

Khanki, Sharya, and Derabon Districts, Duhok
Governorate, Iraq

Rapid Gender Analysis



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Abbreviations

CEDAW	Committee on the Elimination of Discrimination against Women
DCVAW	Directorate General of Combating Violence Against Women
FGD	Focus Group Discussion
FHH	Female-Headed Household
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
CMR	Clinical Management of Rape
HHS	Household Survey
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
MSRNA	Multi-Sector Rapid Needs Assessment
PSS	Psychosocial Support
PWD	Person with a Disability
RGA	Rapid Gender Analysis
SGBV	Sexual and Gender-Based Violence
TLF	The Lotus Flower
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 Directorate General for European Civil Protection and Humanitarian Aid Operation (DG ECHO) is providing life-saving support in Protection and WASH to highly vulnerable persons in acute displacement in Duhok Governorate, Iraq. CARE Iraq is directly implementing WASH activities, while Protection activities are implemented through CARE's local partner, The Lotus Flower (TLF). 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 and the decline of humanitarian aid are 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. Dohuk Governorates hosts 155,300 IDPs, including 105,500 living in camps and 45,700 in approx. 401 informal sites. Informal sites are often characterized by inadequate, unsafe, and undignified living conditions and are located side by side to host communities without accessing the same services. 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 and hygiene facilities.

Key findings

- Around 40% of women in the targeted communities don't feel that their hygiene needs are being met.
- Around 70% of women in the targeted communities don't get consulted about their needs by aid organizations
- Women and girls face limited mobility which mainly due to cost of transportation, security, and cultural acceptance
- Water resources are controlled and allocated to families by the Mukhtars.
- Household decision making pertaining to finance are mainly controlled by men, whereas domestic decisions are jointly made.

Key recommendations

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:

- Conduct a community wide campaign across IDP camps and informal settlements addressing topics regarding gender equality, GBV, child marriage, and mental health
- Train partner staff on PSHEA, GBV core concepts, safe referrals, and reporting mechanisms to enhance GBV mitigation and response. Establish a survivor-centered reporting mechanism for PSHEA that is inclusive, safe, and equally accessible for women and men of different ages.
- Train local authority on basic GBV core concepts, disclosure and safe referrals.
- Ensure consulting with women and girls while designing programs, selecting awareness raising topics and determining the content of the dignity kits.
- Ensure community consultation when determining WASH programmes activities and locations within the community
- Promote 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
- Ensure safe and equitable access to water resources to women, girls and PwD
- Include GBV awareness brochures in distributed kits in order to reach more people in the communities
- Include menstrual hygiene awareness sessions for girls since topics around periods in the community is still a taboo
- Install ramps and rails in toilets and bathing facilities to ensure accessibility for pregnant women, disabled people, and elderly men and women and children.
- 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.
- Choose distribution delivery points in consultation with the communities to ensure safe, dignified, and accessible locations for all.
- Ensure the integration of Gender Minimum Standards in WASH programming
- Humanitarian actors or local authorities should establish a safe space for women and girls in each location
- Access to legal services and livelihoods is a huge need and should be prioritized by NGOs in coordination with local authorities.
- Ensure the presence of female staff during distribution and at different project activities
- Ensure safe access to women and girls to reach services

Introduction

Background Information

It is estimated that over 2.5 million people are in need of humanitarian assistance in Iraq, of which 961,000 are in acute need. Of this, 729,000 people are internally displaced - 180,000 live in camps and 549,000 are in non-camp, informal settlements, with little probability of returning anytime soon.¹ Humanitarian needs are primarily driven by the effects of conflict and displacement, compounded by the negative impact of COVID-19 pandemic that resulted in national economic downturn and loss of livelihoods. The socio-economic impact of this, particularly on women, children, and persons with disabilities (PwDs) in conflict-affected populations is significant with high instances of attempted suicides recorded mainly among female HHs in camp and informal IDP sites, increased reporting of GBV incidents (primarily domestic violence), limited or lack of access to basic services and limited or lack of access to livelihoods opportunities.² The loss of employment and income has pushed an increasing number of people to resort to relying on debt or other negative coping mechanisms to meet their basic needs. HRP 2022 will target 1 Million people in need, 28% of whom are women, 45% are children, 15% have a disability and 4% are over 60 years of age.

Duhok Governorate is host to 155,300 IDPs, including 109,500 living in-camp and 45,700 in approx. 160 informal sites, mainly in Summel and Zakho districts. Summel District hosts approximately 99,000 IDPs in acute need and Zakho District hosts 37,000 people in acute need. Informal sites are often located side-by-side with host communities and are characterized by inadequate, unsafe, and undignified living conditions, including in tents, abandoned or unfinished buildings, or damaged shelters. Such unsuitable and unstable conditions bring heightened risk of protection violations and difficulties in accessing some services, including hospitals with emergency, maternity, surgical and pediatric services, and specialized reproductive health services. About one fifth of them do not have access to enough water for drinking and domestic purposes. People living with disabilities (PwDs) and female-headed households (FHHs) are among the most vulnerable, as they face additional institutional and cultural barriers to meeting their basic needs.

Rapid Gender Analysis Objectives

The Rapid Gender Analysis (RGA) will provide essential information about gender roles, relations, responsibilities, capacities, and vulnerabilities together with programming recommendations for the ECHO project in Sharya, Khanki, and Derabon informal settlements in Duhok Governorate.

This Rapid Gender Analysis will have the following objectives, to:

- Better understand the specific needs and concerns of men, women, girls, and boys, how they have been affected by the crisis and displacement, 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, health and GBV/Protection activities with gender and protection mainstreaming.
- Understand the gender dimensions of the crisis and displacement, as well as the differentiated gender needs and vulnerabilities of IDPs living in informal settlements. This will inform a more gender-responsive multi-sector response in WASH, health and GBV/Protection.
- 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 is most vulnerable, what gender and protection risks concerns there may be related to WASH, health and GBV/Protection, and how we can ensure a "do no harm" and survivor-centred approach in this project.
- Examine access or lack thereof to WASH, health and GBV/Protection services, as well as participation in community-based networks and various levels of decision making at the community level.

¹ HRP 2022

² HRP 2022

- 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

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 provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. Rapid Gender Analysis 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 28 July to 28 September 2022. Research methods included:

- **Household Survey** with 411 people in total (227 F and 184 M), 144 in Sharya (71 F, 73 M), 134 in Khanki (95 F, 39 M), and 133 in Derabon (61 F, 72 M)
- **6 Focus Group Discussions**, 2 FGDs in each of the three locations. In total 3 FGDs with females and 3 with males.
- **Key Informant Interviews** with 7 people (2 F, 5 M)
- **Secondary Data Review**
 - HRP Iraq, 2022
 - HNO Iraq, 2022

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

Obtaining accurate figures and information on the demographic profile of the three targeted informal sites remains a challenge as populations keep moving due to recent conflicts, new employment opportunities, or return to their area of return. As of June 2022, International Migration Organization recorded a total of 401 informal sites in nations wide, where 142 sites are present in Dohuk.

Findings and Analysis

The following section contains information from secondary data, additionally, the analysis is primarily from primary data collected by CARE and its partner, The Lotus Flower. It is worth mentioning that 99% of the people interviewed for the RGA in the three locations are displaced in settlements, out of which 87% are male headed households (81% in Sharya, 90% in Khanki, and 91% in Derabon), and they come from the Yizidi ethnic community. It is worth noting that the high percentage of male-headed households may have an impact on some of the results.

Gender Roles and Responsibilities

Control of resources

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.³

Female-headed households are present in 75% of the informal sites in Iraq, while uncompounded children are present in 3 of sites.⁴

In the three targeted locations, on average 83% (93% in Sharya, 72% in Khanki, 84% in Derabon) of respondents indicated that together with their partner they decide on how to spend the money, 8% mentioned it is husband and the remaining 8% mentioned it is the wife that make the decision. The data is very similar in the three targeted location, which could attribute to the fact that the population in the targeted areas come from Sinjar, thus they share very similar values and have similar cultural norms. However, on average 93% of male respondents perceive that the decision on how money is spent is done together with the wife, while 62% of female perceive that the decision is shared.

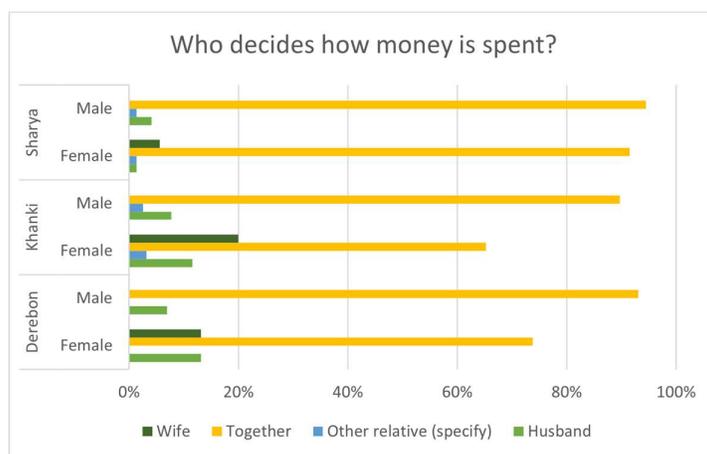


Figure 1: who decides how money is spent?

Division of (domestic) labour

Many women do not have control over their time and cannot delegate or redistribute caregiving activities due to gender norms that underpin patriarchal family dynamics.⁵

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.

³ <https://iraq.unwomen.org/en/about-us/un-women-in-iraq>

⁴ HNO Iraq, 2021.

⁵ <https://reliefweb.int/report/iraq/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq>

This has 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 war and ongoing conflict.⁶

Within Kurdish 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. They also control household finances, and, through their relational authority, can limit the activities and movement that women take part in.⁷

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 home, 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.⁸

Household surveys conducted confirm that societal norms when it comes to division of labour within the family are still persistent, such as childcare, housework/cleaning, cooking, food purchase and health care of relatives. The data can show us that when it comes to division of labour within the household, Khanki and Derabon have similar trends where women are more totally involved than women in Sharya. For instance, when it comes to childcare, 69% of female respondents indicated that they are totally in charge, whereas in Sharya 42% of female respondents are totally and 35% are partially involved. To confirm this, 55% of male respondents and 35% female respondents in Sharya indicated that they are partially involved in childcare. In terms of housework and cleaning, Khanki and Derabon female respondents are much more fully involved than women in Sharya with 84% in Khanki and 79% in Derabon and 56% in Sharya. Additionally, 33% of both men and women in Sharya indicated that they are partially involved in housework, while 82% of men in Khanki and 51% of men in Derabon indicated not being involved in housework and cleaning. The trend continues to the responsibility of cooking and health care of relatives, Khanki and Derabon share high percentages where women are totally engaged, while the responsibility for those 2 household tasks, even for cooking, is being shared by 33% of the men. However, for food purchase, this responsibility is being shared by men in all three locations equally. In Khanki, Derabon and Sharya, 70% of respondents indicated that this is a partial responsibility. It's worth mentioning that food purchase is the only household task that involves financial resources and is taking place outside the house; thus, the increased percentage in men participation could be attributed to societal and patriarchal norms.

⁶ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

⁷ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

⁸ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

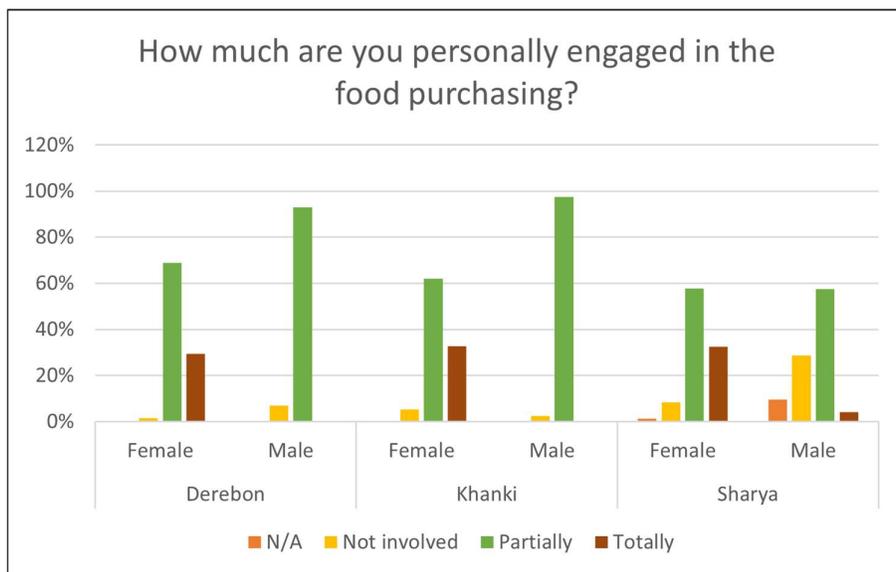


Figure 2: how much are you personally engaged in food purchasing?

Earning income

Female-headed households within out-of-camp IDPs are twice as likely to have 50% or more adults who are unemployed.⁹

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 percentage points higher than the pre-pandemic 12.7 per cent, 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. As a result, unemployment and debt levels among conflict-affected households are higher in 2021 compared to 2020. The precarious socioeconomic situation compels many to resort to negative coping strategies, exposing both adults and children to grave protection risks. The situation disproportionately affects women and people living with disabilities who often find it harder to find employment and be self-sufficient due to institutional and cultural barriers; and children who get married or engage in work to support their families. On average, among conflict-affected communities, 1 per cent of children are married and 6 per cent work to contribute to the family's income; however, these issues are known to be underreported.¹⁰

According to the HH surveys, the majority of respondents main paid livelihood before the crisis and now is through daily labour work activities, while before the crisis it was 39% of the respondents, after the crisis, the percentage has increased to 50%. Unpaid activities have increased in all three locations after the crisis, which can be attributed to the displacement and political instability. In Derabon, 13% of women, while 11% of men have an additional source of income, 50% is received from remittance, while the other 50% is support from relative. In Khanki, 6% of women and 13% of men have an additional source of income, 17% from remittance, 33% from humanitarian assistance and 50% is support from relatives. Similarly in Sharya, 3% of women and 19% of men have an additional source of income, 100% of it comes from remittance. In all three locations, the income is either completely shared or partially shared, both men and women respondents have similar trends in their respective locations.

Key Informant Interviews in the three locations have indicated that a positive shift towards employment since the crises where now it's acceptable for women to work in the community. Additionally, KIIs indicated that since COVID-

⁹ HNO Iraq, 2022.

¹⁰ HNO Iraq 2022

19 pandemic and the economic crisis, families (even if conservative) have shown more acceptance towards women working in order to support the family financially.

Decision making within the household

Women’s control over household assets in Iraq, especially on lands and houses, is limited since traditionally, men as the head of household have access and control over the family resources, including money and other assets.¹¹

Decision making within the household could tell us a lot about the gender dynamics and what role women play in the household. The data collected from the household surveys is particularly interesting as 99% of the household surveys are male headed household. The data gathered will be able to give us the perspective of men and women when the household is headed by male.

For household decision making matters that involve financial aspect such as working to earn money, buying, or selling assets the trends is different from other matters that pertain to movement, social events, access to services. From data gathered specifically in Khanki and Derabon, men are mainly the decision makers. For instance, 38% of women in Derabon indicated that they are not involved over the decision to work and earn money for themselves, while 53% of men indicated that they are the decision makers, and only 38% of both men and women indicated that this is a joint decision. Similarly, in Khanki, 23% of women said they aren’t involved, 29% said it’s a joint decision, while only 36% said indicated that they are the decision makers. For both Khanki and Derabon, the data gather is for buying of selling assets is comparable.

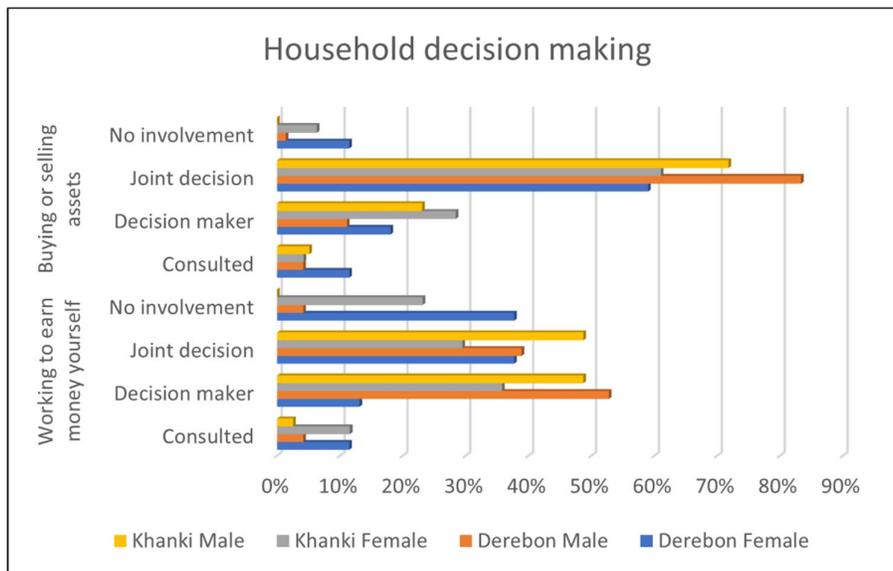


Figure 3: Household decision making: a) buying or selling assets, b) working to earn money themselves
Location: Khanki and Derabon

However, in Sharya we notice a huge difference, over 80% of both men and women indicated the decision is done jointly between them for working to earn income or for buying or selling assets.

¹¹ <https://reliefweb.int/report/iraq/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq>

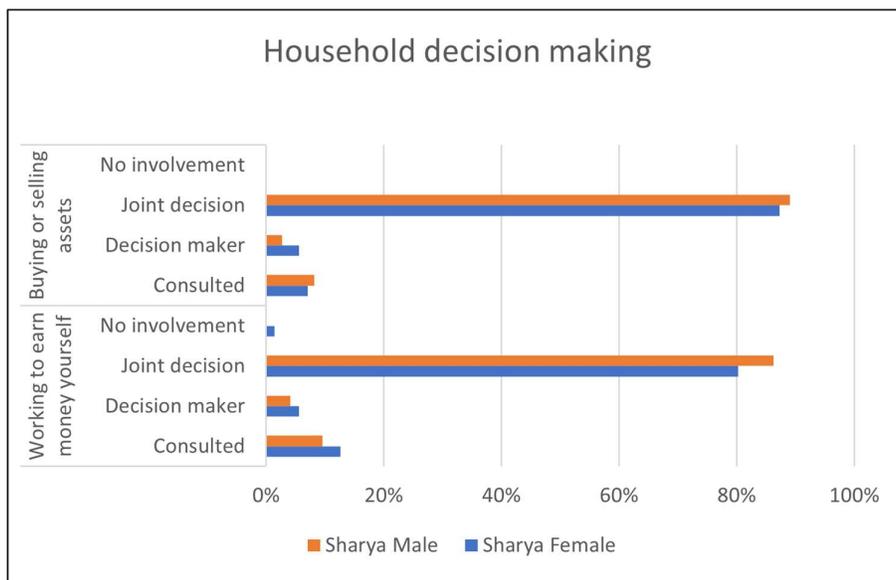


Figure 4: Household decision making: a) buying or selling assets, b) working to earn money themselves
Location: Sharya

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 (95per cent), handwashing facilities with water (91%) and access to soap (96%). The greatest need is to support the one fifth of out-of-camp IDPs 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.¹²

In Dohuk Governorate, up to 50% fewer households have sufficient water whilst 54% reported problems related to water quality.¹³ Safe supply of water and its quality has been impacted by several reasons including the influx of people following various conflicts since the 1990s, low rainfall levels and high temperatures that has depleted water supplies and decreasing government investment in local water infrastructure. The IDPs have been forced into informal settlements or limited camp situations many IDPs live are lacking in WASH infrastructure and their WASH needs are often lack priority. HNO 2022 stresses the need for essential WASH support that includes access to clean water, hygiene promotion and latrine repair and estimates that in Dohuk, 21,671 IDPs living in informal sites and 9,554 in camps are in need of this support.¹⁴

“There are no locks for the latrines doors. A lot of times people would open the door while someone is inside, and the person would say sorry”

35-year-old woman, Khanki District, KI

¹² HNO Iraq, 2022

¹³ REACH 2021

¹⁴ HNO 2022

CARE's 2022 Multi-Sector Rapid Needs Assessment (MSRNA) found that there was water supply in each of the IDP informal settlements surveyed, but both the quality of the supply and quantity available were poor. Water was available once every 2-3 days and for only a few hours per day and was not sufficient for household needs. To cope with the lack of regular and sufficient water supply, IDPs stored water in storage tanks but these were old and dilapidated and were not regularly cleaned. The water was also often of poor quality – smelling of sulphur or tasting salty or limey. The CARE WASH technical team found that the water used in the informal settlements in Qasr Yazdeen and Derabon had greater Electro Conductivity and dissolved solids than the WHO recommended limits. Only a few households were able to purchase water filters to purify the water, while most consumed water without any sort of treatment. The sanitation facilities in the informal sites were poor. In the informal sites, IDPs lived mainly in tents, abandoned/unfinished buildings, or damaged shelters with limited and temporary sanitation facilities. CARE's MSRNA found that household latrines in these shelters were made from temporary materials such as wood poles or nylon and were intended for six-month usage. However, these temporary latrines had been provided by aid agencies almost six years ago and mostly could not be repaired. Moreover, household latrines lacked doors and/or roofs, and any privacy or segregated spaces, increasing the protection risks faced by women and children, and no access facilities for PwDs.¹⁵

According to the HHs data collected from the targeted location, it was concluded that the majority of women have access to safe latrines (90% in Derabon, 51% in Khanki, and 61% in Sharya). Out of those who indicated not having access to safe latrines, the majority indicated that either there no latrine at all (67% in Derabon only), or no separate toilets for males and females (33% in derabon, 44% in Khanki, 33% in Sharya). Along the lines of hygiene, when it came to bathing facilities, the majority of women in the three locations indicated have a safe place for bathing (93% in Derabon, 65% in Khanki, and 79% in Sharya). It's worth noting that the percentage of men having access to safe bathing facilities is much higher that the percentages of women. When women were asked why they don't have access to safe bathing facilities, their answers were split between no locks on the door, no separate bathing facilities for males and females, and no bathing place (which was only prevalent in Derabon).

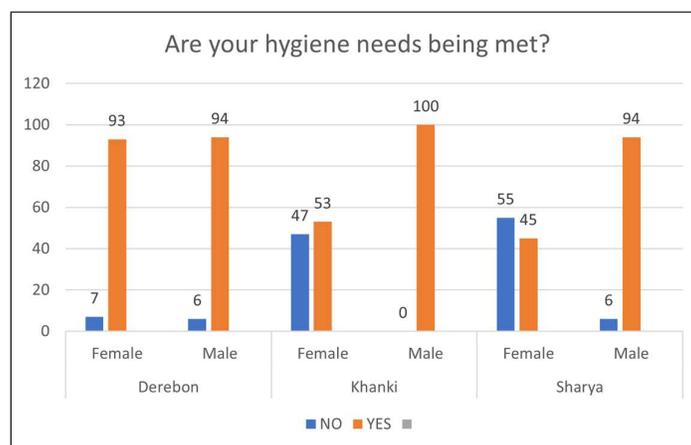


Figure 5: Are your hygiene needs being met?

The figure above from the HHS, shows how there is a clear disparity between women's and men hygiene needs being met in the targeted communities. Hygiene materials that are accessible to general populations in Iraq are not always accessible to the conflict-affected groups in Iraq, such as IDPs in and out of camps.¹⁶ Having access to hygiene products is an issue in the targeted communities, specifically for women. The figure below (figure 6) clearly indicates the difference between women's and men's access to hygiene products. When asked both men and women who can't access hygiene services (100%) mentioned that not having enough money is the main reason.

¹⁵ CARE Iraq, Multi-Sector Rapid Needs Assessment in Dohuk (MSRNA), January 2022

¹⁶ CARE International, COVID-19 Rapid Gender Analysis, Iraq, 2020 <http://careevaluations.org/evaluation/iraqcovid19rga/>

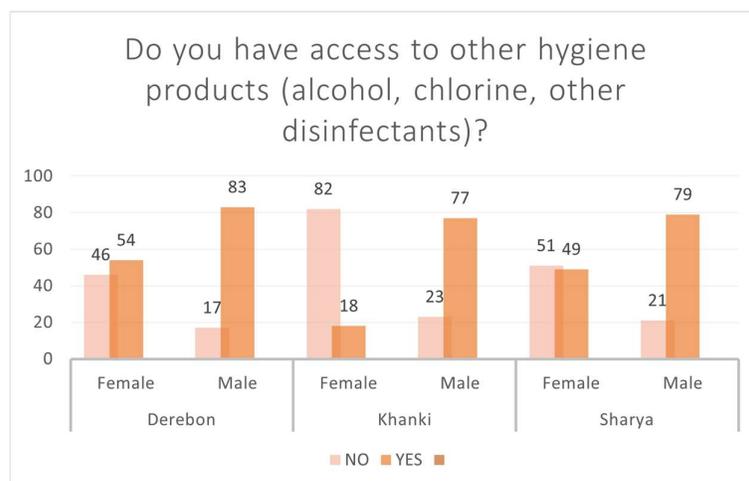


Figure 6: Do you have access to other hygiene products?

Key Informant Interviews in all locations indicate that access to water points is a need in the community as it's currently shared. KII has also indicated that access to the water resources are controlled by the Mukhtar, they make the decision on the allocation of water resources.

Shelter

Displaced and conflict-affected women are consistently more likely to live in poor or inadequate shelter and report a greater fear of eviction and less ability to claim their housing, land, and property rights. In Iraq, refugees and displaced people often reside in inadequate housing without formal lease agreements and are exposed to sudden changes in rental conditions or even eviction. In addition, many of those wishing to return to their homes cannot do so. Displaced people face problems of securing access to property, re-establishing ownership, resolving contested property claims and navigating the challenge of seeking compensation. Competing regimes of land governance led to further difficulties in determining ownership. While these challenges affect the rights of all Iraqis who have lived through the conflict, women are often at heightened risk of facing these barriers, making it harder for them to return home or seek another durable solution to their displacement. Research by NRC in 2020 found that women were 11% more likely to live in an overcrowded shelter compared with men.¹⁷

Health Care and Mental Health & Psychosocial Services

Report of psychosocial distress among both children and adults affected by conflict more than doubled over the past year in Iraq, with 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

KIIs in the three different locations have indicated that there is a need for increased access to health services, as most hospitals are either in Zakho or Dohuk. KIIs have also indicated that access to MHPSS is highly needed in the community, and that it is needed by all members of the community. Once KII mentioned that MHPSS are provided by NGOs and while it's commendable, but in the past two years these services have been decreasing affecting the communities mental health.

¹⁷ <https://www.nrc.no/globalassets/pdf/reports/broken-homes---iraq-report-may-2020/hlp-report-1.8.pdf>

¹⁸ HNO Iraq, 2022

Female FGDs in the three locations have clearly indicated that women suffer from psychological violence imposed to them by their husbands and families. They have indicated that their freedom is being restricted which has a huge effects on their psychological wellbeings.

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 people living with disabilities, older people or female-headed households, suffer most from these disruptions.¹⁹

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.²⁰

Due to general insecurity in the country and attendant economic difficulties, many women received 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.²¹

As of May 2021, almost one-quarter of IDP women of reproductive age report difficulties accessing specialised reproductive health services.²²

In 23 per cent of all displaced households outside of camps, women of reproductive age face difficulties accessing specialized reproductive health services, while 12 per cent 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.²³

In KRI, the KRG Ministry of Health reported that survivors of sexual violence received treatment from provincial health departments and emergency rooms in 2021. Judges, however, rarely considered forensic evidence that was collected. The KRG stated it provided full services for survivors of sexual violence and rape in all provinces because the law requires that survivors receive full health care and treatment. Emergency contraceptives were available as part of the clinical management of rape through government services and in private clinics, although advocates who worked with survivors reported many barriers to women accessing those contraceptives, as well as significant gaps in service delivery.²⁴

Access to Humanitarian Assistance

Overall, the access to certain governmental and humanitarian assistance types has been greatly reduced since the COVID-19 pandemic. Education services, legal assistance and food support from the government has been limited or reduced; while humanitarian assistance in terms of food, education, non-food items and cash assistance has

¹⁹ HNO Iraq 2022

²⁰ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

²¹ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

²² <https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022>

²³ HNO Iraq, 2022

²⁴ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

been heavily impacted.²⁵ In 2021, female-headed households were found to be twice as likely to report family members going to bed hungry than male-headed households.²⁶ According to the household surveys conducted by CARE, an average of 96% 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.

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.

HHS indicate that while only 30% of females have been consulted about their needs by aid organizations, 59% of males were consulted, figure below shows data by location

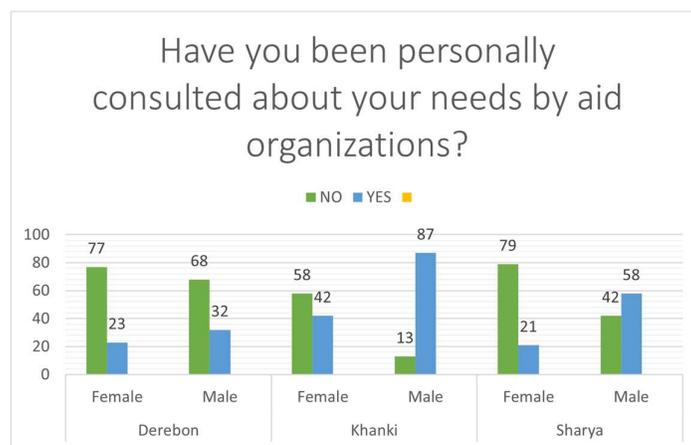


Figure 7: Have you been personally consulted about your needs by aid organizations

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.²⁷ These barriers have limitations on both women’s mobility in addition to access to basic services.

Movement restrictions vary depending on the reason. HHS shows that if women wants to move within the location, camp or to a close area, they don’t face major restrictions. However, when they want to move to another town, governorates or location even to visit family, they will need to be accompanied by male related or another woman. When women were asked about the key factors for the limitation of their movement they indicated the following (security 27%, cultural acceptance 23%, cost of transportation 43%).

²⁵ NPC, Protection Monitoring in Response to COVID-19 Analysis

²⁶ HNO Iraq 2022

²⁷ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

Safety and Protection

Gender-Based Violence

Cases of domestic violence were reported throughout 2021 in Iraq, including killings of women and girls by their husbands and families. UNICEF surveys have found more than 80 percent of children are subjected to violent discipline.²⁸

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 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.²⁹

An assessment on the impact of COVID-19 on GBV in Iraq reported that 65 percent of service provision points reported an increase in one or more types of GBV, of which 94 percent reported a sharp increase in domestic violence.³⁰

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 they were often triggered by the pressure they felt from their families or ongoing abuse they suffered from their family members or husbands.³¹

The majority of the incidents reported to GBV actors are domestic violence incidents which have increased since the COVID-19 pandemic, and further increased in 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 First, due to the movement restrictions or confinement measures, GBV survivors may face challenges in accessing lifesaving service. Second, the loss of livelihoods may increase the risk of exploitation and sexual violence against women and girls. And lastly, the crisis can increase the burden of women and girls by forcing them to act as the caregivers of infected relatives. The 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, 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 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 to extremist groups were reportedly among the top four vulnerable and at-risk groups for acts of GBV by respectively 82 percent, 80 percent, 73 percent and 61 percent of the respondents. An overall reduction in GBV response services was reported by around 50 percent for case management, 60 per cent for psychosocial support, and 50 percent for awareness raising activities in March and April compared with the planned targets. Delay of referrals and distribution of dignity kits activities was also reported in most of the assessed service points during the lockdown and curfew. 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

According to the Iraq Health Cluster, at the beginning of the lockdown, “Of those reporting an increase, 94% reported an increase in intimate partner and family member violence within their own household.” In an assessment by the

²⁸ <https://www.hrw.org/world-report/2022/country-chapters/iraq>

²⁹ <https://www.who.int/publications/i/item/9789240022256>

³⁰ <https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022>

³¹ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

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

GBV Sub-Cluster of Iraq, 3 out of 4 women and girls reported that they had experienced domestic violence more than double the rate during the months of April - May 2020, which coincided with the lockdown in Iraq from March - May 2020. Since then, violence has only increased. According to the GBVIMS report for the first half of 2021, there was an increase in reported GBV incidents as compared to the same period in 2020. Of particular concern is the increase in reported intimate partner violence (IPV) in the third quarter of 2021, compared to the same period last year (6% increase).³⁶

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.³⁷

Societal pressures, economic disadvantage, the weakness of the legal system and mistrust of the police and authorities are some of the factors contributing to 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.³⁸

Some state support is provided for survivors in Iraq through the 16 family protection units under police authority, located in separate buildings at police stations around the country, designed to resolve domestic disputes and establish safe refuges for victims of sexual or gender-based violence. However, these units reportedly have tended to prioritize family reconciliation over victim protection and have lacked the capacity to support survivors. NGOs have stated that survivors of domestic violence feared approaching the family protection units because they have suspected that police would inform their families of their testimony.³⁹

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.⁴⁰

Protection needs of IDPs in camps and informal settlements will likely remain significant, not least because of the lack of limited durable solutions for affected individuals.⁴¹ The majority of IDPs are likely to remain where they are, and their protracted displacement, coupled by limited access to livelihoods and increased socioeconomic vulnerabilities, forces individuals to resort to negative coping mechanisms.⁴² As a result, IDPs both in camps and informal settlements, suffer PSS distress and increased mental stress and anxiety, which will likely be the key causes of an increase in GBV incidences. MCNA IX found that approximately 920,000 people are at risk of different forms of GBV – the first half of 2021 recorded a 226% rise of reported incidents compared to the same period of 2020, primarily linked to domestic violence, and reports had increased during the COVID-19 pandemic.⁴³ 26% of reported incidents were linked to forced marriage and 7% to early marriage – both seen as a result of negative coping mechanisms and misunderstandings rooted in traditional, cultural, and social norms, underlined by a lack of

³⁶ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/The_Impact_of_COVID-19_on_Gender-Based_Violence_and_GBV_Response_Services.pdf

³⁷ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

³⁸ <https://blogs.lse.ac.uk/mec/2020/06/15/iraqi-women-are-engaged-in-a-struggle-for-their-rights/>

³⁹ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

⁴⁰ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/The_Impact_of_COVID-19_on_Gender-Based_Violence_and_GBV_Response_Services.pdf

⁴¹ HNO 2022

⁴² MCNA IX

⁴³ MCNA IX

awareness of women's rights and abilities. As a result, the GBV Sub-Cluster (GBVSC) will target 352,800 IDPs and refugees - 87% are women/girls and 46% are children – in 2022 for specialized services is. In Dohuk alone, 31,608 IDPs living in informal settlements are estimated to be in need of GBV support, with women, girls, elderly, and PwDs being particularly affected.

During the COVID-19 pandemic, UNAMI reported a significant increase in KRI in the reports of rape, domestic violence, spousal abuse, immolation and self-immolation, self-inflicted injuries due to spousal abuse, sexual harassment of minors, and suicide due to increased household tensions because of COVID-19 lockdowns, as well as economic hardship due to the country's declining economy. In February the Federal Police stated that domestic violence increased by nearly 20 percent because of the pandemic.⁴⁴

The KRG General Directorate for Combatting Violence against Women and Families provides a 24/7 hotline to receive reports of violence, and has also developed a mobile phone app with the UN Population Fund to facilitate access to the hotline, and provide access to live consultations with psychologists and psychiatrists.⁴⁵

In 2021, two privately operated shelters and four KRG Ministry of Labor and Social Affairs-operated shelters provided some protection and assistance for female survivors of gender-based violence and human trafficking. However, space was limited, and NGOs reported psychological and therapeutic services were poor. NGOs played a key role in providing services, including legal aid, to survivors of domestic violence, who often receive no assistance from the government. The KRG also maintained a genocide center in Duhok for treatment, support, and rehabilitation for women who survived ISIS captivity, including investigating and documenting rape crimes; provides health and psychological services within camps; and ran a center through the KRG Directorate of Yezidi Affairs in the Ministry of Religious and Endowment Affairs for the rehabilitation of approximately 163 liberated women.⁴⁶

With only four public shelters for survivors of GBV in all of KRI, and only one shelter designated for survivors of trafficking, the Kurdistan Region is already highly limited in its shelter services, considering its population size and high rate of GBV. Shelters in the KRI have generally been underfunded, with staff working in shifts and without the necessary resources to adjust to crises.⁴⁷

The Yezidi Survivors' Law mandates a new Survivors' Affairs Directorate under the Ministry of Labor and Social Affairs to provide psychosocial support to victims of ISIS, including women and members of minority groups.⁴⁸ The Council of Ministers of the Kurdistan Region has also formed a judicial body after ISIS took control of the Sinjar Region and surrounding areas to investigate and document claims of ISIS crimes including with recorded testimonies of victims, survivors, claimants, and witnesses. Cases filed with the courts through November totaled 4,206, including 1,191 cases that pertained specifically to ISIS crimes committed against women during the period of ISIS's control over Sinjar district and other areas in the Mosul Province. Similarly, in Duhok Province an additional 2,036 cases of ISIS violence against women were filed with the courts; the cases were elevated to the level of the International Criminal Court.⁴⁹

NGOs and the KRG reported the practice of FGM/C persisted in KRI in 2021, particularly in rural areas of Erbil, Sulaymaniyah, and Kirkuk Provinces, despite a ban on the practice in IKR law. Rates of FGM/C, however, reportedly continued to decline.⁵⁰

Protection

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

⁴⁴ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

⁴⁵ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

⁴⁶ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

⁴⁷ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/The_Impact_of_COVID-19_on_Gender-Based_Violence_and_GBV_Response_Services.pdf

⁴⁸ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

⁴⁹ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

⁵⁰ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

could not obtain the 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.⁵¹

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, due to vagueness and contradictions of the legal framework and also because of existence of informal tribal justice system, that is non-administered by the state.⁵²

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 arbitrary arrest and detention, trauma and psychological stress, threat of eviction from their homes, and lack of access to essential services—than the population at large. For example, almost one-fifth of the out-of-camp IDPs report psycho-social distress, and just half have access to safe and adequate housing. Nearly one-in-five Syrian refugees rely on charity and cash assistance for food, and more than half report experiencing difficulties accessing healthcare services.⁵³

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 percent have been displaced for more than three years and 70 percent 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.⁵⁴

Furthermore, as a result of the heightened socio-economic vulnerabilities during the previous year, the populace is seeing an increase in mental health challenges. As a result of protracted lockdowns, an increased risk of gender-based violence (GBV), a lack of access to essential services, and a lack of access to education have been recognized as important protection issues within the community. Despite the fact that these issues are now well known and the number of internally displaced persons (IDPs) is decreasing, the detrimental impact on Iraq's most vulnerable groups remains a reality. Although improvements in food insecurity and a partial recovery of employment losses have been made, protecting acutely vulnerable groups and satisfying their basic needs remains an important priority for 2022. Legal and community-based support is still scarce.⁵⁵

Due to a lack of access to medical treatments and civil paperwork, out-of-camp IDPs may face heightened protection concerns (especially in GBV settings). 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.⁵⁶

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, sexual slavery and forced marriage more often than boys. Each of these risks have 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 socioeconomically 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; and higher food insecurity. In 2021, female-

⁵¹ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

⁵² <https://reliefweb.int/report/iraq/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq>

⁵³ <https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022>

⁵⁴ <https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022>

⁵⁵ <https://cdn.sida.se/app/uploads/2020/04/05072916/HCA-Iraq-2022.pdf>

⁵⁶ <https://cdn.sida.se/app/uploads/2020/04/05072916/HCA-Iraq-2022.pdf>

headed households were found to be twice as likely to report family members going to bed hungry than male-headed households.⁵⁷

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 per cent of households have children who do not have their birth certificates. A wide range of protection risks threaten children in out-of-camp locations. In 8 per cent of out-of-camp IDP households, children contribute to the family's economic survival, with most engaged in structured work such as serving in restaurants and non-structured work such as selling water in the bazaar. The incidences of child labour are higher in female-headed households compared to male-headed households. Exposure to explosive ordnance remains a real concern for girls and boys who live and move around in unsafe areas. Moreover, violent disciplinary measures used against children are often reported among out-of-camp IDPs (33 per cent). Psychosocial distress is highest among out-of-camp IDPs for both adults and children.⁵⁸

Among out-of-camp IDPs, children are particularly vulnerable. Two of the five factors contributing the most to increasing the humanitarian needs of out-of-camp IDPs—namely the use of negative coping strategies and reports of child protection risks in the household—directly affect the wellbeing of children. More than one fifth of all households employ emergency-level coping strategies, such as children dropping out of school; adults engaging in high-risk behaviours or activities; families migrating and forced marriages. Similar numbers report that children in their household experience at least two of the following child protection risks: children not being part of a protective learning environment; children exhibiting behaviour change which is an indication of psychosocial distress; children missing a key individual documentation; child marriage; or child labour. Among out-of-camp IDPs, 8 per cent of households confirmed that children under the age of 18 work to contribute to family income. Another 16 per cent of households have children who no longer reside in the household as they have left to seek work. Moreover, among the households that have children no longer residing with them, 33 per cent indicated that marriage was the reason for the child leaving the family.⁵⁹

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 per cent are in-camp IDPs/29 per cent out-of-camp IDPs/60 per cent returnees). Women continue to be subjected to violations of property and inheritance rights, through so-called “intra-family property grabbing”.⁶⁰

According to HHS data, protection risks are still prevalent within the targeted communities. On average 25% of women indicated that they are facing security concerns since the crisis/displacement began (49% in Derabon, 16% in Khanki, and 15% in Sharya). The majority of women indicated that not enough privacy at home, insecure shelter, and the inability to access services and resources are the main protection risks they face. It's worth noting that from the HSS, we can conclude that the community members depend on family and religious leaders' support to address or reduce protection risks they face. FGDs in Derabon has indicated that when women are faced with danger or protection risk they don't have many options to go to, while some of them indicated that they might resort to go to Asayish (Security Forces)

Kills in the targeted locations indicated some barriers to accessing services, which remain a protection concern. The main highlight was the hours are not suitable for women and girls to access the service, the services priorities men, and that there is no female service provider available for certain services.

Child, Early and Forced Child Marriage

⁵⁷ HNO Iraq 2022

⁵⁸ HNO Iraq, 2022

⁵⁹ HNO Iraq, 2022

⁶⁰ HNO Iraq, 2022

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.⁶¹

HRP 2021 for Iraq reports an increase in harmful negative coping mechanisms such as child marriages due to school closures and economic pressures.⁶² 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.⁶³

In the KRI, while the propensity of child marriages has decreased, it remains pervasive, especially in rural areas and among internally displaced and refugee communities. Across Iraq, including KRI, 24% of girls are married before they turn 18, even though the legal marriage age in the KRI is 18, because the law allows those as young as 16 to marry with a judge's permission and parental consent to the union.⁶⁴

Forced marriages in the KRI are generally orchestrated by male family members (fathers, uncles, brothers) of girls and young women. Forced marriage can often follow the disclosure of a romantic relationship. Physical, emotional, and sexual abuse and violence, as well as social deprivation and extreme pressure, can be used by family members in order to force marriage.⁶⁵

Once male KII mentioned that girls are being married off at a young age; however, FDGs from Sharya and Khanki has indicated that girls are being married mostly at 18 years old which is different from pre-crisis.

Conclusions

Conducting a Rapid Gender Analysis in Khanki, Sharya and Derabon District 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 limited access to services for vulnerable communities especially people residing in IDP camps and informal settlements. The analysis of the gender dynamics within the targeted communities will help to provide safe and dignified services and ensure equitable access.

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 humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely, and that programming will be adapted to the changing needs.

Targeted recommendations

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:

⁶¹ <https://iraq.unwomen.org/en/about-us/un-women-in-iraq>

⁶² HRP 2021

⁶³ HNO Iraq, 2021

⁶⁴ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

⁶⁵ <https://reliefweb.int/report/iraq/perspectives-early-marriage-voices-female-youth-iraqi-kurdistan-and-south-sudan-who-married-under-age-18>

- Conduct a community wide campaign across IDP camps and informal settlements addressing topics regarding gender equality, GBV, child marriage, and mental health
- Train partner staff on PSHEA, GBV core concepts, safe referrals, and reporting mechanisms to enhance GBV mitigation and response. Establish a survivor-centered reporting mechanism for PSHEA that is inclusive, safe, and equally accessible for women and men of different ages.
- Train local authority on basic GBV core concepts, disclosure and safe referrals.
- Ensure consulting with women and girls while designing programs, selecting awareness raising topics and determining the content of the dignity kits.
- Ensure community consultation when determining WASH programmes activities and locations within the community
- Promote 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 since topics around periods in the community is still a taboo
- Install ramps and rails in toilets and bathing facilities to ensure accessibility for pregnant women, disabled people, and elderly men and women and children.
- 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.
- Choose distribution delivery points in consultation with the communities to ensure safe, dignified, and accessible locations for all.
- Ensure the integration of Gender Minimum Standards in WASH programming
- Humanitarian actors or local authorities should establishment a safe space for women and girls in each location
- Access to legal services and livelihoods is a huge need and should be prioritized by NGOs in coordination with local authorities.
- Ensure the presence of female staff during distribution and at different project activities
- Ensure safe access to women and girls to reach services
- Ensure safe and equitable access to water resources for women, girls and PwD

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 peopleⁱⁱⁱ (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 homex. 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"^{xxii} 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 wifexxvi. Many Iraqi men and women believe that political participation is a man's rolexxvii. 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 Kurdish 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 spiraling 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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