Iraq Country Report

2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY RESPONSE TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT

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أمل صحة
كرامة أمان
إنسانية

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Section 1.

Introduction and Methodology

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Section 1. Introduction and Methodology

Background

As of late 2023, Iraq hosts more than 300,000 refugees and asylum-seekers. Of these refugees, 270,000 are Syrian, representing more than 90% of the refugees in Iraq.[1] Approximately 91% of all refugees in Iraq reside in the Kurdistan Region (KR-I), while the remainder of the country's refugees live in the central and southern governorates of Federal Iraq.[2] Iraq is bordered by Turkey to the north, Iran to the east, Syria and Jordan to the west, and Saudi Arabia and Kuwait to the south. Iraq's population is divided into numerous Arab tribes and other ethnic groups, including Kurds, Turks, and Persians.[3] In addition to the country's refugee and asylum-seeking populations, almost 1.2 million Iraqis are currently living in a situation of protracted internal displacement. The UNHCR reports that this displaced Iraqi population is often subjected to arbitrary arrest and detention, trauma and psychological stress, threats of eviction, and lack of access to basic services.[4] The first wave of displacement in the country began in 1979 as a result of sectarian conflict between Iran and Iraq, which lasted until 2003, and left one million Iraqis internally displaced.[5] The second wave took place as a result of the US-led invasion of Iraq in 2003, leading to the overthrow of the Saddam Hussein regime.[6] The subsequent Iraq civil war resulted in a third wave of sectarian violence in 2013, which led to thousands of deaths and casualties.[7] As much as 90% of the population in Iraq has been displaced for more than three years, and 70% have been displaced for more than five years.[8]

As of 2023, the World Bank estimates that the unemployment rate in Iraq is 15.5%.[9] The ongoing waves of armed conflict and displacement in Iraq have had detrimental effects on Iraq's key health indicators. On the Sustainable Development Goal (SDG) 3, which addresses health and wellbeing, Iraq ranks 105 of 166, with an SDG Index Score of 64.8.[10] Iraq is on track and maintaining its maternal mortality rate (79 per 10,000 births in 2017), neonatal mortality rate (14.40 per 10,000 births in 2020), and under-five mortality rate (25.20 per 10,000 births in 2020). However, significant challenges remain with Iraq's life expectancy rate at birth, which stood at 72.42 years as of 2019.[11]

The international humanitarian system commences operations in Iraq in 2014 to support the government's efforts to meet the humanitarian needs resulting from ISIL and the displacement its violence provoked.[12] Between January 2014 and December 2021, the UN and its humanitarian partners provided life-saving assistance to nearly seven million Iraqi citizens, in nine governorates, dozens of IDP camps, and thousands of other locations across various conflict-affected regions throughout Iraq.[13] International donors have provided an estimated USD8 billion toward this emergency effort. In parallel, billions more in development, reconstruction, and stabilisation funding have assisted the government of Iraq in restoring electricity and public water systems, rebuilding roads, and reconstructing schools, health facilities, and housing.

By the end of 2023, UNFPA's humanitarian response in Iraq had reached 84,960 people with a diverse and comprehensive range of Gender-based Violence (GBV) services; another 121,245 women had benefitted from Sexual and Reproductive Health (SRH) services, and 3,770 people had been reached by UNFPA's youth initiatives. These beneficiaries have been reached via the 23 service delivery points that UNFPA supports in Iraq, including five health facilities, eight Women and Girls Safe Spaces (WGSS), and 10 youth centres.

1 UNHCR. (2023). *Iraq.* https://www.unhcr.org/countries/iraq
2 UNHCR. (2023). *Iraq.* https://www.unhcr.org/countries/iraq
3 UNHCR. (2023). *Iraq Factsheet, September 2023.* https://data.unhcr.org/en/documents/details/103429
4 UNHCR. (2023). *Iraq Factsheet, September 2023.* https://data.unhcr.org/en/documents/details/103429
5 United States Institute for Peace. (2020). *Iraq Timeline: Since the 2003 War.* https://www.usip.org/iraq-timeline-2003-war
6 United States Institute for Peace. (2020). *Iraq Timeline: Since the 2003 War.* https://www.usip.org/iraq-timeline-2003-war
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10 SGD. (2023). Iraq. https://dashboards.sdgindex.org/profiles/iraq
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12 Global Protection Cluster. (2023). *Iraq - Field Operation.* https://www.globalprotectioncluster.org/emergencies/95/Iraq
13 Global Protection Cluster. (2023). *Iraq - Field Operation.* https://www.globalprotectioncluster.org/emergencies/95/Iraq

Objectives and Scope

The overall aim of the 2023 Impact Assessment is **to determine whether the services provided by UNFPA-supported Service Delivery Points (SDP)—including safe spaces, health facilities, youth centres, and outreach activities conducted by these SDPs—are achieving their intended objectives.** More specifically, the 2023 Impact Assessment aims to:

1. Determine the extent to which those accessing SRH services, GBV prevention and response services, and youth programmes are benefiting from improved physical and psychosocial **wellbeing**;
2. Understand the **accessibility** and availability of integrated GBV and SRH services for the intended beneficiaries of UNFPA programmes;
3. Analyse the **efficiency** of service provisions and the ways in which resources can be more effectively deployed for both staff and beneficiaries;

The scope of this Impact Assessment country report is inclusive of the following parameters:

1. **Temporal:** Mid-2022 (where the scope of the previous assessment ended) to mid-2023;
2. **Geographic:** Iraq;
3. **Thematic:** UNFPA GBV, SRH, and youth programming, including SDPs and associated outreach activities of Women and Girls' Safe Spaces, health facilities, and youth centres.

The **target audiences** of this assessment include both primary and secondary cohorts. Primary audiences include UNFPA ASRO Syria Response Hub, UNFPA Country Office in Iraq, and UNFPA donors. Secondary audiences include UNFPA ASRO, UNFPA IPs, other humanitarian and development actors, other UNFPA regional and country offices, and the UNFPA Humanitarian Response Division (HRD).

The 2023 Impact Assessment includes data collected during the second and third quarters of 2023, and covers programming that took place from mid-2022 until mid-2023.[14]

14 For secondary data, the reporting period was from October 1, 2022, to October 1, 2023.

Data Sources

The 2023 Impact Assessment builds on the established methodology of the previous Impact Assessment, which rationalised and systematised the different tools and questions previously used (2016-2022) into one overarching Impact Assessment Framework (IAF). This framework looks at three dimensions—wellbeing, access, efficiency—across three types of service delivery points: women and girls' safe spaces, health facilities, and youth centres.

This 2023 Impact Assessment country report for Iraq has been developed based on a suite of primary and secondary data designed to measure and illuminate the achievements, outcomes, constraints, and challenges faced by UNFPA in its humanitarian programming throughout the country, between mid-2022 and mid-2023. It incorporates data from internal and external reporting, relevant interagency publications, and from the perspectives of UNFPA staff, partner agencies, service providers, and users/recipients of the key GBV, SRH, and youth services supported by UNFPA.

Primary data was collected by UNFPA staff and consultants via remote, one-on-one key informant interviews (KIIs), focus group discussions (FGDs), and client feedback forms (CFFs) completed by service beneficiaries. Table 1 provides the numbers of respondents or participants for each of these primary data collection tools in Iraq. The data and contributor sample included in this impact assessment was designed to ensure good representation of the broader population of stakeholders and service beneficiaries for UNFPA's humanitarian programming in the country between 2022 and 2023.[15]

Table 1. Primary Data Collection Overview in Iraq

Key Informants			
UNFPA	**Non-UNFPA**	**Total**	
1	10	11	
FGD Participants			
Female	**Male**	**Total**	
182	7	189	
CFF Respondents			
WGSS	**Health Facilities**	**Youth Centres**	**Total**
630	455	348	1,433

Report Structure

The findings of this assessment are divided into the following sections:

- **Dimension A: Wellbeing.** This section looks at both the most popular and least relevant services, how much these service impact beneficiaries' wellbeing, and how safe and comfortable people feel at the service centres/facilities.
- **Dimension B: Access.** This section looks at barriers to accessibility, and how people learn about various services.
- **Dimension C: Efficiency.** This section looks at how staffing and equipment impact the provision of services.
- **Climate, Environmental Impact, and Resilience.** This section examines the different types of shocks experienced by UNFPA beneficiaries.
- **Dimension D: Trends.** This section compares key trends observed in the 2022 and 2023 impact assessments.

15 The impact assessment methodology and approach have been described in detail in the inception report and in the 2023 Regional Impact Assessment.

Section 2.

Iraq Impact Assessment Findings

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Section 2. Iraq Impact Assessment Findings

The UNFPA Iraq country office seeks to support a wide range of programmes and interventions across the three mandate areas: SRH, GBV, and youth. These programmes and interventions are provided through three types of service delivery points (SDP): WGSS, health facilities, and youth centres.

Dimension A: Wellbeing

This dimension looks at the physical and psychosocial wellbeing of GBV survivors and those who are at risk of GBV, as well as those in need of SRH or youth services. Data was collected to assess respondents' perceptions on the following key points:

- Importance of services
- Range of services provided, including any desired changes
- Satisfaction with/impact of dignity kits (WGSS only)
- Feelings of safety and respect, as well as awareness and effectiveness of accountability mechanisms

Women and Girls' Safe Spaces

Importance of and reasons for attending services

WGSS are highly valued by beneficiaries, with 38% of respondents saying the services were absolutely essential to their lives, and 50% saying that the services were very important. The proportion of respondents in Iraq who claimed that WGSS services were absolutely essential is lower than the regional average. In Iraq, WGSS were the least-valued of the three types of SDPs; youth centres were the most-valued type of service delivery point.

WGSS were considered to be valuable providers of key services by women across different age groups, with cohorts aged 10-17, 18-19 and 60 and above all stating that the spaces provided them with absolutely essential services. Younger girls in the 10- 17 age bracket were the least likely to consider WGSS services to be absolutely essential. In line with expectations, the services provided at WGSS were considered most important to women of reproductive age.

In Iraq, as part of a wider transition initiative, the operation of WGSS were transitioned to fall under the purview of the government of Iraq. According to partner staff, this transition has resulted in women's and girls' safe spaces being deprioritised. This deprioritisation, coupled with lower levels of staff and services, may also be associated with the lower levels of perceived satisfaction with WGSS in Iraq, as compared to the rest of the region.

Range of services

The most highly rated services provided by WGSS were (1) GBV case management, (2) awareness sessions, and (3) mental health sessions. The distribution of dignity kits was perceived as a valuable service by 10% of respondents, and recreational activities were perceived as valuable by a similar proportion of respondents.

The least relevant services provided by WGSS were perceived to be (1) referrals, (2) legal counselling, and (3) recreational activities. The inclusion of recreational activities in both the most highly rated and least highly rated activities is likely a reflection of their role as an entry point: some activities are designed to attract specific ages and profiles but are seen as less relevant by other demographics. Community engagement activities were also seen as less relevant in Iraq; this finding is supported by discussions in KIIs about some of the challenges associated with engaging community elders on gender issues, and, specifically, the challenge of getting community leaders and elder to prioritise gender issues.

In parallel with the results of the 2022 impact assessment, the services most desired by respondents included vocational training, educational activities, and social and recreational activities. In general, these services were desired because women believe that they could help to support resilience and self-reliance; this is particularly important in the Iraqi context, where women rated economic shocks as one of the most pertinent factors affecting their lives.

Satisfaction with/impact of dignity kits

Forty percent (40%) of the individuals surveyed in Iraq reported that they had received a dignity kit—well above the regional average of 28%. Of those who received kits, 42% were between the ages of 25 and 59, 25% were between the ages of 20 and 24, 8% were 18 or 19, and 18% were between the ages of 10 and 17. People with disabilities did receive dignity kits, in a proportion that was representative of their attendance at the WGSS.

Forty-eight percent (48%) of those who received dignity kits were strongly satisfied with the kits; this represents a slightly better satisfaction rate than the region as whole, in which 44% of respondents were strongly satisfied with the contents of their dignity kits. People with disabilities were less likely to be satisfied with the kits than others, indicating a potential need to tailor the contents of the kits. Similarly, people over 60 were more likely to be dissatisfied: while they represented 8% of all CFF respondents, but comprised only 1% of the respondents who indicated that they were strongly satisfied with dignity kits.

Reasons for dissatisfaction were twofold. Firstly, most respondents who expressed dissatisfaction indicated that dignity kits were not suitable for their intended purpose; this rationale was especially prominent among people over the age of 60. Additionally, some respondents indicated that the kits had too few items. This was expanded upon in the FGDs, during which some respondents stated that the contents of their kits needed to be distributed among several family members.

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

Ninety-five percent (95%) of respondents felt safe in the centre and 96% stated that they trusted the service provider. All CFF respondents reported that staff were friendly and non-judgmental—a finding that was reinforced by the highly positive conversations held in FGDs. All respondents felt respected in the centre.

Ninety-eight percent (98%) of respondents reported being aware of how to submit a complaint; this is higher than the regional average, and also higher than the proportion of respondents who indicated awareness of accountability mechanisms in 2022. Awareness was high across all age groups and vulnerability types (i.e. people with disabilities indicated that they were aware of feedback mechanisms). All respondents indicated that they felt safe submitting feedback or complaints through these mechanisms.

Fifty-one percent (51%) of respondents reported that they were aware of how SDPs responded to Complaint and Feedback Mechanisms (CFM). As with other countries throughout the region, this represents an area for improvement.

Health Facilities

Importance of services

Fifty-six percent (56%) of CFF respondents in Iraq indicated that health facility services were absolutely essential, and another 32% stated that they were very important. This compared with 50% of respondents across the region who found health services to be absolutely essential.

Health facilities were considered essential across all age groups and genders. The value of these services was particularly high among women of reproductive age (18 to 59); for young girls (10 to 17), the importance of the health facilities was understandably lower. Interestingly, people with disabilities were less likely to rate health services as absolutely essential than those without disabilities.

Range of services

The highest-rated services provided by UNFPA-supported health facilities in Iraq were (1) gynaecological tests, (2) family planning, and (3) antenatal and postnatal care. The ratings of services varied strongly with age: gynaecological services were more likely to be used and appreciated by women of reproductive age, as were family planning services. The limited take-up of sexual and reproductive health services, combined with the fact that SRH services were not ranked among the most important services by beneficiaries, may indicate a gap in UNFPA's service provision.

According to beneficiaries, the least-relevant services provided by health facilities were (1) imagery tests, (2) STI/HIV prevention, and (3) lab tests. The inclusion of STI/HIV tests among the least-relevant services could indicate stigma toward those who have either STI or HIV; it may also indicate a need for more awareness-raising efforts about the dangers of STI and HIV for both men and women. The low relevance of imagery tests and lab tests could be associated with the challenges related to follow-up from these services, as highlighted during various FGDs: in these discussions, participants highlighted how, after taking the tests, many women and girls lack the financial resources to purchase medicines or pay for treatments resulting from their diagnoses.

One of the most-requested services was for the establishment of maternity wards; it is unclear whether this request stems from a general lack of availability of maternity services or the lack of affordability of currently available maternity services. There was also a high demand for lab tests among CFF respondents, and conversations held during FGDs suggest that women and girls are looking for free lab services.

Eighty-six percent (86%) of respondents indicated that they had been given options regarding health care services and treatment, and 6% said that they had been 'somewhat' provided with options. Those who answered 'somewhat' may have received information that was either incomplete or failed to target their literacy and awareness levels. In some FGDs, beneficiaries expressed the sentiment that doctors treated them with impatience; in some KIIs, doctors referred to challenges in dealing with patients' low levels of awareness and their struggles to effectively communicate about their health care needs. This could be an area to address structurally with the government of Iraq.

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

Ninety-five percent (95%) of respondents reported feeling safe in health facilities, and feelings of safety were strong across all age groups, as well as among people with disabilities. All respondents stated that staff were friendly and non-judgmental, and all respondents felt respected at the centre. Ninety-eight percent (98%) of respondents reported being aware of how to provide feedback, and all respondents who knew how to provide feedback stated that they felt comfortable doing so.

Ninety-three percent (93%) of respondents stated that they believe that information provided at health centres is kept confidential. However, it should be noted that this high level of confidence in the confidentiality of services contradicts some of the FGD discussions, during which women and girls stated that they were not fully confident in the confidentiality of certain services.

Seventy-eight percent (78%) of respondents said that, to their knowledge, beneficiary feedback had been followed up on. This is notably higher than averages for other SDPs and other countries. It could be useful to conduct a best practices case study on feedback mechanisms, responses, and reporting at health facilities in Iraq, in order to help guide the development of feedback mechanisms and follow-up procedures at other SDPs and in other countries.

Youth Centres

Importance of services

Sixty-one percent (61%) of CFF respondents indicated that youth centre services are absolutely essential, and 31% indicated that the services are very important. This falls in line with regional results, in which 60% of quantitative survey respondents found that youth centre services were essential to their lives.

Youth centre services are particularly valued by youth between the ages of 10 and 17, with appreciation expressed by both boys and girls, as well as by people with disabilities.

Range of services

The most highly valued services provided at youth centres were (1) recreational services, (2) vocational training, and (3) life skills training. It should be noted that there was a very strong demand for follow-up services and support, specifically with regard to vocational training opportunities: youth are actively looking for jobs, Curriculum Vitae (CV) writing and editing support, small business and start-up grants, and other related services. The desire for these kinds of employment-related activities is strongly linked with resilience: economic shocks are widely considered to be the most relevant and impactful shocks faced by local communities.

The same services that were identified as the most highly valued were also cited by respondents as the least-valued services: vocational training, life skills, and recreational services. This strong overlap is likely to be associated with the specific topics of the trainings: youth tend to value trainings that are more likely to enhance their job prospects (e.g. computer classes, English classes). They are less likely to value training and activities that are perceived to be traditional or less likely to generate job prospects.

When survey participants were asked about the specific types of services they would like to see incorporated into the youth centres, they did not request new or novel types of activities: instead, they asked for training courses and sessions that address specific technical skills (e.g. beekeeping, chicken raising), as well as trainings in different aspects of life skills. Some respondents also requested specific recreational activities (e.g. trips to holy places) and for trainings on specific skills associated with communicating with people with disabilities (e.g. braille).

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

Ninety-eight pe cent (98%) of respondents reported feeling safe in youth centres, and 98% felt that the service provider upheld confidentiality. Ninety-seven percent (97%) felt that staff were friendly and non-judgmental and 99% felt respected. In general, strong feelings of safety, respect, and trust were reported across the board, regardless of the respondent's age group, gender, or disability status.

Ninety-seven percent (97%) of youth centre participants were informed about how to submit feedback and complaints if necessary and, of those who were aware of the feedback mechanisms, all felt comfortable and safe submitting feedback. Seventy percent (70%) of respondents felt that feedback was followed up on; as with other SDPs, this figure is relatively low. More focus could be placed on assuring that a feedback loop is put in place.

Dimension B: Access

This dimension looks at the availability and accessibility of GBV, SRH, youth services for refugees, internally displaced persons (IDPs), and host communities. In particular, the access dimension looks at the challenges faced by people with disabilities or those who are otherwise vulnerable, as well as the associated restrictions placed on certain facilities or services. Data was collected to assess respondents' perceptions on the following key points:

- How needs could be addressed in the absence of UNFPA
- Overall accessibility of services and facilities
- Accessibility for vulnerable groups

Women and Girls' Safe Spaces

Addressing needs in the absence of UNFPA support

Women and girls who attended WGSS have clarified that no other service provider offers the same quality and combination of services in a safe and respected environment. In the Iraqi context in particular, participants in FGDs stated that they valued the female-only nature of the WGSS spaces and were grateful for the efforts that partners had made over time to engage with local communities and gain trust. UNFPA's role and the role of WGSS within camp settings was seen as particularly valuable.

Forty-seven percent (47%) of respondents reported gaining awareness of the WGSS and its services through awareness-raising efforts, and another 45% learned about WGSS through word of mouth. The prevalence of word of mouth indicates that UNFPA has strong traction within local communities—but it is still reliant on outreach and engagement with community members. Thirty-nine percent (39%) of respondents learned about UNFPA through outreach activities.

Accessibility of services and facilities

Sixty percent (60%) of respondents indicated that they could easily access WGSS, with 34% describing access as 'moderate' and 6% as 'hard.' Access was disproportionately difficult for beneficiaries between the ages of 20 and 24 and those over 60. Focus-group discussions suggest that, for women between the ages of 20 and 24, community and family restrictions are likely to be a key barrier to accessing WGSS services. For those over 60, there were only a few specific discussions held in FGDs about access, but heat, long distances, and limited resources for using public transport are likely to be associated with the lower levels of accessibility among this cohort.

Overall, the most significant challenge to accessing WGSS was cultural. Sixty-eight percent (68%) of respondents said that the lack of a *mahram* (male guardian) was a primary reason for difficulties in accessing the WGSS, and 39% stated that family disapproval was a major deterrent from accessing the centres.

Other major challenges to access were lack of transport (40%) and high cost of transport (40%). Lack of transport was compounded by contextual factors, with heat, dust, and poor infrastructure all mentioned during focus-group discussions as reasons for lack of access.

Lack of childcare was mentioned as a reason for challenges in accessing the facility by 25% of respondents, and inconvenient hours were identified by 11% of respondents.

Accessibility for vulnerable groups

People with Disabilities: Thirty-two percent (32%) of people with disabilities or caretakers of people with disabilities stated that they faced challenges in accessing WGSS. An intersection exists between people with disabilities and older people, as a high proportion of those who reported accessibility challenges were over 60 years old. It was suggested that accessibility issues for people with disabilities could be mitigated through financial support, dedicated transport, and the provision of accessibility-friendly equipment and infrastructure (e.g. wheelchairs).

Youth: The quantitative data suggests that age-specific restrictions and issues exist for youth, with women aged 20 to 24 reporting difficulties in accessing the centres, as well as a demonstrable need to more successfully engage with younger girls—especially those between the ages of 10 and 17. Qualitative data provides some additional context about the needs of youth, highlighting the unique challenges they face with regard to harassment when trying to access the centres. However, further research needs to be conducted on how to tailor services to younger girls, and how to differentiate between the needs of girls in the 10 to 17, 18 to 19, and over 20 age brackets.

Elderly People: Elderly people are clearly marginalised in both the accessibility and relevance of WGSS services: they find it disproportionately difficult to access the centre, and are less likely to find the centre's services, including dignity kits, helpful and satisfactory. Focus-group discussions did not provide significant additional insight into why elderly women find access more challenging and why their experiences are less satisfactory. Tailored research, perhaps in partnership with government authorities, would be useful to help address this gap.

Other Marginalised Groups: FGDs have indicated that divorced women are particularly vulnerable within the community; it is possible that there is some overlap between this group and the widows and divorcees of ISIS fighters.

Health Facilities

Addressing needs in the absence of UNFPA support

Health facilities are implemented in partnership with government authorities in Iraq. The services themselves are considered highly valuable, but the Iraqi context is one in which UNFPA is working to transition its services and facilities to government actors. In KIIs, several partners indicated that government actors place lower priority on women's and girls' issues, and thus fail to adequately invest in training and infrastructure. As such, UNFPA's role may require greater advocacy with government actors.

Respondents heard about the health facilities primarily through word of mouth (46%) and awareness-raising activities (44%). Outreach activities also improved knowledge and awareness about UNFPA services (33%). Given that hospital services are operated in close collaboration with the Ministry of Health, it is likely that UNFPA's health facilities are building on other networks and resources associated with government actors.

Accessibility of services and facilities

Seventy percent (70%) of respondents said that it was easy to access health facilities, 27% said that access was moderate, and 3% said it was hard. Access was particularly challenging for girls between the ages of 10 and 17: this demographic constituted 5% of the question respondents but comprised 25% of those who found access 'hard.' Accessibility was also difficult for those over the age of 60. This group constituted 3% of total respondents but made up 17% of respondents who found access 'hard.'

As with WGSS, the primary challenge in accessing centres was lack of a *mahram* or male guardian/ chaperone (73%). Thirty-five percent (35%) of respondents stated that family disapproval was a barrier to accessing health facilities and services, potentially indicating the need for more community awareness–specifically on women's health issues. Lack of transport was cited as a major issue by 76% of respondents, which corresponds with insights from the FGDs, during which respondents stated that heat, lack of public transport, and a variety of contextual factors prevented them from accessing health facilities. Lack of childcare was reported as an issue by 29% of respondents, while security conditions were cited as an accessibility issue by 4% of respondents.

Accessibility for vulnerable groups

People with Disabilities: Thirty-two percent (32%) of people with disabilities (PwDs) and/or caretakers of PwDs reported that they faced challenges in accessing health facilities. Those between the ages of 20 and 24 were disproportionately likely to cite challenges associated with being a caretaker for someone with disabilities. Those with disabilities were also more likely to say that accessing the facility was 'hard.'

Youth: In Iraq, the specific needs of girls between the ages of 10 and 17 are different from those aged 18 to 19, and also differ from the needs of girls aged 20 to 24. Younger girls (10–17) face specific challenges in accessing health facilities and, upon access, they appear to find the services of lower utility. Those in the 20–24 age bracket also face unique challenges in accessing health facilities, but their needs are often intersectional: they appear to be more likely to face challenges when caring for people with disabilities.

Elderly People: Elderly people face severe challenges in accessing health facilities. These challenges have been addressed and discussed above: FGDs indicate that heat and lack of public transportation are two specific accessibility issues for this demographic. Elderly women are also less likely to find the services provided by health facilities useful.

Other Marginalised Groups: More work should be done to target divorced women and others who are facing context-specific discrimination and challenges.

Youth Centres

Addressing needs in the absence of UNFPA support

During the FGDs, youth across Iraq reported that there are no similar centres that cater to the needs of young people, underscoring the relevance of youth centres within the local context.

Respondents learned about the health facilities primarily through awareness sessions (53%), word of mouth (40%), and social media (35%). These figures highlight the positive results of awareness-raising efforts. Given the target demographic for youth centres, social media is a more popular communication channel for youth centre beneficiaries than for those attending WGSS and health facilities.

Accessibility of services and facilities

Sixty-eight percent (68%) of CFF respondents in Iraq said that it was easy to access youth centres; another 28% said that accessibility was moderate, and 5% said it was difficult. The major barriers to accessibility include transportation—with 47% of respondents reporting that they did not have transport, and 34% stating that the cost of transport was high—and cultural factors—with 78% of respondents reporting that the lack of a *mahram* (male guardian/chaperone) was a challenge, and 34% stating that there was family disapproval. It should be noted that the proportion of respondents referring to the lack of a chaperone was higher for youth centres than other SDPs; this is likely due to underlying cultural issues associated with age and gender.

Compared to WGSS and health facilities, youth centre CFF respondents were more likely to receive information about the centre via social media: 34% of respondents indicated that they had heard about the centre through social media. Word of mouth and awareness sessions were also frequently cited as sources of information about youth centres.

Accessibility for vulnerable groups

People with Disabilities: Forty-three percent (43%) of people with disabilities and/or caretakers of people with disabilities indicated that they faced challenges in accessing the youth centres. The challenges appeared to be disproportionately high among those between the ages of 18 and 19.

Youth: In Iraq, 10% of girls between the ages of 10 and 17 found it difficult to access youth centres, as did 8% for girls aged 18 to 19. FGDs have provided some additional information and context about the needs of youth, and while respondents cited the use of transportation services, they also made reference to long waiting times inside the vehicles, as the drivers pick up numerous people each day.

Dimension C: Efficiency

The following dimension consolidates data and insights across all SDPs, including WGSS, health facilities, and youth centres.

Human Resources: Adequacy and Needs

In general, during past assessments, discussions about qualified staff have been focused on staff who possess technical skills and qualifications, often in the context of SRH service provision. However, in Iraq, a lack of administrative staff was noted as a specific gap. Partners also expressed serious challenges in meeting reporting requirements; these challenges were exacerbated by the fact that programme staff were often asked to cover some of the work traditionally done by administrative staff.

> *"Regarding the programme staff, we have a team, but we don't have operation staff. Because we are an implementing partner with the United Nations Agency, and since such agencies are subject to audit and monitoring standards, this matter requires human resources in the operations department." – Iraq KII*

Implementing partners also managed staffing challenges by asking part-time staff to work longer hours, increasing their responsibilities to the equivalent of full-time levels.

> *"In the 3rd quarter of this year, there was a reduction in the budget by about 50%. This has forced us to make some of the employees' contracts on [a] part-time basis." – Iraq KII*

Key informants in Iraq also reported high levels of turnover among qualified staff. And while retention is reportedly difficult, but so is recruitment, with qualified staff often unwilling to work in contexts where the salary is low or uncertain. SDPs in remote areas reported even greater challenges: recruitment of qualified staff is hindered by the challenging nature of the work, the remote location, and the risks associated with currency fluctuations.

> *"The salaries are low, and we can't find an experienced social worker, speaks more than one language, and may accept to work with us with such salaries." – Iraq KII*

THE MOST CHALLENGING ARE THE VERY POOR SALARIES WE GET PAID AND THE INSUFFICIENT NUMBER OF THE STAFF.

(IRAQ KII)

> *"The most challenging are the very poor salaries we get paid and the insufficient number of the staff." – Iraq KII*

Training and Capacity-building

In Iraq, UNFPA provides training via its strong partnership with the government. These trainings are essential to ensuring that UNFPA supports the capacities of duty bearers and engages in programming that supports the shift from humanitarian to development work. However, training in partnership with government actors has posed unique challenges. In particular, key informants in Iraq noted that changes had occurred following the transition away from a humanitarian system: this included a lower profile for UNFPA in training, and a lower quality of training.

> *"This year, we have received new cases from ISIS [survivors and widows]. They need to be supported with services and treatment for [a] long time, as they suffered a lot and got exposed to the worst violence. Our staff needs training and capacity building to know how to deal with such cases, because they are always shocked by the sufferings of these women." – Iraq KII*

There was also widespread concern about how mobilisers had not received any trainings or workshops throughout the year, highlighting a significant gap for UNFPA Iraq. Meanwhile, other key informants expressed that training had changed due to the government partnership, which they cited as significantly negatively impacting their work.

Facility Adequacy and Needs

Key informants in Iraq noted a deterioration in the quality of facilities, exacerbated by slow maintenance and repair processes. Additionally, the provision of medicines was cited as a specific and acute issue, although it should be noted that SDPs in more rural locations throughout Iraq have considerably greater challenges in procuring both medicines and infrastructure support (i.e. maintenance services).

> *"Now we don't have power, as the solar panel system got damaged [a] few weeks earlier, and they haven't [been] repaired and maintained yet. Now, we have only a battery." – Iraq KII*

Other key informants highlighted major shortages in equipment and programme materials, with specific references to the fact that a lack of funding has prevented SDPs from expanding their activities and tailoring them to the needs of the beneficiaries, including activities related to GBV, as well as recreational activities such as sewing. The lack of materials included basic food items such as juices, with informants also highlighting the low quality of cloth and other materials provided to women and girls.

While key informants highlighted the prevalence of dignity kits, they also stated that the number of beneficiaries receiving these kits has significantly decreased (50%) because of the high cost of transportation.

Ongoing Challenges, Solutions, and Support

In Iraq, UNFPA is transitioning its programmes to fall under the purview of government actors. Across several KIIs and FGDs, a decline in service provision and stability was noted. A lack of government commitment to UNFPA priorities is an ongoing risk, and it could be worth considering a more proactive approach to managing this risk.

> *"UNFPA should think about the next stage, so that the provided services wouldn't stop suddenly. If they want to keep working in this way, and don't want to change this way of working, then it is much better to stop this project, or to hand it over to another organisation. The government doesn't care about the staff [capacity-]building, raising the awareness of the staff, and the other related training." – Iraq KII*

> *"There are women who stopped coming to the centre due to a reduction of activities provided there, [which has] resulted from a decrease in the funds offered to the centre." – Iraq FGD*

As a solution, many key informants in Iraq mentioned the need to establish clear communication channels between the Ministry of Health, UNFPA, and the staff at the SDPs, based on their observations that, often, responses are not provided in a prompt manner.

> *"Now, I'm finding [it] difficult [to] contact the concerned [people] in the UNFPA or in the ministry. If they don't want to support the project to work in the same way at the beginning of the project, let's stop it." – Iraq KII*

Key informants in Iraq also mentioned concerns related to the sustainability of services and programmes, stating that they would like to continue providing services, despite the fact that needs can ebb and flow at different times. In particular, informants stated that the provision of these services should become normalised, and not just dependent on project-specific funding.

> *"The biggest challenge is the financial system. It is important to ensure that every activity is transparent and not just occurring every three months, because we don't know if the project will keep working. We have human resources and a trained and qualified service delivery team, but we don't know what project will come after the current one. Thus, we suggest that UNFPA rely on definite time intervals and not just quarters." – Iraq KII*

IN THE 3RD QUARTER OF THIS YEAR, THERE WAS A REDUCTION IN THE BUDGET BY ABOUT 50%. THIS HAS FORCED US TO MAKE SOME OF THE EMPLOYEES' CONTRACTS ON [A] PART-TIME BASIS.

(IRAQ KII)

Climate, Environmental Impact, and Resilience

In 2023, for the first time, questions were asked in FGDs about the types of shocks facing UNFPA beneficiaries, and analyses were conducted on the ways in which these shocks affected needs of women, girls, boys, and men in both the short- and long-term.

Table 2: Types of Shocks Reported in Iraq

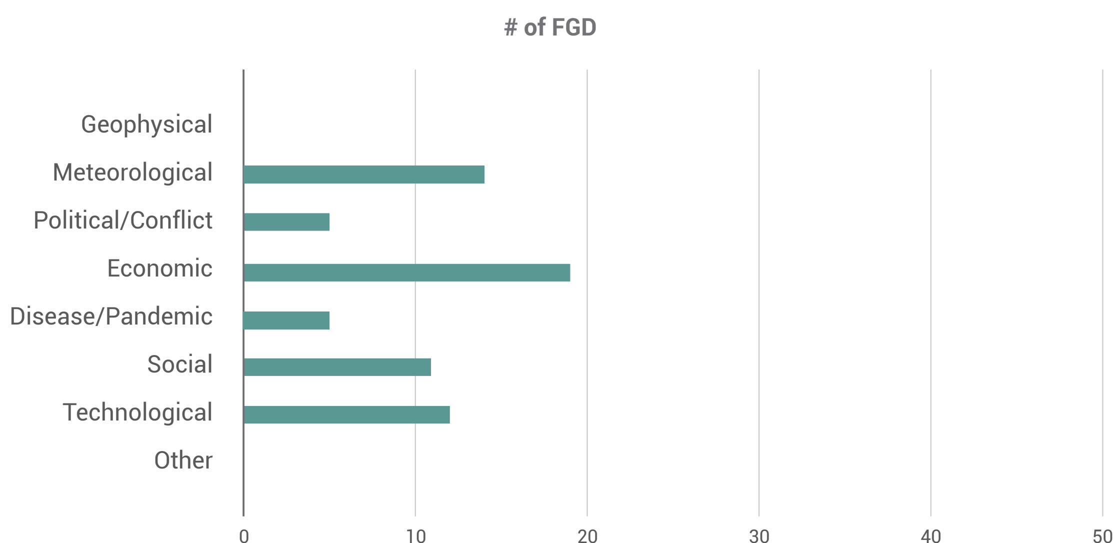


Table 2 highlights that, out of the 23 FGDs conducted in Iraq, 'economic shocks' were reported in 19, accounting for 83% of all FGDs; 'meteorological shocks' were mentioned in 14 FGDs (61%); 'technological shocks' were highlighted in 12 FGDs (52%); 'social shocks' were reported in 11 FGDs (48%); and 'political/conflict shocks' and 'disease/pandemic shocks' were each reported in five FGDs (22%).

It is important to highlight that, in Iraq, economic shocks were strongly linked to a desire for follow-up employment activities, especially among youth centre beneficiaries. Economic shocks in Iraq were also associated with volatility in the market and disruptions to supply chains.

> *"The deteriorating economic situation… leads to family problems, increased domestic violence, and social problems. Not knowing the fate of many of our relatives who are still missing is also a source of anxiety." – Iraq KII*

> *"My skin and hair were damaged, and I couldn't tolerate people around me. It also prevented me from completing my education." – Iraq FGD*

> *"[Meteorological shocks cause] increased cases of family and marital problems, and deterioration of the economic situation of the community, which has led to the disintegration of the community." – Iraq FGD*

As in other humanitarian responses, FGD participants demonstrated how these shocks are often interdependent, meaning that one type of shock can affect or cause others. That said, the qualitative and quantitative evidence in Iraq highlights how UNFPA programming has helped women and girls who have been affected by different kinds of shocks, enabling them to build greater resilience across the board. This resilience is prominently evident in the psychological and social impacts of programming, empowering women and girls to develop support networks that help them navigate meteorological and climate-related shocks.

"[UNFPA activities] helped me through psychological support and encouragement to overcome the crises and shocks I faced in my life. In addition, participating in recreational activities helped me to overcome the psychological problems I suffered from to some extent." – Iraq FGD

"One of the women said that even though we are from the same area, we only meet at the centre. Another mentioned that she learned rituals she didn't know before, as well as customs and traditions. Another woman said she got to know Christians and Yazidis and learned about old traditional dishes through attending the centre. She met new women who shared their marriage customs and traditions." – Iraq FGD

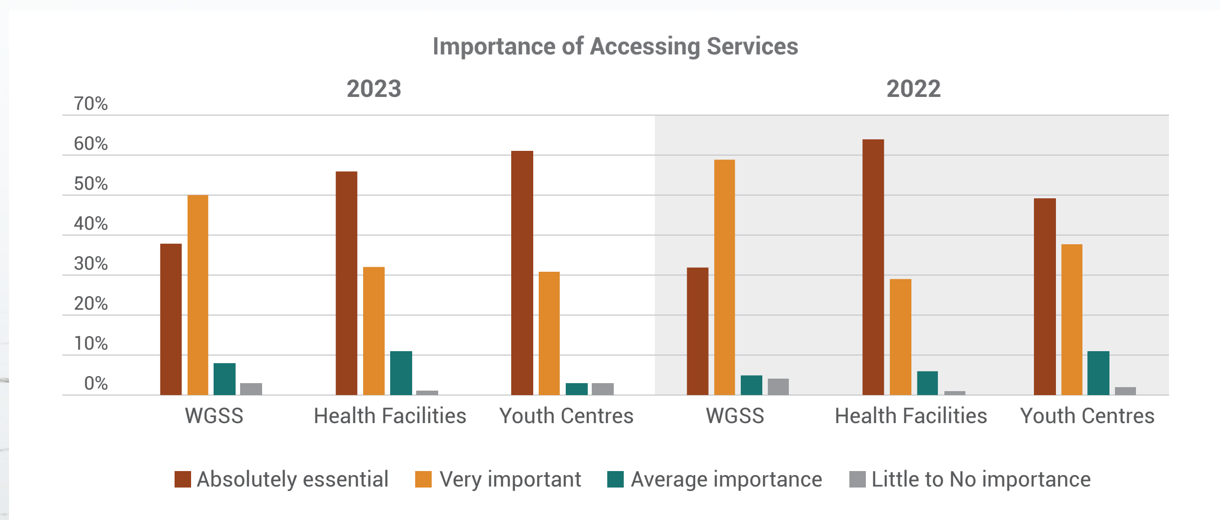
However, vulnerabilities persist in Iraq, and strengthening partnerships may be pivotal to building economic resilience, by creating economic opportunities for youth, and by supporting greater climate and environmental resilience. Meanwhile, technological shocks mentioned in the assessment included power failures, internet outages, and issues caused, at least in part, because of infrastructural failures. However, these kinds of shocks were not the primary concern of participants, and were often cited as the third most pressing or impactful kind of shock.

"[Meteorological shocks cause] increased cases of familial and marital problems, and [led to the] deterioration of the economic situation of the community, which led to the disintegration of the community." – Iraq FGD

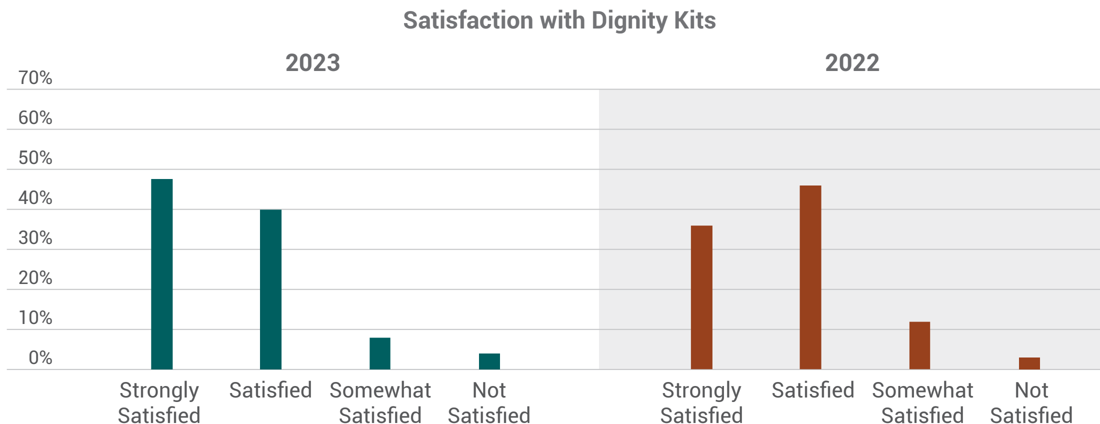
Dimension D: Trends/Comparison Against 2022 Dataset

Dimension A (Wellbeing) Trends

1. **How important is it for you to have received this service today? (Importance of Accessing Services)**

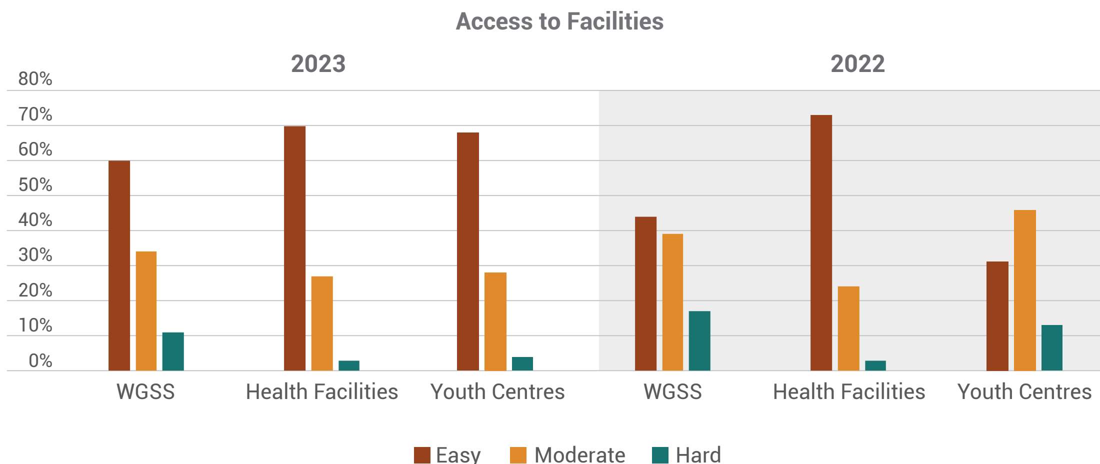


2. **If you received a dignity kit, how would you rate your overall level of satisfaction with the dignity kit? (Dignity Kit Satisfaction)**

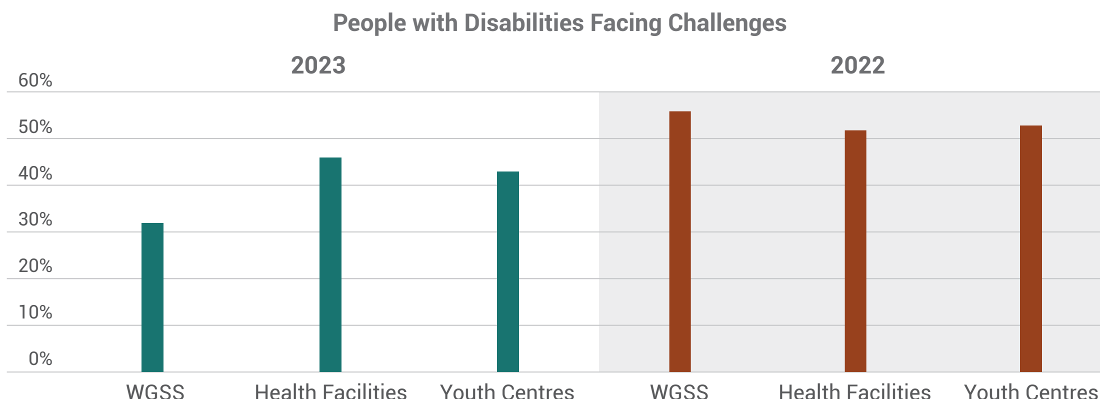


Dimension B (Access) Trends

1. **How do you describe the accessibility of this facility?**



2. **If you are a person with disabilities or if you are supporting a person with disabilities, did you or the person you support face any challenges in accessing the centre and its related services? (Accessibility of different services for PwDs)**



Section 3.

Recommendations

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أمل صحة
كرامة أمان

Section 3. Recommendations

All regional recommendations are relevant to Iraq. In addition to these regional recommendations, the following country specific recommendations should also be considered:

Country Recommendations

1. **Conduct a dedicated analysis of the challenges faced by different SDPs as a result of the transition to the purview of the national government.** UNFPA and partners should commission and carry out a specific analysis of the transition-related challenges faced by different SDPs, and examine the degree to which different SDPs experience the transition in different ways. If possible, conduct this analysis together with the government of Iraq.
2. **Develop an advocacy strategy for engaging with local government actors.** Implementing partners have indicated that the transition to government actors is linked with challenges in terms of prioritisation. This is likely to be connected to both national and regional actors. UNFPA could work to develop an advocacy strategy to help ensure the prioritisation of gender issues at these levels.
3. **Develop an engagement strategy for connecting with local actors.** In order to ease the transition process, it may be possible to develop a mechanism for supporting improved communication between IPs, government authorities, and UNFPA. This will allow for regular engagement with key local actors and ongoing adjustments of the advocacy strategy.

Relevant Regional Recommendations

1. **Develop partnerships with other actors, specifically to address the issue of creating economic opportunities for youth.** The data indicates a strong demand from youth for economic opportunities, activities, and programmes, including job matching, small business startup support, and CV tailoring. This demand is likely driven in part by the prevalence of economic shocks and their strong effect on women, girls, and youth across the region. While this is a key issue for beneficiaries, it also falls outside UNFPA's mandate. UNFPA could however partner with other actors, particularly those with expertise in livelihoods and markets, to support referrals and integrated service provision addressing economic well-being.

2. **Conduct analysis specifically on barriers facing (1) beneficiaries in specific age groups (10-17, 18–19, and over 60) and (2) people with disabilities in accessing services.** Four demographic groups have been identified as having notable vulnerabilities: this report has identified some ways in which services can be tailored to better support them. However, more analysis needs to be conducted at both the country and regional levels.
    a. **Youth 10–17:** This group faces specific access challenges in both Yemen and Iraq. Those in this age group who are responsible for caring for people with disabilities face additional, compounded issues and challenges. Youth in this age range show preferences for specific activities and services; greater understanding of these preferences could help to tailor service offerings to their needs.
    b. **Youth 18–19:** This group values specific services and activities, including health services and vocational training opportunities. However, these preferences tend to be specific to the country context. Those who act as caretakers for people with disabilities also face additional challenges and issues.
    c. **Women over 60:** Women over the age of 60 face a unique array of issues, both with regard to services provided and in terms of accessibility. Of the services provided, the contents of dignity kits are not well-suited to older women, and some of the health services offered do not meet their needs. Women in this demographic also find it particularly difficult to access facilities and centres, especially in contexts characterised by physical insecurity.
    d. **People with disabilities:** A significant amount of work needs to be done in order to better reach and support people with disabilities, including developing a strategy to improve accessibility in non-camp contexts. This strategy should include the following considerations: (1) transportation needs for people with disabilities and their caretakers; (2) medical, pharmaceutical, and laboratory needs of this demographic; (3) recreational services that are appropriate for this group; and (4) specific support that can be provided to caretakers.
3. **Participate in a 'Lessons Learned' and 'Best Practices' exercise specifically related to dignity kits, including a cross-country and cross-modality comparison.** This exercise should be led by the Hub, but UNFPA Iraq and its partners should pay specific attention to possibilities for improving dignity kit distribution and tailoring the contents of the kits to different groups and demographics.
4. **Improve communication about the ways in which feedback and complaints are handled (e.g. through quarterly community feedback sessions).** Most beneficiaries remain unaware of the ways in which complaints are responded to and addressed. Accountability to Affected Populations (AAP) processes throughout the region should be adjusted to include feedback modalities that are appropriate for each specific country context. This may include stories on social media, meetings at the SDP, or other mechanisms identified by UNFPA staff and partners.

THERE ARE WOMEN WHO STOPPED COMING TO THE CENTRE DUE TO A REDUCTION OF ACTIVITIES PROVIDED THERE, [WHICH HAS] RESULTED FROM A DECREASE IN THE FUNDS OFFERED TO THE CENTRE.

(IRAQ FGD)

5. **Train local and partner health staff on how to communicate with clients about service options, risks, and mitigation measures.** Across all countries—but especially in Iraq and Yemen—trainings should be conducted with local and partner health staff on how to inform patients about their service delivery options. These trainings should focus on explaining service options using non-technical language and actively listening to patients about their needs and preferences.

6. **Conduct an analysis and implement additional programming related to embedding all SDPs into communities and gaining wider social acceptance.** In Iraq, this analysis should be conducted jointly with the Ministry of Health to support the successful uptake of results and recommendations.

7. **Consider the integration of Child Friendly Spaces (CFS) facilities and health services.** Availability of childcare was identified as one of the top five accessibility barriers faced by beneficiaries. Many participants identified childcare services, child-friendly spaces, and educational opportunities for children as potentially useful activities. Expanding multi-service centres to include CFS could support improved accessibility.

8. **Conduct a review of the various approaches to supporting transportation, in order to identify best practices and lessons learned.** Transportation has been identified as a major access barrier across several years' worth of data on UNFPA's activities in the Syria response. That said, UNFPA and partner agencies have piloted several approaches to enhancing transportation options, including the provision of free transport and the subsidisation of transport costs. Iraq should participate in a regional learning exercise on the topic of transportation.

9. **Develop a briefing note on funding status, risks, and opportunities.** The briefing note should be developed by the regional office, but the Iraq office should share this note with government authorities and other actors.

10. **Strengthen Clinical Management Rape (CMR) programming by developing country-specific plans to reduce stigma for survivors of GBV.** CMR services have been identified as the least relevant activity by a significant minority of quantitative survey respondents. The classification of CMR as an activity with low relevance may be associated with cultural and community stigma toward survivors. In the Iraqi context, where there are also apparent stigmas around STIs and HIV, it may be useful to prioritise this recommendation.

> MY SKIN AND HAIR WERE DAMAGED, AND I COULDN'T TOLERATE PEOPLE AROUND ME. IT ALSO PREVENTED ME FROM COMPLETING MY EDUCATION.
>
> (IRAQ FGD)

THE SALARIES ARE LOW, AND WE CAN'T FIND AN EXPERIENCED SOCIAL WORKER, SPEAKS MORE THAN ONE LANGUAGE, AND MAY ACCEPT TO WORK WITH US WITH SUCH SALARIES.

(IRAQ KII)

Iraq Country Report

2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY RESPONSE TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT