

# Humanitarian Crisis Persists in 'Post-Conflict' Iraq



Messages of encouragement are displayed at a UNFPA-supported safe space in Iraq.  
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**M**embers of the Yazidi community in Sinjar City were targeted by insurgents affiliated with the Islamic State of Iraq and Syria (ISIS) in 2014 as part of an ethnic cleansing campaign that resulted in the deaths of thousands of Yazidi men, abuse of thousands of women and girls, and displacement of more than 400,000 Yazidis to camps in northern Iraq. The use of sexual violence as a strategic weapon during the war has resulted in profound psychological consequences for the affected women and girls. UNFPA has established multiple facilities in the region to provide specialized mental health and psychosocial support (MHPSS) to these survivors and to others among the millions in need of humanitarian assistance in Iraq.

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# HUMANITARIAN SITUATION

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## ***Cessation of military operations has not diminished humanitarian need***

Though military operations against ISIS have ended in Iraq, the country's post-conflict recovery includes a challenging humanitarian crisis: an estimated 8.7 million people in Iraq, including 3.3 million women and girls and 3.3 million total children, continue to need some form of humanitarian assistance and protection. This is compounded by an additional crisis of approximately 250,000 Syrian refugees living in the country. At the same time, asymmetric attacks by armed groups continue to be carried out along with small-scale military operations, resulting in new displacement and complications for the internally displaced persons (IDPs) returning to their areas of origin.

## ***Women and children IDPs and returnees face increased rates of violence***

Instability in the country is driven by rising poverty rates, delays in community reconciliation, lack of livelihood opportunities and political and social

tensions that contribute to ongoing small-scale displacement. The presence of former ISIS members within IDP communities is a key concern for many, especially for survivors of sexual violence, due to a fear of a reprisal from their perpetrators. Women and children in general continue to be exposed to multiple protection risks, such as child labour and child marriage, which has become more prevalent among IDP and returnee communities in recent years.

## ***Lack of mental health and psychosocial support***

Services for survivors of conflict-related sexual violence (CRSV), especially mental health and psychosocial support, are limited due to a shortage of trained professionals and the stigma surrounding these situations. While little data has been gathered on the prevalence of mental health conditions in Iraq, evidence from other humanitarian crises points to the long-term impact of war and CRSV on mental health and psychosocial well-being. While the Ministry of Health of

Iraq had piloted CRSV support services, including MHPSS, in 57 health centres in Baghdad prior to the war against ISIS, the rapid assessment of these services carried out by UNFPA in 2016 revealed that they were, and remain, extremely weak. Among the current priorities for the Government of Iraq is to make humanitarian interventions more responsive within the development context, with MHPSS and clinical management of rape as policy priorities.

## STRATEGIES AND INTERVENTIONS

### ***Providing specialized care***

While challenges and needs vary among survivors, most suffer serious consequences of the severe trauma they have experienced. Specialized MHPSS services are essential to protect and support the well-being of affected women and girls in Iraq. In order to provide such services, UNFPA has established multiple facilities where survivors and IDPs can receive MHPSS information and services.

### ***Strengthening national MHPSS capacity***

As part of a 10-week programme to enhance the capacity of 200 MHPSS service providers from across Iraq, UNFPA has conducted a number of training sessions. The first set took place over five weeks in July and August 2019 and included 100 non-specialized humanitarian workers, such as social workers. The training combined theory with practice and group activities. The topics focused on case management, first care to survivors, psychological first aid and trauma-informed care, among others skills.

## UNFPA RESPONSE OBJECTIVES

### **To support populations in need in Iraq, UNFPA is working to:**

- Strengthen the capacity of government counterparts and local NGOs for provision of quality MHPSS services across the country
- Expand coverage of MHPSS service providers to comprehensively respond to cases of gender-based violence
- Advocate for the human rights of women and girls, including reproductive rights
- Work with national authorities and community leaders to recognize the importance of MHPSS



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### Establishment of Duhok Women’s Centre

From the onset of the crisis, UNFPA has collaborated with the Department of Health (DoH) in Duhok and led efforts and initiatives to provide the necessary treatment and psychological support to survivors of ISIS violence. With support from UNFPA, the Women’s Centre at the DoH in Duhok was established on 18 September 2014 to respond to the complex needs of women and girl survivors and IDPs.

As a “one-stop” model of comprehensive support, the Duhok Women’s Centre provides specialized care to survivors of all forms of GBV – including sexual abuse, exploitation and domestic violence – with integrated medical, psychological and legal support, as well as referrals for other services. The centre also plays an important role in engaging local community leaders in advocating for the legal, social and protection rights and needs of GBV survivors to uphold their dignity and enhance their recovery and social reintegration. Survivors of GBV can also be screened at the facility and referred to mental health professionals.

## PROGRESS AND RESULTS

UNFPA has established facilities where survivors and IDPs can receive MHPSS information and services, and is strengthening national capacity for MHPSS.

- The **Duhok Women’s Centre** was established with UNFPA support in 2014.
- More than **1,100 Yazidi women** who are GBV survivors have been treated at the Centre with specialized medical, psychological and psychiatric services
- The **Women’s Centre in Amarihiyet Al Falluja** is based on the success of the Duhok Centre, and provides reproductive health services, including a delivery room, as well as psychosocial support and counselling services.
- **100 humanitarian workers** from across Iraq participated in a 10-week MHPSS training programme in 2019, and another 100 specialized MHPSS services providers will be in the next round.

### Number of women and girls accessing psychosocial support and recreational activities, 2018–2019



	TARGET	ACTUAL	PROGRESS
2018	192,000	284,800	148%
2019	150,200	83,008	55%

# LESSONS AND CONCLUSIONS

UNFPA-supported psychosocial support services are making a positive difference in the lives of many, yet significant challenges remain:

- Lack of awareness among community leaders of the critical importance of MHPSS
- Lack of awareness and high degree of stigma in the community surrounding GBV and MHPSS
- Limited number of qualified local MHPSS specialists, staff or volunteers, which contributes to overburdened facilities and burnout among care providers
- Lack of monitoring and evaluation of MHPSS projects through measurable indicators.

With donors and partners, UNFPA is committed to meeting the continuing needs of Iraqi women and girls.

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**Armed conflicts and natural disasters cause significant psychological and social suffering to affected populations.**

The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population. These impacts may threaten peace, human rights and development. One of the priorities in emergencies is thus to protect and improve people's mental health and psychosocial well-being. Achieving this priority requires coordinated action among all government and nongovernment humanitarian actors.

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Source: IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

*“I was only 15 years old when they came into our village. They killed men and older women while they kidnapped and raped the younger ones.”*

*—Nihad, Yazidi survivor of ISIS violence, now accessing UNFPA-supported services*

## PARTNERS AND DONORS

### **Implementing and support partners**

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Harikar

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Iraq Health Access Organization

Islamic Relief

Ministry of Health

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### **Donors**

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Regional Development and Protection Programme

UN Action Fund Against Sexual Violence in Conflict

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