otherwise indicated.

prohibits discrimination based on sex, although Islam is often cited as the basic source of legislation but contradicts the Constitution. Most Iraqi men believe that women have a limited role in solving problems at the household level. 72.4% of women in rural areas require male permission to access health services (64.1% in urban areas)^{xiv}.

Nevertheless, consultation between couples is common with almost 60% of men reporting that they regularly discuss the household finances with their wife^{xv}. Many Iraqi men and women believe that political participation is a man's role^{xvi}. Although women comprise over 25% of Parliamentarians, this has not led to more inclusion of women's issues^{xvii}, even though in the KRI, inclusion levels are higher (43% of parliamentarians are women)^{xviii}. Women remain under-represented at local government levels. In the past, the Ba'athist *Federation of Iraqi Women* (GFIZ) had branches in every village in Iraq and many women were active in community organisations like school boards^{xix}. Today, less than 10% of women participate in local civil society^{xx}. Access and free movement especially for women and girls are closely linked to the security situation. They sometimes will not or cannot leave the home to access essential services. It is generally noted that women in Iraqi Kurdistan have greater freedom of movement however this is certainly not always the case and also depends on tradition and security situations.

Gender-based and domestic violence: Protection concerns and gender-based violence issues are relatively well documented but there remains little case reporting and limited services for survivors. 46% of married women have been exposed to at least one kind of domestic violence (emotional, physical or sexual) while 46% of girls (10-14 years) reported violence (beaten or insulted) by a family member^{xxi}. This was less common in the Kurdish Region of Iraq (KRI) than in other parts of the country. However, KRI has much higher levels of female genital cutting (44% of women) than other parts of Iraq (1% in average)^{xxii} and high levels of "self-immolation" (suicide by setting on fire) which is commonly perceived as violence against women^{xxiii}. Levels of reporting all types of violence against women are low. Early marriage is an issue for young women: 5% reported being married below 15 years old and 22% below 18 years old^{xxiv}. In another survey, most women reported feeling unable to walk freely down the street because of sexual harassment^{xxv}. *Al-mu'tah* (temporary marriages) have become more common since 2003 and offer fewer protections for women^{xxvi}. Iraq is both a source and a destination for trafficking of women, girls, and boys. So called '*honour killings*' by family members may be a consequence of reporting rape or trafficking. In situations whereby a woman wants to divorce her husband, economic concerns are often the reasons that she will stay in the marriage, particularly in poorer families, whereby a woman is dependent on her husband for financial resources. While shame and stigma around divorce is declining, this has not stopped the perception of divorced women as 'second-hand goods' so their chances of remarrying are reduced and this is another reason why women might choose to stay in abusive marriages. There are certain government measures to combat gender-based violence, particularly in the Kurdistan Region of Iraq which passed a law in 2011 to criminalise domestic violence, along with forced and child marriages.

Gender in emergencies: The threat of gender-based violence has escalated in the displaced and refugee camps in northern Iraq and the brutality and sexual violence documented in the conflict with the Islamic State of Iraq have shocked the international community. Physical abuse, sexual violence and even slavery have been reported, particularly among members of the Yazidi minority^{xxvii}.

The World Bank (2015) Iraq population <http://data.worldbank.org/country/iraq>

World Populations Prospects (2012) Iraq in 2015 by sex <http://esa.un.org/wpp/unpp/p2k0data.asp>

Ministry of Planning Iraq (2012) <http://reliefweb.int/sites/reliefweb.int/files/resources/I-WISH%20Report%20English.pdf> (I-WISH)

Ibid

Ibid

Republic of Iraq (2008) [Family Health Survey 2006/2007](#)

UNICEF State of the World's Children 2015 Iraq http://www.unicef.org/infobycountry/iraq_statistics.html

UNICEF State of the World's Children 2015 Iraq http://www.unicef.org/infobycountry/iraq_statistics.html

Huda Ahmed (2010) *Iraq in Women's Rights in the Middle East and North Africa: Progress Amid Resistance*, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)

Siobhan Foran (2008) [GBV in Iraq: the effects of violence –real and perceived- on the lives of women, girls, men and boys in Iraq](#)

Ministry of Planning Iraq (2012) [Iraq-Woman Integrated Social and Health Survey](#) (I-WISH)

Siobhan Foran (2008) [GBV in Iraq: the effects of violence –real and perceived- on the lives of women, girls, men and boys in Iraq](#)

Ministry of Planning Iraq (2012) [Iraq-Woman Integrated Social and Health Survey](#) (I-WISH)

Ibid

Huda Ahmed (2010) *Iraq in Women's Rights in the Middle East and North Africa: Progress Amid Resistance*, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)

Ibid

UNESCO National Education Support Strategy – Republic of Iraq 2010-2014

UN Iraq (2013) [Women in Iraq Factsheet](#)

World Bank (2013) [Opening Doors: Gender Equality and Development in the Middle East](#)

UNICEF (2012) [Multi-Indicator Cluster Survey Iraq](#)

USAID Iraq (2010) [Gender Assessment](#)

Republic of Iraq (2008) [Family Health Survey 2006/2007](#)

Ministry of Planning Iraq (2012) [Iraq-Woman Integrated Social and Health Survey](#) (I-WISH)

UN Iraq (2013) [Women in Iraq Factsheet](#)

Huda Ahmed (2010) *Iraq in Women's Rights in the Middle East and North Africa: Progress Amid Resistance*, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)

Oxfam GB (2010) 'LANA' Programme Baseline Report

Ibid

UN Iraq (2013) [Women in Iraq Factsheet](#)

Ministry of Planning Iraq (2012) <http://reliefweb.int/sites/reliefweb.int/files/resources/I-WISH%20Report%20English.pdf> (I-WISH)

UNICEF (2012) [Multi-Indicator Cluster Survey Iraq](#)

Oxfam GB (2010) 'LANA' Programme Baseline Report

Ministry of Planning Iraq (2012) [Iraq-Woman Integrated Social and Health Survey](#) (I-WISH)

Women for Women (2008) [Stronger Women Stronger Nations Iraq Report](#)

Huda Ahmed (2010) *Iraq in Women's Rights in the Middle East and North Africa: Progress Amid Resistance*, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)

^{xxviii} UNFPA (2016) Iraq centre brings specialised care to gender violence survivors <http://www.unfpa.org/news/iraq-centre-brings-specialized-care-gender-violence-survivors>

Annex 2: Schedule of Visits

Focus Group Discussions: 1 November, 2019

Household Surveys: 2 – 3 November, 2019

Safety Audits: 1 – 3 November, 2019

References

ACAPS, Al-Hasakeh Governorate profile - Syria Needs Analysis Project - February 2014

<https://reliefweb.int/report/syrian-arab-republic/al-hasakeh-governorate-profile-syria-needs-analysis-project-february>

CARE International, Gender and Emergencies, 17 October 2013. <https://www.care.org/impact/stories/gender-and-emergencies>

CARE International, News, Stories & Blogs, “ A Syrian mother in Northern Iraq: “ We Barely Escaped Syria with Our Lives “ , 31 October, 2019, <https://www.care-international.org/news/stories-blogs/a-syrian-mother-in-northern-iraq-we-barely-escaped-syria-with-our-lives>

CARE International, Women, Work & War, 2016.

https://www.care.org/sites/default/files/documents/Syria_women_and_work_report_logos_07032016_web.pdf

OCHA, “Saving Aid in NE Syria October 21st 2019 Report”

REACH, Rapid Needs Assessment: Hasakeh Governorate, Northeast Syria, November 2019 https://www.impact-repository.org/document/reach/bcab7567/REACH_SYR_Situation-Overview_Hasakeh-RNA_November-2019.pdf

Regional Refugee & Resilience Plan (3RP), Regional Strategic Overview 2019 – 2020,

<https://data2.unhcr.org/en/documents/download/67370>

Regional Refugee & Resilience Plan (3RP), Country Chapter, 2019/2020, Iraq, <https://reliefweb.int/report/iraq/3rp-iraq-country-chapter-2019-2020>

Regional Refugee & Resilience Plan (3RP), Iraq, 2018 – 2019,

<https://www.humanitarianresponse.info/en/operations/iraq/document/iraq-regional-refugee-resilience-plan-3rp-2018-2019>

UNFPA, Unbroken, Stories of Syrian Adolescent Girls, 2019 , <https://arabstates.unfpa.org/sites/default/files/pub-pdf/Unbroken%20-%20Final%20-%20101019-3.pdf>

UNHCR, NES Influx Overview, 1 January 2020

UN Women, Unpacking Gendered Realities of Displacement: The status of Syrian refugee women in Jordan, Lebanon and Iraq, Policy Brief, <https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2018/refugeecrisis-all-brief-final-links.pdf?la=en&vs=2008&la=en&vs=2008>

CARE International Secretariat:

Chemis de Balexert 7-9
1219 Chatelaine, Geneva
Switzerland

Tel: +41 22 795 10 20

Fax: +41 22 795 10 29

cisecretariat@careinternational.org

www.care-international.org

CARE Gender in Emergencies:

emergencygender@careinternational.org

<http://gender.care2share.wikispaces.net/Gender+in+Emergencies>

CARE works with poor communities in developing countries to end extreme poverty and injustice.

Our long-term aid programs provide food, clean water, basic healthcare and education and create opportunities for people to build a better future for themselves.

We also deliver emergency aid to survivors of natural disasters and conflict, and help people rebuild their lives.

We have 70 years' experience in successfully fighting poverty, and last year we helped change the lives of 65 million people around the world.
