

HUMANITARIAN CRISIS IN IRAQ GENDER ALERT: SEPTEMBER 2014

TAKING INTO ACCOUNT THE DIFFERENT NEEDS OF WOMEN, GIRLS, BOYS AND MEN MAKES HUMANITARIAN RESPONSE MORE EFFECTIVE AND ACCOUNTABLE TO ALL AFFECTED POPULATIONS.

Since the outbreak of conflict in Mosul in June 2014, a combination of armed opposition groups including Baathists, members of the former regime/military, the Islamic State in Iraq and the Levant (ISIL or IS), have taken control of large areas of the Iraqi provinces of Ninewa, Salah Al-Din and Diyala. These include the cities of Mosul, Tikrit, Tal Afar, Beiji, Quayyara, Sinjar, Suleiman Bek, Rashad, Hawijah, Riyadh, Fallujah and Saqlawiyah.

Between January and September of 2014, this widespread insecurity has led to the **displacement of over 1.8 million individuals**¹. This does not include people already displaced pre-2014 or the Syrian refugee population already in Iraq (over 215,000).

People are sheltering in a wide variety of accommodation types whilst some are sleeping out in the open or in cars. IOM has recorded over 1,600 IDP locations². Data gathering is currently not uniform and is not disaggregated by sex and age. UNICEF estimates that 5% of the displaced households are female-headed and 57% of the displaced are below the age of 18. Most people fled with little of their personal belongings and are in need of the most basic of necessities – including shelter, food, water, NFI, bedding and clothing, as well as support in renewing lost or destroyed documentation.

Identifying and addressing the different and specific needs of women, men, girls and boys is proving very difficult. Access remains a challenge, particularly in areas under control of armed groups. **Immediate needs include ensuring the protection needs of women and children** to address observed increases in abduction, trafficking, forced marriages and forced recruitment. The collection of sex and age disaggregated data (**SADD**) is crucial to support the equitable distribution of aid, including the provision of appropriate NFI and dignity kits. Also there is a need to address multiple cases of severe trauma with many having witnessed and fled extreme violence under very harsh conditions.

People have few opportunities to generate income and the **markets** in many places are not functioning – consequently the cost of commodities has inflated considerably. The social structures within the host areas have been overwhelmed leading to a number of issues including adequate access to **health care and education**.

The ongoing humanitarian response to the crisis in Iraq is extremely challenging with the continued violence and difficulty of access to many of those most in need. It is also exacerbated by the wide dispersal of IDPs and refugees across multiple sites.

¹ OCHA [Iraq IDP Crisis Sit Rep # 11](#) – 12 Sept 2014

² IOM [Iraq Crisis Response Sit Rep #13](#) – 15 Sept 2014


COORDINATION AND THE PARTICIPATION AND LEADERSHIP OF WOMEN AND GIRLS

The participation and leadership of women and children in the humanitarian response are essential facets in ensuring that **gender equality** is adequately integrated and thus making humanitarian efforts more effective and efficient. Without a concerted effort to provide women with **decision making** capacity and opportunities, they will continue to struggle to make their voices heard and increase the potential of further marginalizing them in the overall humanitarian response. Leadership structures remain male dominated so that any of the community consultations on needs identification and programme planning that do take place may neglect the specific concerns, priorities, and solutions for women and children. While some focus group discussions with women and girls have taken place on an ad hoc basis, the extent to which they have informed programming has been limited, as has the extent of feedback to the concerned communities. **The result is that women and girls' ability to systematically engage actively and meaningfully in the identification of needs and the provision of humanitarian services is restricted.** Effective humanitarian action in Iraq will only be achieved if it facilitates and supports the participation and inclusion of women as leaders and decision makers.

Action Points for Coordination and the Participation and Leadership of Women and Girls:

- All clusters, sectors and other coordinating bodies should collect, analyze and utilize sex and age disaggregated data in project formulation, implementation and monitoring.
- Within camp management, women representatives must make up a substantial proportion of camp management committees (ideally 50%). Other women's committees and groups must also be consulted to ensure that women are able to engage meaningfully in decision-making and to voice the issues and concerns of their constituencies.
- Once official camps have been established, a comprehensive multi-agency gender analysis should be conducted as soon as possible to provide a more accurate understanding of the evolving differing and separate needs of the women, men, boys and girls of the beneficiary population. This should also include host communities.
- Harmonize and coordinate current gender mainstreaming approaches and efforts within and across sectors.
- All clusters and sectors to consider the establishment of minimum standards to ensure gender equality programming and that the clusters have the requisite gender-equality humanitarian programming capacity to facilitate the adequate integration of gender equality and women's empowerment into their planning and programming.

PROGRAMME PRIORITIES TO ENSURE A GENDER-INTEGRATED RESPONSE

 **HEALTH CARE** — With the influx of displaced people arriving into relatively safe population centers, the caseload on existing health facilities has increased significantly. This puts a huge burden on already stretched health services. For example, according to UNFPA's assessment, Erbil Maternity Hospital in the Kurdistan Regional Government (KRG) region is now dealing with more than 50 normal deliveries and up to 20 Caesarean sections every day, which is a doubling of its usual caseload.

In **conflict affected areas**, the **lack of personnel and supplies** is proving extremely detrimental to the continued provision of health care services and facilities. Consequently with the **decline in the access to maternal health services**, the number of unassisted childbirths is expected to rise. In addition, survivors of GBV will have limited access to adequate emergency health services. What is also not clear - in areas under the control of ISIL – is what health services are available to women, including pregnant and nursing mothers, or how accessible they are.

Action Points for Health Care:

- The Health Cluster should prioritize the roll out of life-saving services in the Minimum Initial Service Package (MISP) for reproductive health.
- The Health Cluster to prioritize the distribution of Inter-Agency Reproductive Health Kits to service providers in conflict affected locations.

- The Health Cluster needs to expand service provision, especially basic natal care to ease some of the pressure on the Referral Hospitals providing more comprehensive services.
- Where possible, health staff from areas of displacement are subsumed into the health system of areas where the IDPs are settling.

NFI NON-FOOD ITEMS – With the sheer numbers of displaced people across multiple settlement sites, as well as the ongoing insecurity and difficulty of access, the distribution of **dignity kits and sanitary materials** for women and girls has been extremely limited. Access to many beneficiaries, such as in Najaf, remains severely restricted due to ongoing security reasons.

During the the initial stages of the emergency, distributions were relatively **disorganized** in many places, especially at collection centers, with reports of over-crowding, pushing, and fighting which was detrimental to assisting vulnerable groups, such as female headed households, the elderly, disabled etc.

Action Points for Non-Food Items:

- NFI procurement and distribution partners, WASH cluster and GBV sub-cluster to map out gaps to ensure planned procurement and distribution of women’s dignity kits and sanitary materials on an immediate, adequate and, thereafter, regular basis.
- NFI procurement and distribution partners to coordinate with other clusters regarding distribution of kits to conflict affected zones to reach displaced women and girls women still in locations with ongoing conflict.
- NFI procurement and distribution partners to establish distribution committees with representation of women, girls, elderly, people with disabilities to ensure these group’s needs are met.



SHELTER AND CAMP MANAGEMENT – According to IOM’s *Displacement Tracking Matrix (1 Sept 2014)*, 27% of IDP families (75,890 **families**) are in need of **adequate accomodation**. Currently, people are spontaneously sheltering in religious buildings, abandoned buildings, schools and collective centres without a full assessment of their conditions. Others (15%) are with host families.

Various safety audits by the GBV Sub-Cluster have revealed a lot of issues with the shelter arrangements for many women and girls. A **lack of segregated living quarters**, lack of security, inadequate WASH facilities and increasing rents are amongst many factors that can greatly increase the risk of exposure to **GBV** for women and girls – especially in female headed households.

Action Points for Shelter and Camp Management:

- Shelter cluster to ensure that their plans to rehabilitate 2,000 shelter units (including collective centres), provide emergency shelter support to 25,000 households living in the open and support families who are currently living in unsustainable arrangements such as with host families, renting or in hotels. There is urgent need to adequately identify and address the needs and vulnerabilities of women and girls, especially for female-headed households.
- Shelter cluster to address the main problems identified by the GBV Sub-Cluster safety audit – including adequate lighting, privacy, locks, overcrowding, unsegregated communal accomodation.
- Shelter cluster to ensure the emergency retro-fitting of seperation screens in facilities to provide segregation in existing accomodation.
- Shelter clusters to prioritise women and child headed household for the winterization of sheleters



WATER, SANITATION AND HYGIENE – With the wide range of shelter arrangements and locations for the IDP and refugee population, the provision of WASH facilities requires a wide variety of approaches, including water-trucking, installation of facilities and dispersal of bottled water. As such, ensuring a gender-integrated approach to the WASH response is a complicated proposition.

Action Points for Water, Sanitation and Hygiene:

- The WASH Cluster, in collaboration with all actors including protection, and shelter, to ensure that all latrines and WASH facilities installed for collective shelter locations and camps make practical provisions to ensure safety and security for all community members, especially for women and girls. This includes segregated facilities wherever feasible, adequate locks and lighting.
- Camp Management Cluster to establish a roster of a gender-balanced teams of community volunteers to stand guard at latrines and washing facilities in camp locations.
- The WASH cluster to ensure that facilities provided include the means for safe disposal of used sanitary materials.

PROTECTION - The breakdown of law and order, the lack of normal community protection mechanisms and continued insecurity greatly heighten the risk of GBV for women and children caught in conflict areas or displaced fleeing from the fighting. Reports of increased incidents of rape and violence perpetrated against women and children have been received from Mosul (Ninewa), Najaf and Kerbala. Additionally, there are reports of an increase in abductions, trafficking and forced recruitment.

This situation may be exacerbated as male family members appear to be returning to their home areas to assess the situation, leaving their families behind.

Survivors are in need of medical and psycho-social assistance but this is difficult with the impact of the ongoing crisis on health facilities and service provision. GBV prevention, and a survivor centered response, in line with international standards, is a high priority by humanitarian actors at all levels – including clusters, sectors and HCT. Protection and GBV partners should be supported, resourced and funded to strengthen the response.

Prevention of Sexual Exploitation and Abuse (PSEA) – As with any humanitarian crisis, the risk of sexual abuse and exploitation by humanitarian personnel is present in Iraq. All humanitarian workers who work closely with IDPs, refugees and other members of the local population should be trained in Prevention of Sexual Exploitation and Abuse (PSEA) and complaints mechanisms reinforced.

Action Points for Protection and Prevention of Sexual Exploitation and Abuse:

- The centrality of protection in humanitarian action should be highlighted at the highest level possible.
- The Humanitarian Country Team, including the Protection Cluster and GBV sub-cluster, to advocate for more support, resources and funding to address the increased risks of S/GBV caused by the conflict.
- The Protection Cluster and GBV sub-cluster to work closely with Shelter and Camp Coordination and Camp Management Clusters to reinforce communal safe spaces for adolescent girls, boys and women.
- GBV and protection clusters could harmonize their advocacy efforts.
- The GBV sub-cluster to inform the community about the types and nature of GBV and HIV prevention, treatment, care and support services that are available for survivors of sexual violence and exploitation.
- The Protection Cluster should work closely with other partners to advocate and to provide security when survivors report incidents to police and/or security staff. Any process should prioritize and respect the rights, choices, dignity and confidentiality of survivors.
- The Protection Cluster and GBV sub-cluster to advocate and work with partners to ensure that survivors have a private and safe place to go for interviews or for shelter and that staff are available and trained to provide the needed support in gender sensitive way.

- The GBV sub-cluster through UNFPA to continue providing post-rape kits that include post exposure prophylactic (PEP) and to ensure they are available and accessible to service providers and survivors.
- The Protection Cluster with the GBV sub-cluster to establish and ensure that GBV survivors have access to mental health and psychosocial support that is culturally appropriate and that service provider especially health and community based services are trained to listen and provide emotional support, and provide information and refer as needed and agreed by survivor.
- Develop the capacity of health personnel on the clinical management of rape.

ASSESSMENT AND PLANNING – Very little gender-specific data is currently available, highlighting the need for greater priority to be given to the collection of sex- and age-disaggregated data and thereafter its analysis and use. Needs assessments and project developments must prioritise the collection and analysis of sex-and age-disaggregated data and gender-responsive consultations with women, girls, boys and men. For more details, please refer to the ADAPT an ACT-C Framework for gender programming found in the IASC *Gender Handbook for Humanitarian Action* – http://www.humanitarianinfo.org/iasc/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf.



FOR MORE INFORMATION AND TECHNICAL SUPPORT, please contact the secretariat of the Gender Reference Group at grg.secretariat@unwomen.org