

Sinjar District, Ninewa Governorate, Iraq
Rapid Gender Analysis



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Rawan Bannoura
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Avec la participation de



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Abbreviations

CARE	CARE International in Iraq
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
PSS	Psychosocial Support Services
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 Crisis Centre of the French Ministry of Europe and Foreign Affairs (CDCS), is providing Livelihood and Protection services in Sinjar District in Ninewa governorate. CARE Iraq is implementing the services through its local partner Dak Organization for Ezidi Women Development (Dak). CARE Iraq undertook a Rapid Gender Analysis (RGA) to understand different gender norms, roles, and power 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. Sinjar District is the most affected area by the Islamic State of Iraq and Levant (ISIL); it has suffered a tragic human loss in addition to the loss of infrastructure, livelihoods, and homes. Following the liberation in 2017, IDPs started to move back to Sinjar; however, until this date, the provision and availability of basic services like health, Water, Sanitation, and Hygiene (WASH), and livelihoods, as well as reconstruction of housing and infrastructure, is relatively low. The current situation has a negative impact on the community in terms of safety and security, which is clearly reflected in the lowest IDP return rates (35%) compared to other districts in Iraq in 2021¹. There are several concerns around livelihoods and the lack of adequate protection services for the targeted community that need to be addressed to ensure safe and equitable access to all members of the community.

Key findings

- Security concerns and cultural acceptance remain the two key factors in restricting women and girls' freedom of movement and access to services and resources
- Early marriage remains a major concern in the community after the crisis/displacement.
- There is a lack of safe space for women and girls in the area.
- The community's number one priority is employment and re-establishing their livelihoods
- Vocational trainings are needed in the community
- Psychosocial Support Services are needed in the community.

¹ HNO Iraq, 2022

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 working in Sinjar District, Iraq should consider the following key recommendations:

Protection and GBV

- Ensure the establishment of gender-segregated community safe spaces to increase privacy and freedom of mobility for women – e.g. a women’s centre, leisure centres for adolescents, child-friendly space.
- Organize and run community-wide awareness-raising campaigns targeting gender-related topics such as early marriage and SGBV.
- Develop gender-sensitive mental health and counselling services, informed by the specific protection risks and trauma experiences of women, men, boys, and girls.
- Develop and provide PSS activities for women, men, boys, and girls based on community consultations.
- Keep the service mapping updated and ensure it’s available for the community.
- Work with and engage men and boys in the community using CARE’s Engaging Men and Boys methodology. Involve them as partners and allies in the effort to decrease gender inequality in the community and gain a better understanding of women’s and girl’s rights
- Work with and engage religious leaders and Mukhtar to increase awareness and their understanding of the need for services related to GBV, and PSS assistance in the community.
- Work with religious leaders, Mukhtars and SGBV prevention/response services to address stigmatization and promote reintegration into the community, particularly for survivors of sexual slavery
- Provide mobile GBV and PSS service to ensure access for women, men, boys, and girls with restricted mobility and security concerns.
- Establish women and men community committees to conduct awareness-raising and community referrals.

Livelihoods

- Provide vocational training opportunities based on community consultations and market needs.
- Provide childcare facilities to support women to take advantage of training and job opportunities and to alleviate the heaviness of women’s double roles.
- Develop training and income-generating opportunities targeted at men, and particularly men with disabilities, in consultation with women and men community group members.
- Explore agriculture and livestock as income-generating opportunities specifically for people with limited mobility and security concerns
- Coordinate discussion classes with women and men to mitigate potential tensions and increased GBV in relation to changing gendered roles, decision-making power, and livelihood opportunities

Gender and Protection Mainstreaming

- Run community consultations with men and women to understand their humanitarian assistance needs

- Provide training for the local police and front-line workers on GBV core concepts, handling, and disclosure to ensure that women and girls who report S/GBV are treated with dignity and respect.
- 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
- 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. what type of PSS services they need
- Train partner staff on PSHEA, GBV core concepts, safe referrals, and reporting mechanisms. Establish a survivor-centered community-based reporting mechanism for PSHEA that is inclusive, safe, and equally accessible for women and men of different ages.
- 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.
- Ensure that services are accessible to persons with disabilities.

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) that took place 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 would 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. The COVID-19 pandemic, coupled with protracted and multiple displacements, has adversely impacted access to services, including Protection, Livelihoods, WASH, Health, and other services.²

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.³ Since 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 addition, compared to 2021, 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. 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.⁴

Sinajr district is located in Nineveh governorate and borders Syria from the north and west. Sinjar was once home to an estimated 420,000 of Iraq's Yazidi community, which was one of the most affected areas by ISIL. In 2014, ISIL

² HNO Iraq, 2022.

³ <https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022>

⁴ <https://cdn.sida.se/app/uploads/2020/04/05072916/HCA-Iraq-2022.pdf>

launched a deadly attack on Sinjar against the civilian population and Sinjar City. Beyond the human loss and genocide inflicted on the area and the Yazidi community, it is reported that ISIL destroyed 80% of the public infrastructure and 70% of civilian homes. In 2017, Sinjar was liberated from ISIL and was under the control of the Government of Iraq (GOI) forces. Most recent figures show that the majority of households have returned to their areas of origin; however, the majority of them are in either primary or secondary displacement.⁵

Since early March 2022, thousands of people have been displaced due to conflicts between the Iraqi army and fighters from the Sinjar Resistance Units (YBS), which are affiliated with the Turkish Kurdistan Workers' Party (PKK). Sinjar is predominantly home to families of the Yazidi minority, who were already displaced by ISIL in 2014. Many of the Yazidi families who fled again have only recently returned to their areas of origin. While others were forced to flee once again to the Dohuk governorate to escape the recent conflict. It's estimated that around 200,000 Yazidis are still displaced.⁶

Rapid Gender Analysis Objectives

The Rapid Gender Analysis (RGA) provides essential information about gender roles, relations, responsibilities, capacities and vulnerabilities, together with programming recommendations for the CDCS project in Sinjar District (Sinone and Al-Qayrawan sub-districts).

This Rapid Gender Analysis objectives are as follows:

- 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 as a result. The findings of this assessment will inform the development of the livelihood and GBV/Protection activities with gender and protection priorities being mainstreamed.
- Examine access or lack thereof to livelihoods and GBV/Protection services, as well as participation in community-based networks and various levels of decision-making at the community level.
- 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 livelihoods and GBV/Protection, and how we can ensure a "do no harm" and survivor-centered approach in this project.
- Identify key advocacy priorities on gender and protection issues.
- Provide operational recommendations to inform CARE's programming based on the different needs of women, girls, men and boys.
- Inform a more gender-responsive multi-sector response in livelihoods and GBV/Protection. The RGA enables an improved understanding of the gender dimensions of the crisis and displacement, as well as the differentiated gender needs and vulnerabilities of IDPs living in Sinjar District.
- Inform the broader humanitarian sector on gendered needs and capacities.

Methodology

In order to provide information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis, the RGA was 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

⁵ <https://reliefweb.int/report/iraq/iraq-sinjar-area-based-assessment-profile-december-2021>

⁶ United Nations Development Program (UNDP). [Six years after Sinjar massacre, support is vital for returning Yazidis](#). August 2020.

no harm'. The RGA has used the tools and approaches of CARE's [Gender Analysis Framework](#) and has adapted them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions. The research included 357 (235 F, 122 M) household surveys, 8 (4 F, 4 M) Focus Group Discussions, and 7 (4 F, 3 M) Key Information Interviews.

The research was undertaken from September to November 2022. Household Surveys were conducted by CARE's enumerators in the 4 locations, while KIIs and FGDs were conducted by Dak's team in Sinjar District. Dak coordinated and informed leaders in the community about the intervention at the start of the project, which helped facilitate conducting KIIs and FGDs with community members. the Research methods included:

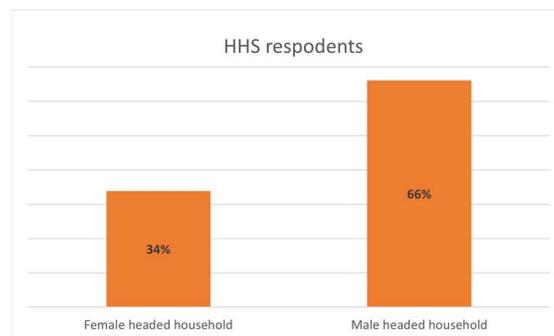
- **Household Survey** (HHS) with 357 people (235 women and 122 men) in Sinjar District, Ninewa Governorate.
- **Focus Group Discussions (8 in total)**: 2 FGDs in 4 proposed project locations (Sinone, Sinjar town, Borek and Tal-Banat). In each location, one FGD will be conducted with only women & girls separately and one FGD with men and boys separately. Each FGD will include 10-12 participants.
- **Key Informant Interviews** (KII) with 7 people (4 women and 3 men)
- **Secondary Data Review** collected primarily from the following resources:
 - HRP 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

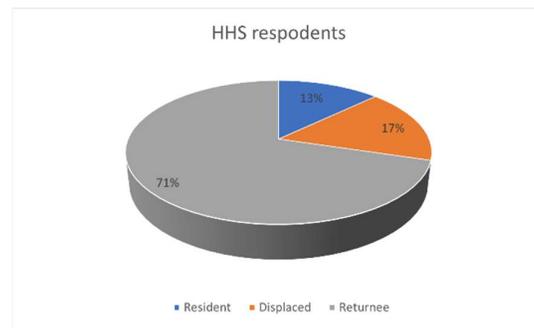
Sex and Age Disaggregated Data

The household survey was conducted in Sinjar District with 357 households. The household sample consisted of 66% females and 34% males. 61% of the respondents were in the age category of 18-40, while 34% were between 41-60. Male-headed households are 66%, while female-headed households are 34%.



Graph 1: HHS demographics

Interestingly, 90% of the households are headed by a person over the age of 60, which applies to both sub-districts. The household surveys found that a large proportion (71%) of respondents are returnees, while 13% are residents and the remaining are still displaced either in collective centers, with a host family, or in a settlement.



Graph 2: HHS respondents displacement category

Findings and Analysis

The following areas of inquiry from the Gender Framework were selected to understand different gender norms, roles, and power dynamics, in addition to the specific needs of women, girls and vulnerable people in the project locations specifically pertaining to protection, and livelihoods. Control of Resources, Division of (domestic) Labor, Livelihoods, Health Care Services and Mental Health & Psychosocial Services, Reproductive Health Services, Decision-making about Humanitarian Services, Gender-Based Violence, Security, Protection, Child, Early and Forced Child Marriage, and Mobility Analysis are the sub-section selected to be investigated to support the aim of the RGA. The following sub-sections will provide a summary of the findings for the selected areas of inquiry based on primary and secondary data collected.

Gender Roles and Responsibilities

Control of resources

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.⁷ 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.⁸

With the repercussions of the COVID-19 pandemic and the deteriorating economic situation, control over resources in terms of managing purchases of various goods, materials and food became more important as these can have a direct impact on the health outcomes of the individuals.⁹

Data from the household surveys show a difference in the control of the family resource when it comes to the 2 different sub-districts. In Sinjar, 83% of respondents mentioned that both partners decide how to spend the money together, whereas, in Sinone, only 35% indicated that they decide together, and 63% mentioned that it is other relatives who decide how the money is spent. It is worth noting that, 96% of respondents from Sinjar mentioned that they don't have their own money that they alone decide how to use, whereas 62% of Sinone respondents are in the same position, and the remaining 56% have money of their own that they can use.

⁷ <https://reliefweb.int/report/iraq/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq>

⁸ <https://iraq.unwomen.org/en/about-us/un-women-in-iraq>

⁹ <http://www.careevaluations.org/evaluation/iraqcovid19rga/> CARE, COVID-19 Rapid Gender Analysis Iraq, June 2020

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.¹⁰

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.¹¹

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 power to key decisions at the family, community, and societal levels.¹²

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.¹³

Household survey results indicate a similar trend to the overall situation in Iraq. Generally speaking, when it comes to cooking, child care, and cleaning, women are taking the major role, while in other household activities such as collecting water, food purchase and health care of relatives, we can notice higher participation from the men. For instance, for children's care, 68% of female respondents have indicated that they are totally involved, while only 4% of males mentioned that they are totally involved, and 81% mentioned they are partially involved. Similarly, when it comes to housework and cleaning, 72% of female respondents are totally involved, whereas 62% of men are not involved, and only 15% are partially involved. As for cooking, 75% of women are totally involved, and 73% of men are not involved at all. It's noticeable that the percentages start to change when the household activities involve work done partially outside the house or involving other members of the households, such as collecting water, food purchase, and health care of relatives. 79% of males are partially involved in collecting water, 60% are partially involved in food purchase, and 37% are totally involved in food purchase, 60% are partially involved in health care for relatives and 39% are totally involved in health care for relatives.

These percentages indicate that when it comes to household labor outside the house, men tend to be more involved, leaving the household work such as cleaning, cooking, and taking care of the children to females, which confirms the societal gender roles. This shift in sharing responsibility could also be attributed to some movement restrictions women face due to traditional and societal norms.

¹⁰ <https://reliefweb.int/report/iraq/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq>

¹¹ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

¹² https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

¹³ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

According to all male FGDs, men who don't have a job mentioned that they stay at home and do nothing. They do not participate in the housework or support their spouses around the house. These gender roles and norms are still deeply rooted in the society.

Capacity and Coping Mechanisms

Livelihoods

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 are twice as likely to have 50% or more adults who are unemployed.¹⁴ 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.¹⁵

In a recent study conducted by REACH, data shows that there were significant livelihood challenges in the Sinjar district. Data also shows that only a minority of economically active were earning income from employment, with high competition for already existing jobs. Findings from the study also suggested that livelihoods have not yet recovered to pre-ISIL levels and that most available jobs, while scarce, are far from the neighborhoods where people reside. Additionally, wages are much lower than before, and agriculture and construction jobs have declines after 2014, due to damage to equipment, lack of investment, and scarcity of water – for agriculture job.¹⁶

In a Rapid Assessment conducted by REACH in Sinjar district, Al Qairawan sub-district, when respondents were asked to rank their primary needs, livelihood was the second. However, it's worth noting that IDPs have placed livelihood as their first primary need.¹⁷ Sinjar district has one of the lowest rates of return (35%) among IDPs; according to the HNO, Sinjar suffers from a high severity of livelihoods.¹⁸ 21% of household survey respondents (the highest percentage) indicated that difficulty with employment is one of the challenges they face.

Livelihood before and after displacement and crisis have been affected due to the economic, and environmental situation as well. Before the crisis, 26% of respondents indicated that daily labor is their main paid livelihood, whereas, after the crisis/displacement, that number rose to 42%. Farming as a main paid livelihood has declined from 18% before the crisis to 9% after the crisis. This decline can be attributed to the climate crisis Iraq is going through, in addition to the loss of agricultural land due to displacement. Livestock as the main source of paid livelihood has also seen a decline from 15% to 7% after the crisis. Additionally, only 26% of respondents have an additional source of income outside their main paid livelihood. Out of those 26%, 49% receive remittance, 22% from humanitarian Aid, and 21 from other relatives. It's worth noting that the majority of respondents mentioned that they share all their income with their spouses (79% F and 95% M).

¹⁴HNO Iraq, 2022

¹⁵ Ibid

¹⁶ <https://reliefweb.int/report/iraq/iraq-sinjar-area-based-assessment-profile-december-2021>

¹⁷ <https://reliefweb.int/report/iraq/rapid-assessment-returns-and-durable-solutions-al-qairawan-sub-district-sinjar-district>

¹⁸HNO Iraq 2022

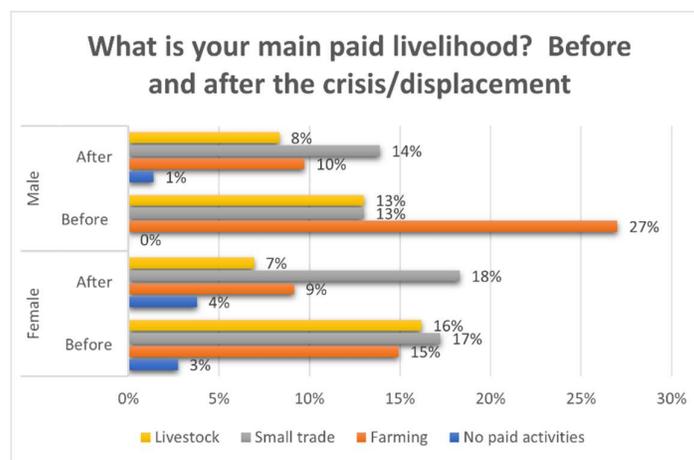


Chart 3: main paid livelihood before and after the crisis/displacement.

FGD participants have indicated that women are in need of vocational training and financial support. They have also expressed that women possess capabilities and work skills in various fields, whether trade, management, or any other work, but they need to be provided with job opportunities. They have indicated that there are no accessible work opportunities for women in the region. Livestock, agriculture, sewing, and baking were among the most common themes that were raised by Female FGD participants as their top choice for livelihood opportunities.

The majority of KIIs respondents stated that before the crisis, agriculture, seeding, and livestock were the most common livelihood opportunities in the area and that the responsibility was shared by both men and women. Additionally, female KIIs mentioned that women are in need of sewing, hair-dressing, and vocational training because there is high competition for other jobs.

“Gender equality should be achieved so women can find job opportunities and cope with the community after displacement/crisis. Feminist organizations should support such cases.”

Male FGDs

Access to services and resources

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.¹⁹ 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.²⁰

¹⁹ HNO Iraq 2022

²⁰ <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.²¹

“There are no available and inclusive services for PWD”

KII, PWD woman, 35 years old

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 receiving help, and there are far fewer services available for men and boys.²²

Female FGD participants indicated that PSS is a needed service in the community for women, especially for children who have been through a lot during the crisis. They have also indicated the need for Psychological First Aid (PFA) to be provided at all times.

A 58-year-old male Mukhtar mentioned that PSS services are very much needed in the community, especially after what the community has witnessed. He mentioned that if the services were available he would get PSS and mental health support.

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.²³

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.²⁴

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

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

²¹ https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

²² https://www.seedkurdistan.org/Downloads/GenderEqualityKRI/Gender_Analysis_Of_Iraq.pdf

²³ HNO Iraq 2022

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

²⁵ <https://reliefweb.int/report/iraq/unhcr-iraq-factsheet-may-2022>

²⁶ HNO Iraq, 2022

Participation

Decision-making about humanitarian services

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 Additionally, Iraq currently going through transition from a humanitarian to nexus programming, which makes humanitarian aid/assistance limited in the coming future.

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. When household survey respondents were asked if they have been personally consulted about their needs by aid organizations, 80% of men said no, while 71% of women said yes.

According to the Household surveys, 86% of respondents didn't receive humanitarian assistance in the last 30 days. Out of the 14% who received humanitarian assistance, 52% of the respondents indicated that women went to collect the humanitarian assistance, while 36% indicated that men went to collect it.

Household survey respondents were asked to choose the top three priorities needs for them and their households'. The needs are ranked as follows:

Priority one	Livelihoods	22% (20% F, 26% M)
Priority Two	Cash	21% (18% F, 27% M)
Priority Three	Heath care	12% (10% F, 14% M)

Table 1: HHS top three priority needs

A 28-year-old female KII, mentioned that there is a lack of government services in Sinjar and that the services organizations provide are very limited. She always mentioned that there is a need for creating job opportunities, and vocational training.

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.²⁹

²⁷ NPC, Protection Monitoring in Response to COVID-19 Analysis

²⁸ HNO Iraq 2022

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

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.³⁰

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 2021.³¹ 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.³² 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.³³ 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.

“Awareness about gender equality and women's rights should be needed, breaking the routine of customs and traditions that oppress women in society”

Female FDG participant

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.³⁴

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.³⁵

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.³⁶

According to Female FGDs, Participants confirmed that they are subjected to sexual and verbal harassment and exploitation within their society. They have also indicated that they are not given enough freedom to express their opinions and are being marginalized. When participants were asked if they are prevented from reporting, participants stated that customs and rituals restrict women and girls from reporting incidents of S/GBV. In another FGD, when

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

³¹ HNO Iraq, 2022

³² GBV Sub-Cluster Iraq, Guidance Note on GBV Service Provision during the Time of COVID-19, May 2020

³³ GBVIMS for Iraq, Mid-year Report (January-June 2021)

³⁴ https://unsdg.un.org/sites/default/files/2021-01/IRQ_Socioeconomic-Response-Plan_2020.pdf

³⁵ <https://blogs.lse.ac.uk/mec/2020/06/15/iraqi-women-are-engaged-in-a-struggle-for-their-rights/>

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

reporting S/GBV topic was discussed, participants mentioned that women and girls feel ashamed when expressing their private matters to others in society; however, they have no other choice but to tell the family. On the other hand, male FGDs mentioned that men and boys could seek assistance from the police or security if they don't feel safe; however, women and girls shouldn't do the same because it contradicts the customs and norms, and this action might ruin their "reputation" in the society.

One KII responder, a 31-year-old male, insisted that "women are deprived of their rights because of the costumes and rituals of their society and community," indicating a need to challenge prevalent harmful gender and social norms in the target communities.

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.³⁷ Household survey respondents have highlighted "difficulties in acquiring legal documents" as one of the main challenges they face.

Difficulties with employment	21% (24%F, 15% M)
Lack of information pertaining to assistance	16% (12% F, 23% M)
Difficulty in acquiring documents	13% (10% F, 20% M)

Table 2: What are the challenges faced by the displaced or affected population living in this settlement/site/town?

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.³⁸

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 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.³⁹

In terms of security concerns affecting women, female respondents have ranked the threats or security concerns as follows:

³⁷ <https://reliefweb.int/report/iraq/empowered-women-empowered-children-examining-relationship-between-womens-empowerment-and-well-being-children-iraq>

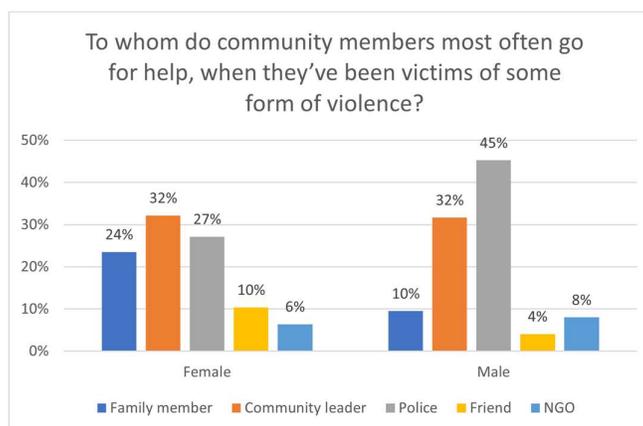
³⁸ <https://cdn.sida.se/app/uploads/2020/04/05072916/HCA-Iraq-2022.pdf>

³⁹ HNO Iraq 2022

No safe place in the community	28%
Unable to access services and resources	20%
Risk of attack when traveling outside the community	15%
Risk of attack when moving within the community	14%

Table 3: Security concerns affecting women

When female respondents asked about security concerns affected only girls, 25% indicated trafficking. On top of the security concerns faced by women and girls, 95% of respondents (96% F, 92% M) indicated that there has been an increase in security concerns facing women and girls since the crisis/displacement began. When faced with some form of violence, men and women seek help mainly from a family member, community member, or the police. However, it's worth mentioning that men tend to seek help from the police at a higher percentage than women, which has a traditional and cultural attribute. (see figure below)



Graph 4: Where do community members reach out to help when faced with violence?

Household survey respondents have indicated that the strategies that they use to reduce or address different protection risks they, their household or their community face is through seeking support from family (30%), approaching community leaders (23%), and seeking support from religious leaders (10%).

Female FGD participants indicated that there is no safe space in the community where women and girls can go to. They have also indicated that they do not feel safe in their community due to the presence of different political parties and armed personnel, which results in usual clashes taking place within residential areas. Male FGD participants mentioned that it wasn't safe for women and girls to leave the community alone because they might face harassment, and/or kidnapping.

In addition to that, a 51-year-old Mukhtar mentioned that there aren't enough services available for women and girls and that there are no women and girls-friendly spaces in the community. He added that there is a lack and a need for a child-friendly space in the community.

Child, Early and Forced Child Marriage

In Iraq, 5% of married women and girls in Iraq are under the age of 15, and 21% are under the age of 18, according to Ministry of Planning figures.⁴⁰

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.⁴¹ 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.⁴² The same report also notes that the prevalence of child marriage seems to be around 44% in returnee locations.

“Early marriage is still persistent in the community; however, after the crisis and displacement, we can see an improvement in people’s views and knowledge on this topic”

KII, 31 year old female, NGO worker

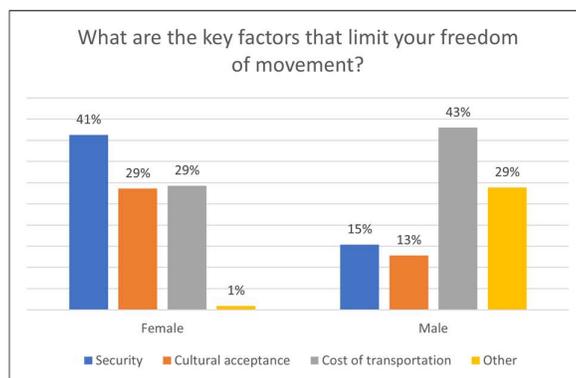
Female FGDs participants in one location indicated that the normal marriage age before and after the crisis is between 15-18, while another Female FGD participants in another location indicated that girls are getting married at a young age after the crisis mainly due to the economic situation and lack of jobs.

Access

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.⁴³ These barriers have limitations on both women’s mobility in addition to access to basic services.

According to the household surveys, women are only allowed to move if accompanied by a male relative or another woman or a child, whether the destination is within the neighborhood or further or whether the trip is for healthcare or visiting relatives. Women and girls face many restrictions due to cultural and also security reasons. Key factors limiting the freedom of movement of females and males are as follows:



Graph 5: Key factors limiting freedom of movement

⁴⁰ <https://iraq.unwomen.org/en/about-us/un-women-in-iraq>

⁴¹ HRP 2021

⁴² HNO Iraq, 2021

⁴³ <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/iraq>

Conclusions

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 people of all genders. 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

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 working in Sinjar District, Iraq, should consider the following key recommendations:

Protection and GBV

- Ensure the establishment of gender-segregated community safe spaces to increase privacy and freedom of mobility for women – e.g. a women's centre, leisure centres for adolescents, child-friendly space.
- Organize and run community-wide awareness-raising campaigns targeting gender-related topics such as early marriage and SGBV.
- Develop gender-sensitive mental health and counselling services, informed by the specific protection risks and trauma experiences of women, men, boys, and girls.
- Develop and provide PSS activities for women, men, boys, and girls based on community consultations.
- Keep the service mapping updated and ensure it's available for the community.
- Work with and engage men and boys in the community using CARE's Engaging Men and Boys methodology. Involve them as partners and allies in the effort to decrease gender inequality in the community and gain a better understanding of women's and girl's rights
- Work with and engage religious leaders and Mukhtar to increase awareness and their understanding of the need for services related to GBV, and PSS assistance in the community.
- Work with religious leaders, Mukhtars and SGBV prevention/response services to address stigmatization and promote reintegration into the community, particularly for survivors of sexual slavery
- Provide mobile GBV and PSS service to ensure access for women, men, boys, and girls with restricted mobility and security concerns.
- Establish women and men community committees to conduct awareness-raising and community referrals.

Livelihoods

- Provide vocational training opportunities based on community consultations and market needs.
- Provide childcare facilities to support women to take advantage of training and job opportunities and to alleviate the heaviness of women's double roles.
- Develop training and income-generating opportunities targeted at men, and particularly men with disabilities, in consultation with women and men community group members.
- Explore agriculture and livestock as income-generating opportunities specifically for people with limited mobility and security concerns
- Coordinate discussion classes with women and men to mitigate potential tensions and increased GBV in relation to changing gendered roles, decision-making power, and livelihood opportunities

Gender and Protection Mainstreaming

- Run community consultations with men and women to understand their humanitarian assistance needs
- Provide training for the local police and front-line workers on GBV core concepts, handling, and disclosure to ensure that women and girls who report S/GBV are treated with dignity and respect.
- 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
- 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. what type of PSS services they need
- Train partner staff on PSHEA, GBV core concepts, safe referrals, and reporting mechanisms. Establish a survivor-centered community-based reporting mechanism for PSHEA that is inclusive, safe, and equally accessible for women and men of different ages.
- 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.
- Ensure that services are accessible to persons with disabilities.

Annex 1: Gender in Brief

- Population: 38,433,600 million (51% male, 49.4% femaleⁱ)
- 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 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.

- i. World Bank, Iraq Population Total, 2018 <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=IQ>
- ii. World Bank, Iraq Population Ages, 2018 <https://data.worldbank.org/indicator/SP.POP.0014.TO.ZS?locations=IQ>
- iii. United Nations, 2017, Household Size and Composition Around the World
- iv. KRI Demographic Survey, 2018 <http://iomiraq.net/file/56475/download?token=G6IKpomn>
- v. United Nations, 2017, Household Size and Composition Around the World
- vi. KRI Demographic Survey, 2018 <http://iomiraq.net/file/56475/download?token=G6IKpomn>
- vii. Overview of the Status of Women Living Without a Safety Net in Iraq, 2018 https://migri.fi/documents/5202425/5914056/Report_Women_Iraq_Migri_CIS.pdf/ab7712ba-bad7-4a1f-8c1f-f3f4013428a7/Report_Women_Iraq_Migri_CIS.pdf
- viii. UNESCO, Iraq Literacy Rates, 2017 <http://uis.unesco.org/en/country/iq>
- ix. UNICEF State of the World's Children 2018 Iraq <https://data.unicef.org/country/iraq/>
- x. Huda Ahmed (2010) Iraq in Women's Rights in the Middle East and North Africa: Progress Amid Resistance, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)
- xi. Siobhan Foran (2008) GBV in Iraq: the effects of violence –real and perceived- on the lives of women, girls, men and boys in Iraq
- xii. Ministry of Planning Iraq (2012) Iraq-Woman Integrated Social and Health Survey (I-WISH)
- xiii. Siobhan Foran (2008) GBV in Iraq: the effects of violence – real and perceived – on the lives of women, girls, men and boys in Iraq
- xiv. Ministry of Planning Iraq (2012) Iraq-Woman Integrated Social and Health Survey (I-WISH)
- xv. Ibid
- xvi. Huda Ahmed (2010) Iraq in Women's Rights in the Middle East and North Africa: Progress Amid Resistance, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)
- xvii. USAID Iraq (2010) Gender Assessment
- xviii. Overview of the Status of Women Living Without a Safety Net in Iraq, 2018
- xix. UNICEF, The Cost and Benefits of Education in Iraq, 2018 <https://www.unicef.org/iraq/reports/cost-and-benefit-education-iraq>
- xx. UNESCO, Iraq Literacy Rates, 2017 <http://uis.unesco.org/en/country/iq>
- xxi. The 2019 Human Development Report <http://hdr.undp.org/sites/default/files/hdr2019.pdf>
- xxii. World Bank (2013) Opening Doors: Gender Equality and Development in the Middle East
- xxiii. 2018 Findings on the Worst Forms of Child Labor: Iraq https://www.dol.gov/sites/dolgov/files/ILAB/child_labor_reports/tda2018/Iraq.pdf
- xxiv. USAID Iraq (2010) Gender Assessment

- xxv. Republic of Iraq (2008) Family Health Survey 2006/2007
- xxvi. Ministry of Planning Iraq (2012) Iraq-Woman Integrated Social and Health Survey (I-WISH)
- xxvii. UN Iraq (2013) Women in Iraq Factsheet
- xxviii. World Bank, Proportion of seats held by women in national parliaments (%), 2019
<https://data.worldbank.org/indicator/SG.GEN.PARL.ZS>
- xxix. Kurdistan Regional Government Supreme Council for Women Affairs, National Strategy To Confront Violence against Women In Kurdistan 2012 -2016 (Five Years Plan)
http://www.ekrg.org/files/pdf/strategy_combat%20violence_against_women_English.pdf
- xxx. Oxfam GB (2010) 'LANA' Programme Baseline Report
- xxxi. UN Iraq (2013) Women in Iraq Factsheet
- xxxii. Humanitarian Needs Overview 2020 Iraq,
https://reliefweb.int/sites/reliefweb.int/files/resources/iraq_hno_2020.pdf
- xxxiii. FGM COMBI Plan for KRI 2019-2020 <https://iraq.unfpa.org/sites/default/files/resourcepdf/>
- xxxiv. IRAQ%20FGM%20COMBI%202019%20_%20UNFPA%20KHCWA.pdf
- xxxv. Oxfam GB (2010) 'LANA' Programme Baseline Report
- xxxvi. Girls Not Brides, Iraq, 2017 <https://www.girlsnotbrides.org/child-marriage/iraq/>
- xxxvii. Iraqi Women Journalists Forum, 2015 https://www.iraqicivilsociety.org/wp-content/uploads/2015/10/Shahrazad-Study-FINAL.En_.pdf
- xxxviii. Huda Ahmed (2010) Iraq in Women's Rights in the Middle East and North Africa: Progress Amid Resistance, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)
- xxxix. UNICEF Child Marriage in Humanitarian Settings, 2018
- xl. GBV Sub-Cluster Iraq, 2020, Guidance Note on GBV Service Provision during the Time of COVID-19

References

Annex 1: Gender in Brief

CARE, Gender-based Violence Analysis Baseline Assessment Report Zumar sub-district in Ninawa Governorate in Iraq December 2018-January 2019

https://unsdg.un.org/sites/default/files/2021-01/IRQ_Socioeconomic-Response-Plan_2020.pdf

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

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

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

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

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

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

NPC, Protection Monitoring in Response to COVID-19 Analysis

REACH 2021

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

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

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

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

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

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

Multi-Sector Needs Analysis, October 2021.

CARE Iraq, Rapid WASH Needs Assessment in Al Hamdaniya, December 2021. Unpublished.

Multi-Cluster Needs Analysis for the 2022 Humanitarian Needs Overview.

Ocha. "Humanitarian Needs Overview Iraq 2022". Humanitarian Programme Cycle 2022, March 2022

<https://reliefweb.int/report/iraq/iraq-humanitarian-needs-overview-2022-march-2022>

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

NPC, Protection Monitoring in Response to COVID-19 Analysis

<https://app.powerbi.com/view?r=eyJrIjoiOWVIZGY1NDktZTU2MC00OGMyLThkMzAtNTUwNjNiOGI1Yzc0liwidCI6ImU1YzZM3OTgxLTY2NjQtNDZlNC04YTBlTY1NDkMmFmODBiZSIsImMiOiJh9>

HNO Iraq, 2022, <https://reliefweb.int/report/iraq/iraq-humanitarian-needs-overview-2022-march-2022>

HRP 2022, Iraq, <https://reliefweb.int/report/iraq/iraq-humanitarian-response-plan-2022-march-2022>

GBV Sub-Cluster Iraq, Guidance Note on GBV Service Provision during the Time of COVID-19, May 2020

GBVIMS for Iraq, Mid-year Report (January-June 2021)



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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