Al Hamdaniya District, Ninewa Governorate, Iraq

Rapid Gender Analysis

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Abbreviations

CEDAW	Committee on the Elimination of Discrimination against Women
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
CMR	Clinical Management of Rape
HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
ISIL	Islamic State of Iraq and the Levant
KII	Key Informant Interviews
KRI	Kurdistan Region of Iraq
MCNA	Multi-Cluster Needs Analysis
MHPSS	Mental Health and Psychosocial support
PHCC	Primary Health Care Center
PSS	Psychosocial Support
PWD	Person with a Disability
RGA	Rapid Gender Analysis
SGBV	Sexual and Gender-Based Violence
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization


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Executive Summary

CARE International in Iraq (CARE Iraq) with the support of the Ministry of Foreign Affairs – Czech Republic is providing Water, Sanitation and Hygiene (WASH) and protection mainstreaming services in three villages in Al Hamdaniya District in Ninewa governorate. CARE Iraq is directly implementing both services. CARE Iraq aims to understand different gender norms, roles, and dynamics, in addition to the specific needs of women, girls and vulnerable people in the project locations to ensure safe, equitable and dignified access to the services.

The conflict in Iraq and the protracted humanitarian crisis have had a severe impact on infrastructure and service delivery in general, which together with the COVID-19 pandemic and the rise of the unemployment rate has led to an increase in existing Gender Based Violence (GBV) and protection risks. The continuance of political and economic instabilities is having a huge effect on the population as a whole; however, conflicts and emergencies impact women and girls differently, and understanding different roles, dynamics and needs will help improve the quality of and access to those services. In Ninewa Governorate, the water situation in Al Hamdaniya District, among others, is dire due to a combination of poor management and neglect of the water infrastructure in the district. The current drought phenomena have also caused widespread water scarcity in many parts of Iraq for drinking, agricultural needs, and multiple other purposes. There are several concerns around the hygiene and WASH needs of the targeted community members. In the targeted communities, access to water infrastructure, and access to water in general both for drinking and domestic use are challenges that the communities face in addition to the inadequate sanitation facilities.

Key findings

- Cost of transportation is one of the major factors that limit the mobility of community members especially women and girls.
- The majority of the community especially women don't get consulted about their needs by aid organizations
- Around a third of the targeted community feel that their hygiene needs are not being met.
- There is a dramatic increase in the reports of GBV and the severity of the risks of GBV in Iraq.
- The majority of women do not participate in community decision making.
- Loss of livelihoods and income is prevalent in the targeted communities

Key recommendations

In order to understand the different needs, dynamics, and capacities of the targeted communities in Al Hamdaniya District, CARE has conducted a Rapid Gender Analysis (RGA), using different tools for primary and secondary information. To address the needs of the targeted communities, local authorities and humanitarian and development agencies in Iraq should consider the following key recommendations:

- Train staff on PSHEA, GBV core concepts, safe referrals, and reporting mechanisms. Establish a survivor-centered reporting mechanism for PSHEA that are inclusive, safe and equally accessible for women and men of different ages.
- Promote the meaningful participation of all members of the communities, especially women, girls, and persons with disabilities (PWD) throughout the project cycle and ensure that their inputs are utilized to inform programming
- Include GBV awareness brochures in distributed kits in order to reach more people in the communities
- Include menstrual hygiene awareness sessions for girls as part of the hygiene promotion topics
- Improve GBV risk mitigation measures by training field staff on GBV core concepts, handling, disclosure, and safe referrals.
- Ensure inclusive and accessible water, sanitation, and hygiene services for all communities.
- Install privacy screens and segregate women's and men's toilets and showers.
- Repair existing latrine and bathing facilities, including lighting, secure doors, and locks to improve privacy and security.
- Install ramps and rails in toilets and bathing facilities to ensure accessibility for pregnant women, disabled people, and elderly men and women and children.
- Choose distribution delivery points in consultation with the communities to ensure safe, dignified, and accessible locations for all.
- Repair water pumps, increase household water storage facilities, and install lighting around water collection points to reduce security risks and time poverty related to water collection.
- **I**ncrease menstrual hygiene product distribution through health, community, and religious centers.
- Create committees with representation of women, girls, men, boys, and vulnerable groups for decision-making on humanitarian assistance, including WASH and protection.
- Provide gender-segregated community safe spaces to increase privacy and freedom of mobility for women – e.g. a women's centre, leisure centres for adolescents.
- Conduct consultations with the identified vulnerable groups (Female Headed households, pregnant/lactating women, single/widowed women, elders, adolescent girls, people with disabilities, and women with children born as a result of sexual slavery) to understand their needs in relation to humanitarian assistance, e.g. household delivery rather than fixed site distribution.
- Set up feedback and complaints mechanisms that are inclusive, safe, and equally accessible for women and men of different ages and with disabilities – e.g. suggestion boxes, toll-free numbers, feedback sessions, and trained community focal points.

Introduction

Background Information

Iraq is still in a protracted humanitarian crisis four years after the insurgence by the Islamic State of Iraq and the Levant (ISIL) between 2014 and 2017. Preliminary findings of the Multi-Cluster Needs Analysis (MCNA) for the 2022 Humanitarian Needs Overview (HNO) indicate that 1.9 million people will require humanitarian assistance, the majority being returnees (1.7 million) with a total of 0.96 million in acute need and 0.58 million returnees in acute need. Of those in acute need, 78% are women and children and an estimated 15% are PWD.[1] The COVID-19 pandemic, coupled with protracted and multiple displacements, has adversely impacted access to basic services, including WASH, Health, and others. There are increased WASH funding requirements for 2022 considering the growing need to support host communities through environment-friendly and climate-resilient interventions to mitigate the impact of water scarcity.

While returns of displaced Iraqis to their home governorates consistently outnumber new displacements, many of those still in displacement are unable to go back for a range of reasons, including destroyed property, lack of livelihood opportunities, insecurity, fear and trauma, and perceived affiliation to extremist groups. As many as 90% have been displaced for more than three years and 70% for more than five years. Additionally, many Iraqis who have been able to return to their homes continue to live in substandard conditions, struggle to reintegrate, lack livelihood opportunities, and require support and assistance to access services and meet their basic needs. [2] From 2021, the number of in-camp IDPs is estimated to have declined by 29%, while the number of out-of-camp IDPs has decreased by 32 %. In comparison to last year, the number of returnees is 44% lower, however, the severity of demands is growing across the board. Not only affecting women and men, but children, who make up a significant portion of the population, are also affected. Education deficiency and/or the inability to receive education remotely have had a negative impact on children, making them more vulnerable to child protection issues (labour or marriage) and, as a result, human rights violations. [3]

In Ninewa Governorate, the water situation in Al Hamdaniya District, among others, is dire due to a combination of poor management and neglect of the water infrastructure in the district, compounded by the current drought phenomena that have caused widespread water scarcities in many parts of Iraq for drinking, agricultural needs and multiple other purposes. Record low rainfall and unprecedented heat waves experienced in Iraq over the past two years have exacerbated the drought, with water levels in dams and other water bodies dropping by 50% in some cases. The water scarcity continues to perpetuate community vulnerability to waterborne disease outbreaks due to a lack of clean potable water for drinking and compromised hygiene practices.

In the worst drought-affected areas, water scarcity is triggering migration and tensions among communities competing over scarce resources that threaten their livelihoods and well-being. Seven million people are reported to be facing water scarcity nationally, whilst wheat and barley production are projected to drop by 50%. According to the International Organization for Migration (IOM), 447 families who were forced from their land in Ninewa by ISIL and then returned to it after its defeat were forced to leave again between June and July 2021 because of the drought. This figure is growing monthly. Most households are displaced in rural locations without access to appropriate sanitation facilities or hygiene items. This comes at a time when the country is grappling with the adverse effects of COVID-19 that has entrenched poverty, especially among vulnerable communities that are yet to recover

[1] HNO Iraq, 2022.
[2] https://reliefweb.int/report/irag/unhcr-iraq-factsheet-may-2022
[3] https://cdn.sida.se/app/uploads/2020/04/05072916/HCA-Iraq-2022.pdf

from the effects of the 4-year conflict. COVID-19 has also demanded a higher level of personal hygiene practices to prevent infection, further increasing WASH needs of communities in the governorate.

According to preliminary findings of the Multi-Sector Needs Analysis (MSNA) from October 2021, Al Hamdaniya is ranked 6th of the districts with the highest severity of unmet WASH needs in the country; with 139,469, people, representing more than 50% of the population, facing severe unmet WASH needs. Without an adequate supply of drinking water and hygiene needs, returnees and host populations residing in Al Hamdaniya are at risk of water-borne diseases due to compromised hygiene practices.

Rapid Gender Analysis Objectives

The RGA will provide essential information about gender roles, relations, responsibilities, capacities, and vulnerabilities together with programming recommendations for the MoFA CZ project in Al Hamdaniya District, Ninewa Governorate. It aims to:

- Better understand the specific needs and concerns of men, women, girls, and boys, how they have been affected by the migration and tension due to drought, and how their roles and responsibilities in the household and community may have changed. The results of this assessment will feed into the development of the WASH activities with gender and protection mainstreaming.
- Understand the gender dimensions of the drought and related migration and tension, as well as the differentiated gender needs and vulnerabilities of returnees and host communities. This will inform a more gender-responsive WASH intervention.
- Identify gender gaps, barriers, opportunities, and capacities for women and girls' empowerment, including documenting negative coping strategies and decision-making patterns in the household.
- Identify the specific needs of the target groups, who are most vulnerable, what gender and protection risks concerns there may be related to WASH, and how we can ensure a "do no harm" and survivor-centred approach in this project.
- Examine access or lack thereof to WASH services, as well as participation in community-based networks and various levels of decision-making at the community level.
- Provide operational recommendations to inform CARE's programming based on the different needs of women, girls, men, and boys.
- Inform the broader humanitarian sector on gendered needs and capacities.
- Identify key advocacy priorities on gender and protection issues.

Methodology

The RGA provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. The RGA 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 provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. The RGA uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The research was undertaken from 18 July to 22 September 2022. Research methods included:

- **Household Survey** (HH survey) with 335 people (157 women and 178 men) in three project villages: Al-Salamya, Umarkan, and Al-Abbas in Al Hamdaniya District, Ninewa Governorate.
- **Key Informant Interviews** (KII) with 5 people (3 women and 2 men)

- **Secondary Data Review** collected primarily from the following resources:
  - HRP 2022
  - HNO Iraq, 2022
  - Iraq, Rapid WASH Needs Assessment in Al Hamdaniya, December 2021

The scope of the RGA is limited in its capacity to assess the comprehensive needs of the target population because of the distance between the villages, time, and financial resource constraints. The sample size might not have the capacity to reflect the diversity of needs, and the data collection is time-bound. The RGA is the starting point and will provide practical recommendations which can be built on during the project. Additional information will be collected throughout the project cycle to ensure the continuous mainstreaming of gender throughout the implementation and evaluation stages of the project.

Demographic Profile

Sex and Age Disaggregated Data

According to the data received from the municipality and through the door-to-door hygiene kit assessment, in Al Abbas village there are 318 households with a total of 2,232 residents (1,081 females, 1,151 males), in Al Salamiya there are 339 households with 2,230 residents (1,072 females, 1,158 males), and in Umarkan there are 339 households with 2,429 residents (1,208 females, 1,221 males).

It is worth noting that 86% of the women in the surveyed areas are of childbearing age, 25% are currently lactating, 16% of the households in the area are female-headed households, 5% of respondents are under the age of 18, 9% are under the age of 60, and 9% of the surveyed respondents are with disability.

Findings and Analysis

The following sub-sections will provide a summary of the findings from the primary and secondary data collected.

Gender Roles and Responsibilities

Control of resources

While traditionally the men are perceived to be decision-makers in their family, the results of the household surveys proved that there are some areas where women and men seem to be making decisions together regarding their families' finances. For instance, 41% of females and 50% of male respondents indicated they decide together on how money is spent. However, we can see from the HH survey that the COVID-19 pandemic combined with the economic crisis is still having a lingering impact on families' financial resources. For instance, only 21% of respondents (16% female, 25% males) indicated that they had money of their own that they could alone decide how to spend.

It is worth mentioning that it is estimated that 10% of Iraqi households are headed by women, with 80% of these women being widows, divorced, separated, or caring for sick spouses. They represent the most vulnerable segments of the population and are more exposed to poverty and food insecurity.[4]

Overall, the household survey data in the targeted locations showed that the control of resources varies for women. For instance, in 32 % of households, men are the sole decision-makers, and in 46% of households, decision-making is shared between husbands and wives. With the COVID-19 pandemic, control over resources in terms of managing

[4] https://iraq.unwomen.org/en/about-us/un-women-in-iraq

purchases of various goods, materials and food became more important as these can have a direct impact on the health outcomes of the individuals.[5]

Division of (domestic) labour

Many women in Iraq do not have control over their time and cannot delegate or redistribute caregiving activities due to gender norms that underpin patriarchal family dynamics.[6]

Iraqi men and boys are under extreme social pressure to protect and provide for their families, but in the context of conflict and economic instability which has prevailed for several decades in Iraq, this has often not been possible. There has been a considerable psychological impact and when men cannot meet these societal pressures and expectations, it has been documented that they may use violence within the home to exert a sense of masculinity. There is a high correlation between increased rates of domestic violence and ongoing conflict where men are unable to perform their expected social duties to provide for the family.[7]

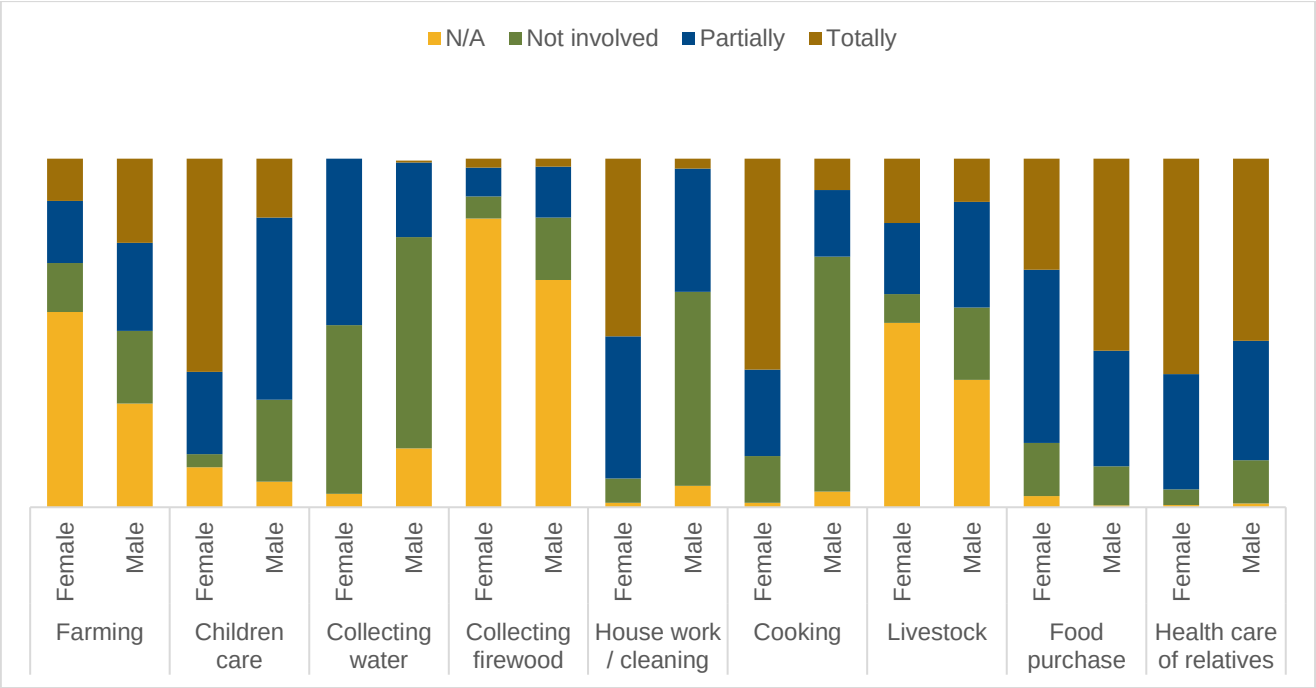
Within Iraqi society, men and women generally have different roles which affect all areas of life. Men are expected to be protectors and providers for their families, work outside of the home, and conduct interactions on behalf of the family. While women are legally permitted to own land and access financial services, their husbands and other male relatives may prevent them from doing so. Men hold the power to key decisions at the family, community, and societal levels.[8]

On the other hand, women's role is generally to bear and care for children and other family members. Critically, women are viewed as vessels of family honor, expecting, and, often informally requiring, them to remain "sexually pure" and protected from potential breaches of the "honor code." As such, their movement, behaviour, and relations outside of the home are limited and controlled by male family members to safeguard family "honor." The belief held by many men in Iraq, that women should not work outside the home, further constrains women's rights and opportunities for economic advancement. Thus, most women do not work outside the home, and are expected to care for their family and household, involving cooking, cleaning, childcare, and caring for parents and other relatives. Women in Iraq typically give up an average of 10.5 weeks per year more than men in unpaid and unrecognized work responsibilities, and this imbalance increases further under conflict and displacement. Women engaged in income-generating work are also expected to carry out these familial duties, imposing serious constraints on their roles at work and limiting their rise to management and leadership roles. [9]

The data collected from the HH surveys show that men are taking on a relatively higher responsibility with household tasks traditionally designated to women, such as childcare (52% partially involved, 17% totally involved), collecting water (61% partially involved, 21% totally involved), and food purchases (33% partially involved, 55% totally involved). Survey results also show that 67% of men indicated that they are completely not involved in cooking, while 56% indicated that they are not involved in any cleaning or housework (see below chart).

> "Many women were negatively affected and became at the mercy of the person supporting them, whether it was the husband, brother, or father, especially if she is married or a widow."
>
> 47-year-old woman from Al Hamdaniya, KII

[5] http://www.careevaluations.org/evaluation/iraqcovid19rga/ CARE, COVID-19 Rapid Gender Analysis Iraq, June 2020
[6] https://reliefweb.int/report/irag/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq
[7] https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf
[8] https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf
[9] https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

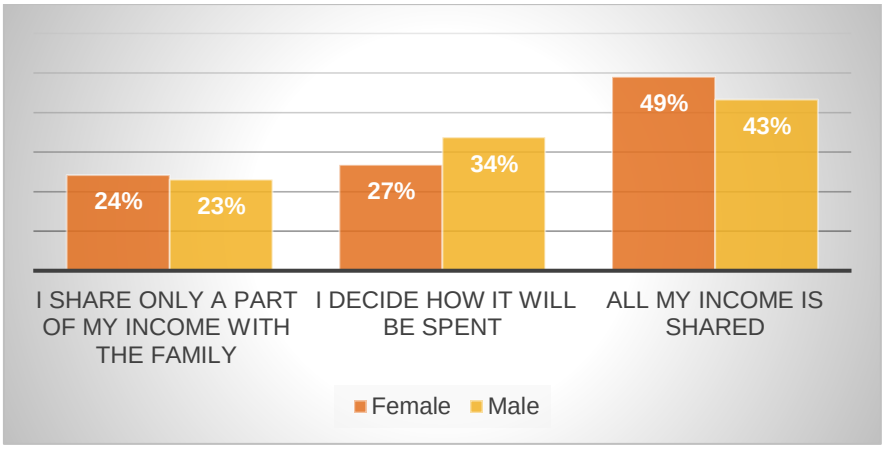


Earning income

Loss of income and livelihoods, prompted by COVID-19 in 2020, increased vulnerabilities and aggravated the humanitarian needs of IDPs and returnees. As of January 2021, the national unemployment rate was more than 10% higher than the pre-pandemic 12.7%, and while some jobs have since been recovered, unemployment remains particularly high among IDPs and returnees, with women and people previously employed in the informal sectors mostly affected. Female-headed households within out-of-camp Internally Displaced Person (IDP)s are twice as likely to have 50% or more adults who are unemployed.[10] As a result, unemployment and debt levels among conflict-affected households are higher in 2021 compared to 2020. The precarious socio-economic situation compels many to resort to negative coping strategies, exposing both adults and children to grave protection risks. The situation disproportionately affects women and PWD, who often find it harder to find employment and be self-sufficient due to institutional and cultural barriers; as well as children who have a higher propensity to face forced or early marriage or engage in work to support their families. On average, among conflict-affected communities, 1% of children are married and 6% work to contribute to the family's income; however, these issues are known to be underreported.[11]

Data collected from HH surveys indicate that women are increasingly taking on more livelihood opportunities to earn income for their families, 90% of female respondents indicated that they have a paid livelihood. 27% of these women manage the income they earn and decide how to spend it, while 49% of them share all their income with their husbands (see below chart). Due to the increase of female headed-households, women are increasingly assuming the role of breadwinner in their families. Female-headed households, divorced, or widowed women face challenges in finding safe livelihood opportunities, especially in the villages. Farming and daily labor jobs in general are the most common opportunities before and after the crisis in the areas targeted, yet they aren't safe for women in general and are not very accepted within the community norms and traditions. With that being said, the majority of respondents surveys (89% females, 92% males) do not have any additional income source outside their paid livelihood.

[10] HNO Iraq, 2022.
[11] HNO Iraq 2022



Decision-making within the household

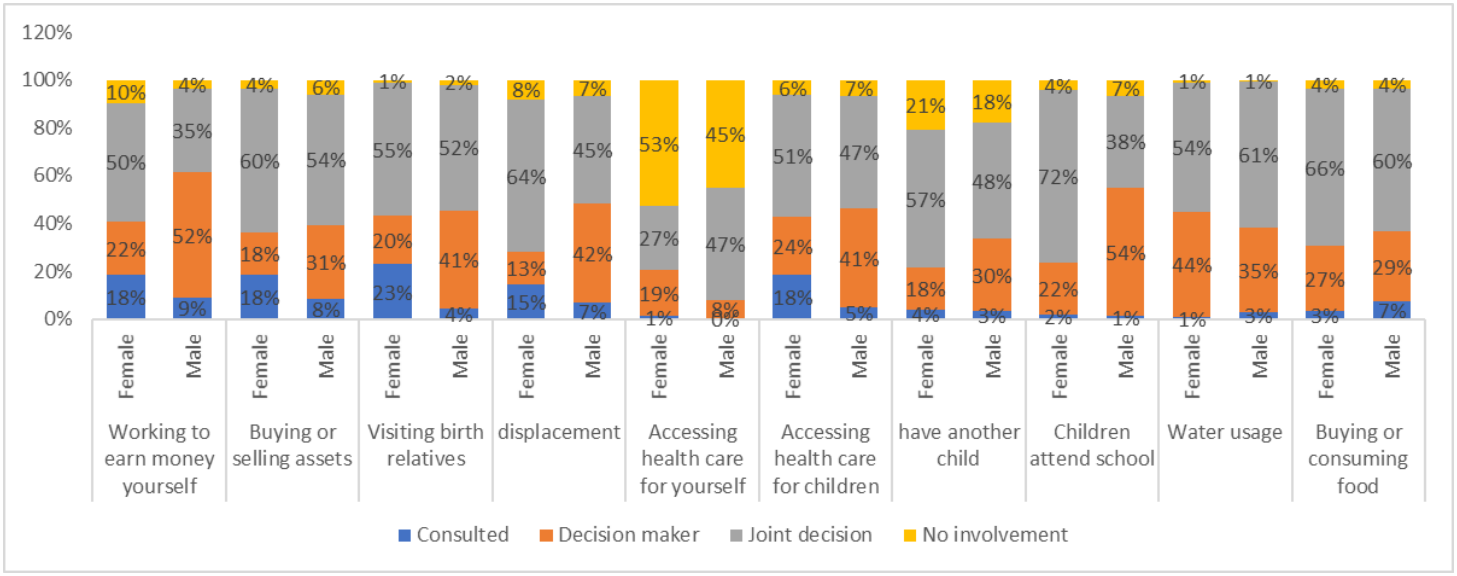
Women's control over household assets in Iraq, especially land and houses, is limited. Traditionally, men as the head of household have access and control over the family resources, including money and other assets.[12]

It is worth noting that 16% of the survey respondents are female-headed households, which could have an impact on the decision-making within the household. For instance, since females are the head of their households, this could automatically give them the privilege of making the decision within their household. However, even if women in female-headed households are the family breadwinner, their sons, brothers, or male relatives could partake in or influence decisions within the household.

Data from HH surveys indicated that only 18% of women perceive themselves as the only decision-maker when it comes to buying or selling assets compared to 31% of men. Going forward with financial resources, only 22% of women indicated that they are the sole decision-maker when it comes to working to earn money themselves, while 50% of women indicated this is a joint decision. On the other hand, 52% of men indicated that they are the only decision-maker when it comes to working and 35% indicated that it is a joint decision. The big gap between male and female percentages reinforces traditional gender roles concerning decision-making around income generation and control of resources.

As for matters pertaining to children, only 18% of women indicated that they are the decision-maker on whether to have another child, 57% indicated that it is a joint decision, and 21% were not involved in this decision (see below chart). As for children's access to education, 54% of male respondents are the decision-makers, and only 38% of them consult with their spouse, while female respondents indicated that only 22% are the decision-makers and 72% make this decision with their spouse. It is worth mentioning that female respondents showed more agency around accessing health care for themselves (54% decision-makers) and around water usage (44% decision-makers). These data sets reaffirm that men are also predominantly the decision-makers when it comes to decisions affecting children's lives, futures, and well-being. Decisions taken specifically regarding access to education have more impact on girls than boys, as in traditional societies girls stay at home after secondary school.

[12] https://reliefweb.int/report/iraq/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq



The data collected re-affirms that while women are taking part in some aspect of decision-making, men are still the main decision-makers in the family.

Access to services and resources

Water, Hygiene and Sanitation

While most out-of-camp IDP households have access to improved water sources (90%) not all have enough water for drinking and domestic purposes (80%). Almost half of out-of-camp IDPs experience problems related to water quality, and among those, only half treat the water prior to drinking. Related to sanitation and hygiene, most have access to improved functional sanitation facilities (95%), handwashing facilities with water (91%) and access to soap (96%). The greatest need is to support the one fifth of out-of-camp IDP households who do not have access to sufficient water, while improving water quality and sanitation for the rest. On average, people in informal sites tend to have significantly less access to an improved water source compared to the rest of the out-of-camp IDP households, and slightly less access to sufficient water, improved functional sanitation facilities and soap. [13]

CARE's 2021 Rapid WASH Needs Assessment in Al Hamdaniya revealed the non-functionality of large parts of the water treatment plant, which has led to the efficiency of the treatment plant being compromised, undermining the smooth provision of quality water and optimal quantities. Furthermore, communities go for an extended period without sufficient water quality and quantity. Scarcity of water and its inherent poor quality (due to the non-functionality of filtration units of the water treatment plant) is compromising the health and hygiene practices in the community and increasing susceptibility to water-borne diseases and COVID-19, as prevention of these requires high standards of hygiene practices.[14]

The Focus Group Discussions (FGDs) for CARE's 2021 Rapid WASH Needs Assessment in Al-Salamya, and Umarkan villages revealed that the water quality received from the treatment plant is of a low standard as the water is turbid, and that the water pressure is so low that it cannot even reach the rooftop tanks. The water network has many leakages which increase the risk of seepage and wastewater mixing with drinking water. Around 20% of households use a filter to treat water, whilst the remaining households consume water directly, without any sort of

[13] HNO Iraq, 2022
[14] CARE Iraq, Rapid WASH Needs Assessment in Al Hamdaniya, December 2021

treatment, due to not being able to afford the filter. Regarding the sewerage system (greywater network), the villages do not have paved roads; nor do they have proper open channels, which causes flooding and stagnant pools of dirty water. This stagnant water causes mosquito and insect breeding and produces bad odours. There are no garbage collection systems in place, which results in the community throwing away their waste anywhere, whilst other community members burn their solid waste or throw it in an open area. These practices have a negative impact on WASH services in general. Furthermore, no organization providing WASH services is present in the area. Furthermore, community members cannot afford to buy hygiene kits and there has been no previous distribution in these locations. The overall hygiene condition of locations is very poor and compromised community hygiene practices were observed. [15]

Approximately 37% of IDPs living in out-of-camp settings have humanitarian WASH needs, with 154,000 of those experiencing acute needs in the whole of Iraq. There has been a 13% increase in needs among out-of-camp IDPs from 2021, with a major driver of this increase being IDPs living in informal settlements and being unable to return to their areas of origin. The greatest need is for improved water quality, which is required by 234,188 out-of-camp IDPs, followed by increased water quantity, required by 177,000. Households that are female-headed, that include a PWD, or that have a low socio-economic status are particularly vulnerable, as they face severe barriers to accessing adequate WASH services in Ninewa.[16]

According to the HH surveys, 11% of respondents (13% females and 10% males) indicated that they do not have access to safe latrine facilities. Out of the 13% of females who indicated not having access to a safe latrine, 47% of them mentioned that this was because they did not have separate toilets for men and women, while 28% indicated that there are no locks on the doors, 16% indicated that latrines are an unsafe place and the remaining 9% indicated that latrines are not secure at night. As a coping mechanism and to minimize feeling unsafe, 35% of the women are going to the latrine in a group with other females, and 35% are going in a group with other males.

Hygiene materials that are accessible to general populations in Iraq are not always accessible to the conflict-affected groups, such as IDPs in and out-of-camp populations.[17] HH surveys show that 33% of the respondents' hygiene needs are not being met. With that being said, only 63% of the respondents have access to other hygiene products (alcohol, chlorine, and other disinfectants), and the remaining 37% who do not have access to other hygiene products indicated that the main reasons (85%) are not having enough money to pay for these products and (15%) the unavailability of those products in the area. The HH surveys again show us that women's menstrual hygiene should be prioritized, as 48% indicated that they are in need of disposable pads, 23% for washing and disposal facilities, and 23% for reusable clothes.

Health Care Services and Mental Health & Psychosocial Services

Reports of psychosocial distress among both children and adults affected by conflict more than doubled over the past year in Iraq, with a notable impact on out-of-camp IDPs and returnees. Violent disciplinary measures against children were reported by about one-third of all conflict-affected households. Instances of attempted suicides were also recorded, often among displaced female-headed households both in and out of camps.[18] As of May 2021, almost 1.2 million Iraqis continue to live in protracted situations of internal displacement and the country hosts over one-quarter of a million refugees. These displaced populations are often more vulnerable to protection risks – such as trauma and psychological stress. For example, almost one-fifth of out-of-camp IDPs in Iraq report psycho-social distress. [19]

[15] CARE Iraq, Rapid WASH Needs Assessment in Al Hamdaniya, December 2021
[16] CARE Iraq, Rapid WASH Needs Assessment in Al Hamdaniya, December 2021
[17] CARE International, COVID-19 Rapid Gender Analysis, Iraq, 2020 http://careevaluations.org/evaluation/iraqcovid19rga/
[18] HNO Iraq, 2022
[19] https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022

It is reported that almost 50% of women in Iraq experience physical violence in their homes, with many additional cases likely unreported. Women and girls who attempted suicide and self-immolation stated that they were often triggered by the pressure they felt from their families or ongoing abuse they suffered from their family members or husbands.[20]

Men and boys in Iraq also experience GBV, yet this is rarely reported or addressed by government or civil society. Men and boys have endured abuse and violence at the hands of family members, security forces, within detention centers, and with militias and gangs. Men may also have significant traumatic physical or neurological injuries from military service, forced conscription, or torture, which can further affect their sense of deficiency as men and lead to additional mental distress. When men experience psychological symptoms as a result of their experiences, they face greater stigma to receive help, and there are far fewer services available for men and boys. [21]

Reproductive Health Services

The ISIL crisis disrupted already overburdened basic services, including health care, reproductive health care, and legal services. IDPs and returnees, in particular those who face additional barriers to accessing services such as PWD, older people or female-headed households, suffer most from these disruptions.[22]

Hospitals in Iraq often provide menstrual health services free to women, and various methods of contraception are widely available; however, women in urban areas generally have greater access than those in rural parts of the country. A married woman cannot be prescribed or use contraception without the consent of her husband, and unmarried single women are unable to obtain birth control, although divorced or widowed women do not have this same restriction.[23]

Due to general insecurity in the country and attendant economic difficulties, many women receive inadequate medical care. The UN Office of the High Commissioner for Human Rights stated that in some provinces the work of reproductive health and pregnancy care units, as well as health-awareness campaigns, had ceased almost entirely because of COVID-19's impact on the health-care system.[24] Re-instating those services, following the removal of COVID-19 restriction has been a challenge from an operational perspective in addition to the decrease in humanitarian assistance and priorities which has affected the provision of medical care.

As of May 2021, almost one-quarter of IDP women of reproductive age reported difficulties accessing specialized reproductive health services. [25]

In 23% of all displaced households outside of camps in Iraq, women of reproductive age face difficulties accessing specialized reproductive health services, while 12% of out-of-camp IDP households include people with an unmet health care need in the last three months, the highest proportion among conflict-affected populations. The main barriers limiting access to health care are the same as those reported by in-camp IDPs, namely cost of health care (74%), distance to a health centre (11%) and lack of referrals (9%). Across all population groups, households with members living with disabilities tend to spend more on health care and often have worse physical and mental health status.[26]

[20] https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf
[21] https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf
[22] HNO Iraq 2022
[23] https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq
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[25] https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022
[26] HNO Iraq, 2022

Access to Humanitarian Assistance

Overall, access to certain governmental and humanitarian assistance types has greatly reduced since the COVID-19 pandemic. Education services, legal assistance and food support from the government have been limited or reduced; while humanitarian assistance in terms of food, education, non-food items and cash assistance has been heavily impacted.[27] In 2021, female-headed households were found to be twice as likely to report family members going to bed hungry than male-headed households.[28] According to the household surveys conducted by CARE, 98% of the households did not receive humanitarian assistance during the last 30 days, which is predominately due to the decrease in humanitarian funding in general in Iraq. Among those who received it, the majority indicated that humanitarian assistance was collected by males in the family (see below chart). This high percentage can be a result of social norms and the risk of attack and sexual harassment while moving (*Figure 6).*

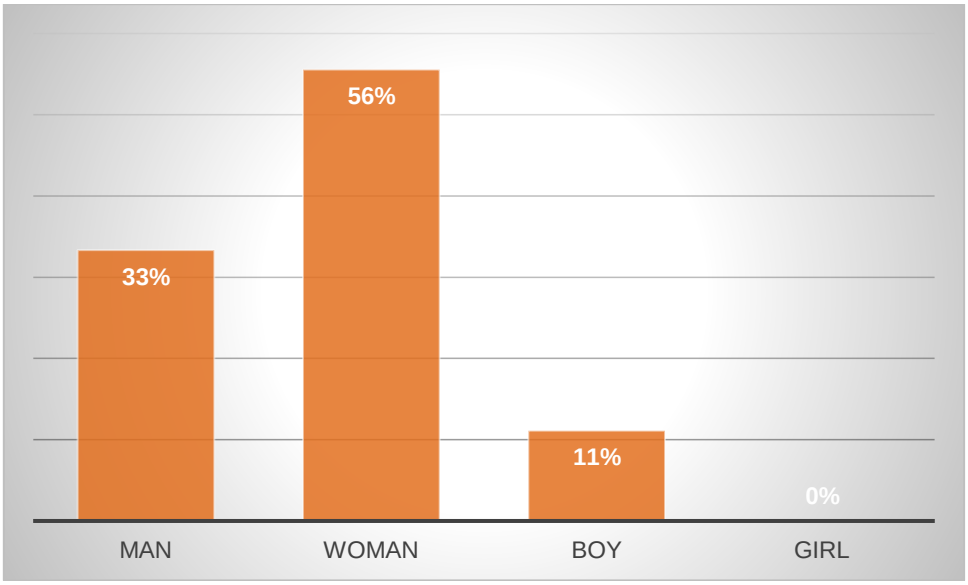

Figure 4: If yes, who went and collected the humanitarian assistance?

Decision-making about humanitarian services

Humanitarian and aid organizations seldom involve beneficiaries in the decision-making process regarding their most important needs. This goes against established best practices, especially in post-conflict, non-emergency contexts.

HH surveys indicate that while only 19% of females have been consulted about their needs by aid organizations, 37% of males were consulted.

Additionally, only 18% of females indicated that they participate in community decision-making, whereas 38% of men indicated that they take part in community decision-making processes. Aid organizations should be mindful when consulting the community in humanitarian services and need to ensure equal participation of women, girls and boys in the community.

[27] NPC, Protection Monitoring in Response to COVID-19 Analysis
[28] HNO Iraq 2022

Mobility Analysis

Cultural barriers and legal limitations control women's mobility and freedom of their movement. For example, the law prevents a woman from applying for a passport without the consent of her male guardian or a legal representative, and she cannot obtain a Civil Status Identification Document, required for access to public services, food assistance, health care, employment, education, and housing, without the consent of a male relative.[29] These barriers have limitations on both women's mobility in addition to access to basic services.

The mobility analysis done for the three different villages seem to reflect very similar trends between the three neighborhoods. While visiting neighbors or family in the vicinity was only possible for some women if accompanied by a male relative (21%) or if only accompanied by another women or child (31%), 47% of women in the three villages indicated that they could move without restrictions. When it comes to traveling to the local markets or shops, 94% of male respondents confirmed traveling freely. However, the majority of women (59%) need another woman or child to accompany them.

In terms of mobility around going to health centers, the majority of the male respondents (92%) indicated the ability to move freely to access health centers, while 50% of female respondents reported needing to be accompanied by a male relative, and 27% by another woman or a child. This is very important to note in terms of protection as well, as the majority of GBV services are accessible through primary health care centers (PHCCs) in order to give privacy to females and a good entry point. Not being able to access health services freely raises concerns about women's physical and mental well-being.

Movement becomes more restricted for women when moving outside their neighbourhood and seeking to travel further distances. For instance, to move to the nearest town, 12% of female participants indicated that movement is not possible, 66% must be accompanied by a male relative, 7% need to be accompanied by another woman or a child, while only 15% of female participants indicated that they could move without any restrictions. Similarly, to visit family in another location, 65% of women participants indicated that they need to be accompanied by a male relative. Furthermore. 41% of women indicated that no movement was possible if they wanted to travel to other governorates, 46% need to be accompanied by a male relative and only 10% are allowed to move without any restriction, whereas 75% of male respondents indicated that they move to another governorate without any restrictions.

> "Women and girls are the most vulnerable groups, for example, there is no high school in the village, so almost all families and especially the ones with limited income sources take their daughters out of school to avoid spending money on transportation and educational costs."
>
> 35-year-old woman, Al Hamdaniya District, KII

The figures and the data collected from the survey indicate that in the majority of circumstances, women need to be accompanied by either another woman or a child or male relative. However, it is worth noting that 57% of female respondents indicated that a key factor limiting their movement is the cost of transportation, while 50% of male respondents indicated the same. The KIIs indicated that there are indeed several factors to consider that limit the freedom of movement to communities in those villages. While the cost of transportation could be the main factor, still security and cultural acceptance play an important role in the limitation of freedom of movement.

[29] https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq

Safety and Protection

Gender-Based Violence

In Iraq, some 1.32 million people are estimated to be at risk of different forms of gender-based violence and more than 75% of them are women and adolescent girls. 77% of incidents are linked to domestic violence. The recently launched World Health Organization (WHO) Global Violence Against Women report estimates a prevalence of 26% of lifetime intimate partner violence among ever-married/partnered women aged 15–49 in Iraq.[30]

An assessment on the impact of COVID-19 on GBV in Iraq reported that 65% of service-provision points reported an increase in one or more types of GBV, of which 94% reported a sharp increase in domestic violence.[31]

> "People usually go to Mokhtars and religious leaders, while for GBV-related issues there are no specific actors working within this area to seek support from."
>
> 56 year old woman, Al Hamdaniya District, KII

The majority of the incidents reported to GBV actors are domestic violence incidents which have increased since the COVID-19 pandemic, and further increased throughout 2021.[32] The GBV Sub-Cluster of Iraq reported at the beginning of the COVID-19 pandemic that there are increased risks of GBV in Iraq due to several reasons.[33] Since then and due to the economic situation, the loss of livelihoods may increase the risk of exploitation and sexual violence against women and girls. Additionally, the crisis can increase the burden of women and girls by forcing them to act as the caregivers of infected relatives. The Gender-Based Violence Information Management System (GBVIMS)'s mid-year report for 2021 also highlights that there is an increasing trend of self-referrals by community members and a special need of psychosocial support (PSS), possibly due to the social stress exacerbated by COVID-19 pandemic.[34] However, it was also noted that there was a decline in referrals for livelihoods and legal assistance overall in Iraq due to gaps in services.

A recent study on the impact of COVID-19 on GBV occurrence and provision of relevant services in 11 governorates revealed that 65% of Sexual and Gender-Based Violence (SGBV) service points reported an increase in one or more types of GBV, with 94% reporting an uptick in domestic violence. Female-headed households, adolescent girls, under-age mothers, and families perceived to be affiliated with extremist groups were reportedly among the top four vulnerable and at-risk groups for acts of GBV by respectively 82%, 80%, 73%, and 61% of the respondents. An overall reduction in GBV response services was reported by around 50% for case management, 60% for psychosocial support and 50% for awareness-raising activities in March and April 2020 compared with the planned targets. Loss of income, harmful social norms or traditional practices, lack of health services (including reproductive health), and lack of safe shelter for GBV survivors were among some of the top reported GBV risks.[35]

Societal pressures, economic disadvantage, the weakness of the legal system and mistrust of the police and authorities are some of the factors contributing to the severe underreporting of GBV in Iraq. This reluctance to report is compounded by the lack of state-run shelters for survivors of GBV and the fact that those run by NGOs must often relocate to ensure the safety of staff and residents. Women and girls are often encouraged by their families to bring cases of GBV to alternative dispute resolution mechanisms, which may be led by men and focus on community cohesion and family reputation, rather than the rights of survivors.[36]

[30] https://www.who.int/publications/i/item/9789240022256
[31] https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022
[32] HNO Iraq, 2022
[33] GBV Sub-Cluster Iraq, Guidance Note on GBV Service Provision during the Time of COVID-19, May 2020
[34] GBVIMS for Iraq, Mid-year Report (January-June 2021)
[35] https://unsdg.un.org/sites/default/files/2021-01/IRQ_Socioeconomic-Response-Plan_2020.pdf
[36] https://blogs.lse.ac.uk/mec/2020/06/15/iraqi-women-are-engaged-in-a-struggle-for-their-rights/

The GBV Sub-Cluster of Iraq observed that resources tend to be redirected to health interventions, leading to gaps in GBV service provision. As demonstrated during other crises and pandemics, women and girls' health services are often the first to be cut. This can have serious implications for survivors of GBV, who may be in need of mental health and psychosocial support services, health services to address physical injuries or the Clinical Management of Rape (CMR), or sexual and reproductive health services, all of which are critical to the safety and wellbeing of survivors.[37]

According to HH surveys, 53% of women and 51% of men have indicated that security concerns facing women and girls since the crisis/displacement began have increased. When asked to specify the security concerns affecting women, the results show the highest percentage of women being concerned about sexual violence/abuse and risk of attack when moving within the community (see graph below).

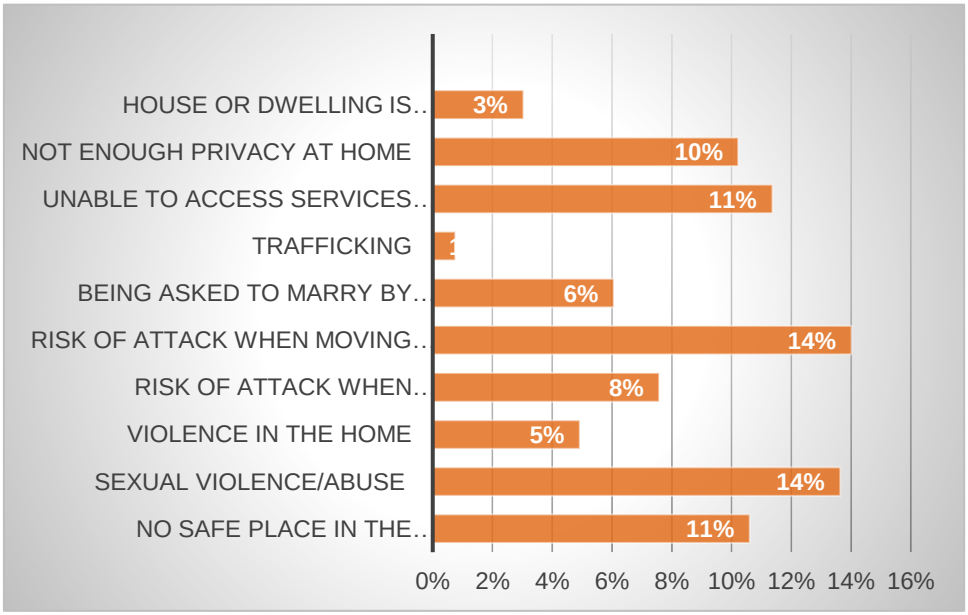

Figure 6: Are there any specific security concerns affecting only women"

According to the HH surveys, there is a trend when it comes to seeking help when being subjected to violence, in addition to strategies to reduce or address risk on the individual, family, and community level. The data shows the majority of respondents reach out for support from a family member or community leader.

Protection

Very few women in Iraq have access to legal aid and justice when needed, due to social and financial barriers, and none of them have legal civic rights including travel rights, custody rights after divorce, property rights and inheritance rights. This is due to the vagueness and contradictions of the legal framework and the existence of the informal tribal justice system, that is non-administered by the state.[38]

Furthermore, as a result of the heightened socio-economic vulnerabilities during the previous year, the populace is seeing an increase in mental health challenges. Legal and community-based support is still scarce.[39]

Children are very vulnerable to the impact of conflict. Boys in Iraq are exposed to recruitment into armed forces and are more likely to be injured from explosive hazards; while women and girls experience targeted kidnappings, rape,

[37] https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/The_Impact_of_COVID-19_on_Gender-Based_Violence_and_GBV_Response_Services.pdf
[38] https://reliefweb.int/report/iraq/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq
[39] https://cdn.sida.se/app/uploads/2020/04/05072916/HCA-Iraq-2022.pdf

sexual slavery and forced marriage more often than boys. Each of these risks has serious mental and physical health consequences. Moreover, lack of civil documentation and lack of livelihoods opportunities or income for caregivers directly affect children, who, as a result, face barriers in accessing education and are exposed to violence, trauma, child labour and child marriage. Women and girls are socio-economically more vulnerable than men and boys, and face more constraints in accessing employment, resulting in higher unemployment, underemployment or part time employment; more frequent use of harmful coping strategies that may lead to accepting more dangerous types of employment; and higher food insecurity. [40]

One-quarter of IDP households living outside formal camps, including in informal sites, lack at least one key household or individual document. Among them, as many as 8% of households have children who do not have their birth certificates. A wide range of protection risks threatens children in out-of-camp locations. The incidences of child labour are higher in female-headed households compared to male-headed households. Moreover, violent disciplinary measures used against children are often reported among out-of-camp IDPs (33%).[41]

More than 154,000 IDPs in camps, more than 290,000 out-of-camp IDPs (including those living in informal sites) and over 1 million returnees face protection risks primarily related to the lack of core documentation, restrictions on freedom of movement, psychosocial trauma, the presence of explosive ordnance (EO) and associated risks to their physical and mental safety and dignity. IDPs in and out of camps and returnees continue to report psychosocial distress, with women, people living with disabilities, and children most affected. In addition, 920,000 individuals are at risk of GBV (of which 11% are in-camp IDPs/29% out-of-camp IDPs/60% returnees).

Child, Early and Forced Child Marriage

In Iraq, 5% of married women and girls in Iraq are under the age of 15 years, and 21% are under the age of 18, according to Ministry of Planning figures.[42]

Humanitarian Response Plan (HRP) 2021 for Iraq reports an increase in harmful negative coping mechanisms such as child marriages due to school closures and economic pressures.[43] HNO 2021 for Iraq also noted that nearly 30% of people in need of GBV services are children of whom mainly are girls from the age of 9 and boys from the age of 12, while adolescent girls seem to be at a particular risk of child marriage.[44] The same report also notes that the prevalence of child marriage seems to be around 44% in returnee locations.

Conclusions

Conducting a Rapid Gender Analysis in Al Hamdaniya District which is in very close proximity to Mosul City helped to understand the different needs of the targeted communities, gender roles, and responsibilities within the households and communities. It is evident that women are still facing various forms of discrimination within their households and communities and are subjected to increased negative and harmful practices including various forms of GBV. The protracted crisis, COVID-19 pandemic, and economic difficulties coupled with the inflation in Iraq have made it more acceptable for women to join the workforce, especially in the targeted communities. The analysis of the gender dynamics within the targeted communities will help to provide safe and dignified services and ensure equitable access.

[40] HNO Iraq 2022
[41] HNO Iraq, 2022
[42] https://iraq.unwomen.org/en/about-us/un-women-in-iraq
[43] HRP 2021
[44] HNO Iraq, 2021

Recommendations

Overarching recommendation

This RGA report should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure that humanitarian assistance is tailored to the specific and different needs of women, men, boys, and girls. It is recommended that organizations continue to invest in gender analysis, that new reports are shared widely, and that programming will be adapted to the changing needs.

Targeted recommendations

Ensure community consultations for the selection of hygiene kit items while prioritizing gender-sensitive in order to understand the different needs, dynamics, and capacities of the targeted communities in Al Hamdaniya District, CARE has conducted a Rapid Gender Analysis (RGA), using different tools for primary and secondary information. To address the needs of the targeted communities, local authorities and humanitarian and development agencies in Iraq should consider the following key recommendations:

- Train staff on PSHEA, GBV core concepts, safe referrals, and reporting mechanisms. Establish a survivor-centered reporting mechanism for PSHEA that is inclusive, safe, and equally accessible for women and men of different ages.
- Promote the meaningful participation of all members of the communities, especially women, girls, and persons with disabilities (PWD) throughout the project cycle and ensure that their inputs are utilized to inform programming
- Include GBV awareness brochures in distributed kits in order to reach more people in the communities
- Include menstrual hygiene awareness sessions for girls as part of the hygiene promotion topics
- Improve GBV risk mitigation measures by training field staff on GBV core concepts, handling, disclosure, and safe referrals.
- Ensure inclusive and accessible water, sanitation, and hygiene services for all communities.
- Install privacy screens and segregate women’s and men’s toilets and showers.
- Repair existing latrine and bathing facilities, including lighting, secure doors and locks to improve privacy and security.
- Install ramps and rails in toilets and bathing facilities to ensure accessibility for pregnant women, disabled people, and elderly men and women and children.
- Choose distribution delivery points in consultation with the communities to ensure safe, dignified, and accessible locations for all.
- Repair water pumps, increase household water storage facilities, and install lighting around water collection points to reduce security risks and time poverty related to water collection.
- **I**ncrease menstrual hygiene product distribution through health, community, and religious centers.
- Create committees with representation of women, girls, men, boys and vulnerable groups for decision-making on humanitarian assistance, including WASH and protection.

- Provide gender-segregated community safe spaces to increase privacy and freedom of mobility for women – e.g. a women's centre, leisure centres for adolescents.

- Conduct consultations with the identified vulnerable groups (Female Headed households, pregnant/lactating women, single/widowed women, elders, adolescent girls, people with disabilities, and women with children born as a result of sexual slavery) to understand their needs in relation to humanitarian assistance, e.g. household delivery rather than fixed site distribution.

- Set up feedback and complaints mechanisms that are inclusive, safe, and equally accessible for women and men of different ages and with disabilities – e.g. suggestion boxes, toll-free numbers, feedback sessions, and trained community focal points.

Annexes

Annex 1: Gender in Brief

- Population: 38,433,600 million (51% male, 49.4% female[i])
- Age disaggregation: <15yrs: 38%; 15-64yrs: 58%; >65yrs: 3%[ii]
- Average household size: 7.7 people[iii] (5.1 in KRI)[iv]
- Female headed households: 10% v (10% in KRI)[vi]
- Polygamous households: 12.3% women with co-wife [vii]
- Literacy rates 15-24yrs: male 94.9%; female 92.1%[viii]
- Infant mortality rates: 26.7 per 1000 live birth [ix]

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 home[x]. Since 2005, women comprise around 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 movement[xi.] 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 all[xii]. Men are primarily responsible for providing for and protecting their families[xiii] 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[xiv]. Older women who are a majority in the age group 40-54 years have specific vulnerabilities especially if they are also female headed households[xv]. Single women are negatively seen by the Iraqi society due to social norms; this puts female headed households particularly at risk of violence[xvi]. Some of the coping strategies documented in previous crises include an increase in al-mu'tah (temporary marriage and early marriage[xvii]. Polygamous households are relatively common (12.3%); more common amongst older age groups and in rural areas[xviii]. In the Kurdistan Region of Iraq, polygamy is illegal however still allowed in circumstances whereby a judge authorizes.

Education and literacy: Primary education is free in Iraq. However, around 11.4% of the girls and 5.4% of the boys in the age of primary school are out of school[xix]. Further, the Iraqi education system separates genders starting from the seventh grade. Illiteracy is a widespread concern and women are particularly affected; illiteracy levels among women above 15 years old are more than twice of the men in the same age group [xx].

Employment: Participation in the labour market is very different for men and women: 72.6% of men work or are looking for work compared to only 12.4% of women[xxi]. 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[xxii]. Child labour is also not uncommon in Iraq, as 5.3% of the children report working, while another 4.2% reports combining work and school[xxiii]. Increasing boy trafficking, child labour and early marriage were reported during previous crises[xxiv].

Participation and Policy: 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

and laws relating to domestic violence, 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 prohibits discrimination based on sex, although Islam is often cited as the basic source of legislation but contradicts the Constitution. Upon ratifying CEDAW in 1986, Iraq submitted several reservations and failed to modify Iraqi laws, legislations, regulations and practices that discriminate against women. On the other hand, Iraq is the first Middle Eastern country to develop a National Action Plan based on the UN Security Council Resolution 1325 for the period of 2014 -2018.

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)[xxv]. Nevertheless, consultation between couples is common with almost 60% of men reporting that they regularly discuss the household finances with their wife[xxvi]. Many Iraqi men and women believe that political participation is a man's role[xxvii]. Although women comprise around 25% of Parliamentarians, this has not led to more inclusion of women's issues[xxviii]. However, in KRI, the government also ratified the National Strategy to Combat Violence against Women in 2013 and, also adopted a higher gender quota (30 percent) at the regional parliament in 2009[xxix]. 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[xxx]. Today, less than 10% of women participate in local civil society[xxxi]. 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. According to GBV IMS data from Iraq, 98 per cent of GBV survivors who reported GBV are women or girls[xxxii]. Domestic violence is the main gender-based violence context for reported incidents and it is followed by forced/child marriage. This was less common in the Kurdistan Region of Iraq (KRI) than in other parts of the country. However, KRI has much higher levels of female genital cutting (44.8% of women) [xxxiii] and high levels of "self-immolation" (suicide by setting on fire) which is commonly perceived as violence against women[xxxiv]. 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 24% below 18 years old[xxxv]. In another survey, 77% of responding women reported being subjected to some form of harassment xxxvi. Al-mu'tah (temporary marriages) have become more common since 2003 and offer fewer protections for women[xxxvii]. 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.

Gender in emergencies: Against the backdrop of armed conflict and spiralling sectarian violence that have marked Iraq in recent decades, another type of violence goes largely unseen. 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, early and forced marriages, and even slavery have been reported, particularly among members of the Yazidi minority[xxxviii]. Lastly, with the World Health Organization (WHO) declaring the Coronavirus (COVID-19) as a global pandemic on 11 March 2020, the GBV survivors in Iraq may face challenges accessing services due to movement and access constraints; and due to loss household income, the risk of exploitation and sexual violence for women may increase[xxxix]. Furthermore, the health crisis may lead to additional burden on women and girls as caregivers.

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About CARE's Iraq Response

CARE reopened its programming in 2014 after a military offensive in Ninewa displaced hundreds of thousands of people into the Kurdistan Region of Iraq. Together with local partners, CARE delivers humanitarian and development assistance to the most vulnerable populations. CARE is registered with both the Kurdistan Regional Government and the Iraqi Federal Government, with a main office in Dohuk and a representational office in Erbil. CARE currently is active in the Governorates Dohuk, Ninewa, Salah Al-Din, Al-Anbar and Diyala.

More information: https://www.care-international.org/our-work/where-we-work/iraq

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