Baseline Survey Report

German Federal Foreign Office

Project Title	Multi-sectoral live-saving project: Sexual reproductive maternal health, WASH and protection services to crisis affected population in Iraq
Location	Mamrashan IDP camp in Dohuk governorate, Salah Al-Shabkoon PHCC in West Mosul in Ninewa governroate and Al-Wahda & Al-Shuhada PHCCs in Anbar governorate
Date	June 2020

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CONTENTS

LIST OF ACRONYMS

WASH	Water, Sanitation and Hygiene
DoH	Directorate of Health
CHVs	Community Hygiene Volunteers
PHCC	Public Health Care Center
IDP	Internally Displaced Person
PSS	Psycho-social support

1. PROJECT INTRODUCTION

With funding support from the German Federal Foreign Office(GFFO), CARE implements a 21 months multi-sectoral live-saving project: sexual reproductive maternal health, WASH and protection services to crisis affected population in Iraq: Anbar governorate (Districts of Fallujah and Khalidiya), Ninewa governorate (West Mosul) and Duhok governorate (Mamrashan IDP camp) with 21,386 direct beneficiaries aiming at:1) Quality essential SRMH services will be provided in areas of origin (Fallujah, Khalidiya and West Mosul) through strengthened health facilities, enhanced awareness and mobilization of communities and reinforced referral mechanisms. 2) WASH needs of crisis affected IDPs in Mamrashan camp will be met through care and maintenance of WASH facilities, water quality tests, hygiene promotion, solid waste management and establishment of gender balanced WASH committees. 3) Protection response services including, psycho-social support (PSS), dignity kit support will be provided to vulnerable women, girls, men and boys in Fallujah, Khalidiya, West Mosul and Mamrashan IDP camp.

At the health facility level, CARE supports (I) provision of essential medical supplies and commodities where gaps are identified including for nutritional supplements for pregnant women and newborns as well as contraceptives, lab support (essential lab equipment, consumables, kits and reagents) to targeted PHCCs and provision of medical equipment, consumables, and office furniture to Al Shuhada and Saleh Shabkoon PHCCs (II) based on training needs assessments, CARE will support competency-based trainings and supervision of PHCC staff (particularly female staff) on SRMH components (for example, training on insertion and removal of IUDs based on previous gaps identified). These will be complemented by approaches to address provider attitudes to ensure client-centered, rights-based services are offered. (III) CARE will use the WHO, MOH and cluster approved IEC materials for prevention of COVID-19. The IEC materials will be adapted to the local context to ensure appropriateness and effectiveness of the messaging (e.g. local dialect, social media campaigns etc.).

Provision of COVID-19 pandemic related trainings to health care professionals in the targeted PHCCs. CARE will organize essential trainings for the doctors and midwives and nurses working in the PHCCs and the maternity unit. The training will include essential concepts on how to deal with suspected COVID-19 cases and proper referral pathways. In addition, comprehensive training will be delivered to 36 Health staff (6 male doctors, 6 female doctors, 8 midwives, 6 male and female laboratory technicians plus 10 male and females nurses) on infection prevention control.

CARE-mentored community health workers are trained to raise awareness on key SRH topics including healthy timing and spacing of pregnancies, modern method contraception; birth preparedness and recognizing danger signs in pregnancy; encouraging delivery at health centers with skilled birth attendants; early and exclusive breastfeeding; improved infant feeding practices; child-adequate nutrition; hygiene; STIs; intimate partner violence; and early marriage. Tailored sessions will also be delivered to pregnant adolescents and first-time mothers. In addition, they will seek to identify and work with communities to overcome gender and social norms that service as barriers to women and girls' access to lifesaving SRMH services.

CARE will support the Al Khalidiya district referral hub through capacity building of the Directorate of Health (DoH) staff, along with provision of supplies and equipment (such as generator and office supplies) to ensure timely access to life-saving referral services such as emergency obstetric and newborn care, particularly for the maternity hospital in Fallujah.

All affected population by crisis who are the most vulnerable are eligible to be beneficiaries of CARE regardless of age, gender, sexual orientation, religion and political affiliation addressed in humanitarian principles, particularly children and newborns, pregnant and lactating women, elderly, people with disabilities and those with chronic illness are targeted groups during the project implementation. IDPs (36%), Host Communities and returnees (64%). CARE adheres to the Humanitarian principles in the Core Humanitarian Standard (CHS) including, Humanity, Impartiality, Independence and Neutrality. Overall, beneficiaries are identified on the basis of need.

For WASH, entire Mamrashan camp population are targeted, there is no specific criteria for WASH interventions. For health and protection, conflict affected vulnerable returnees, host communities and IDPs, particularly children and newborns, pregnant and lactating women, elderly, people with disabilities and those with chronic illness are targeted.

2. METHODOLOGY

2.1 PURPOSE AND DATA COLLECTION OF THE BASELINE

The purpose of this baseline was to provide data on key indicators required to monitor the implementation of water, sanitation and hygiene (WASH) in Mamrashan camp & maternal, new-born, and child health (MNCH) and family planning/reproductive health and protection interventions in Salah Al-Shabkoon PHCC in West Mosul in Ninawa governorate and Al-Wahada and Al-Shuhada PHCC in Fallujah district of Anbar governorate under a one year and 8 months project funded by the German Federal Foreign Office (GFFO). The data collection included qualitative and quantitative approaches (Key Informant Interviews-KIIs, patient visitors to targeted PHCCs, qualitative interviews). Due to the sensitivity of data collected on gender roles the enumerators and project team conducting the data collection are trained on how to handle this information to ensure the safety and confidentiality of the individual. The specific objectives of baseline will be to:

Overall objectives

- The baseline survey findings will be used to refine interventions which implemented under this program and to measure changes in key MNCH (Maternal Neonatal Child Health), WASH and protection indicators over time
- To identify the major risk factors influencing the vulnerability of the population within WASH, protection and sexual reproductive and maternal health prospective.
- To streamline activities according to the context based on findings from the baseline.
- To understand community specific needs, who is the most vulnerable, risks involved related to SRMH, WASH and protection existing gaps and need, and which factors need to be considered to ensure “do-not-harm” principles, which will be considered with the implementation of the project as well as to have a better understanding of power relations and women, men, boys’ and girls’ mobility.

Sexual Reproductive and Maternal Health (SRMH):

- To provide targeted PHCCs-based estimates of the levels of utilization of maternal, new-born, and child health services, provision of key evidence-based interventions, and practice of desirable maternal, new-born and child health (MNCH)/ family planning (FP) behaviours in the home.
- To assess the current levels of and trends in risk factors associated with reproductive behaviours and to identify factors that might change such behaviours.
- Provide background information to inform the content of training needs for community health workers in West Mosul and Fallujah district

Protection:

- To assess major protection needs in the community to establish a baseline protection needs in project locations. To understand community specific needs, and who are the most vulnerable within the communities in terms of protection.
- To understand the preferred items for dignity kits in West Mosul.

Water, sanitation and Hygiene (WASH):

- To assess current Water, Sanitation and Hygiene related needs and gaps in Mamrashan IDP's settlements of Duhok Governorate.
- Involving community in decision making stage about type of activity with considering their needs in pre, post and during project duration,
- Evaluate status of the WASH services particularly solid and liquid waste management activities and potential of designing sustainable activities in Mamrashan IDP camp.
- Evaluate the community hygiene Beauvoir condition and address the gaps related to hygiene in community.
- To understand community specific needs, and who is the most vulnerable, risks involved related to WASH existing gaps and need, and which factors need to be considered to ensure do-not-harm principles are implemented in this project, and to have a better understanding of power relations and women, men, boys' and girls' mobility.

This project presents several points of attention that CARE aims to tackle with this survey:

- Access to safe water, sanitation and hygiene in Mamrashan IDP camp
- Access to Quality essential SRMH services in Salah Al-Shabkoon, Al-Wahda and Al-Shuhada Primary Health care centres (PHCCs) as well as Khaldiya referral centre
- Access to protection response services including, psycho-social support (PSS), dignity kit support to West Mosul
- Hygiene education sessions on household level in various locations
- knowledge, perception, attitude and practice in relation to hygiene and sanitation, SRH and protection.

2.2 DATA COLLECTION METHOD AND PLAN

The methodology for baseline assessment was based on using mixed-method participatory approach as baseline team believes that participation improves quality and enhances ownership. (Simple random sampling)[1] technique is used in Mamrashan camp and (convenience sampling)[2] technique is used in Anbar and West Mosul.

The CARE baseline assessment data collection took place from June 7 to June 12, 2020 in Mamrashan IDP camp as well as from July 5 to July 9, 2020. The baseline is to better understand the situation and current needs of the population in order to ensure more effective and responsive project implementation as well as improved living conditions for IDPs, returnees and host communities in the project areas. The survey includes a range of questions, covering the demographics, household details, makeup of the community, and access to WASH, SRH and protection needs. The baseline will be conducted through household survey and qualitative interviews targeting a range of groups (IDPs, host communities, and returnees) and KII with government authorities, community leaders and Mokhtars.

The qualitative methods were used to collect data generated from both individual interviews and key informant interview (KIIs) which was triangulated with household surveys. Additionally, REACH initiative monitoring reports[3], HRP 2020, HNO 2020 municipality and camp management plans (if available) identified as secondary data. Data triangulation combined more than one method or data source to research a topic; this approach strengthened the validity of data through the cross-verification of information whilst also capturing different dimensions to provide more insight.

[1] Simple random sampling is a sampling technique where every item in the population has an even chance and likelihood of being selected in the sample.

[2] A convenience sample is a type of non-probability sampling method where the sample is taken from a group of people easy to contact or to reach

3 Humanitarian response website where REACH entitative uploads recent reports: https://www.humanitarianresponse.info/en/operations/iraq/cash-working-group/assessments

The key informant interviews were semi-structured questionnaires open-ended discussions with specific prompting as required to better understand the context. They were developed based on the relevant indicators as per the project log frame as well as any other identified best practice standards pertaining to WASH, protection and SRH. The questionnaires were translated to Arabic and administered by enumerators who explained the questions to the householder and then record their answers. Household surveys conducted using Kobo Collect platform. However, KIIs and individual interviews conducted through semi-structured questionnaires open-ended discussions using paper-based approach.

2.3 DESK REVIEW

The unstructured desk review analysed internal and external documents to allow the team to better understand the needs, to draw on the knowledge gained from previous studies or research, identify potentially key issues in the camp as well as in Fallujah and West Mosul district. The selected instruments comprised; review of secondary sources (e.g. previous Assessments, baseline & endline Evaluation, camp profile from REACH initiatives, HRP and HNO 2020) and key informant and stakeholder survey questionnaires.

2.4 HOUSEHOLD SURVEY

The household survey was conducted through a questionnaire-based interview using the digital data collection tool, 'Kobo Collect" in Mamrashan camp, West Mosul and Fallujah district. The questionnaire included closed-ended questions, in order to generate information about the current conditions regarding water supply, sanitation, hygiene and waste management, SRH and protection.

However, not all the questions were asked to the respondents due to the question linkages and dependencies. Kobo Collect allows for follow up questions to appear based on the respondents answer to the initial main question. This tool minimizes the risk of incorrect data as questions are only asked if they are relevant and linked to the first question. The collected data downloaded from the Kobo online platform.

For the selection of household respondents, the systematic random sampling technique was used with an interval of 4,290 houses, calculated by dividing the number of households in the target area by the sample.

The HH survey conducted in the Mamrashan camp and targeted PHCCs catchment areas with a total household population of 21,386. The sample size based on a 95% confidence interval and a 5% margin of error, calculated to be 1,200 HH's.

Table 1: Sampling and Sample Size Breakdown (HH Survey):

Location	Geographical unit	Population size	Sample size	Agreed to participate
Fallujah and Khaldiya Districts – Anbar governorate	Al-Shuhada PHCC and Khaldiya referral centre	5,000	165	194
	Al-Wahda PHCC	4,560	180	204
West Mosul – Ninawa governorate	Salah Al-Shabkoon PHCC	8,020	264	266
Mamrashan camp	All sectors	8,806	368	400 (212 F & 188 M)
Total			**977 HH**	**1,064**

2.5 INDIVIDUAL INTERVIEWS INSTEAD FOCUS GROUP DISCUSSIONS

Individual qualitative interviews instead of FGDs conducted due to COVID-19 pandemic restrictions with different groups of men and women involving vulnerable groups from a random selection. All efforts were made to ensure the privacy and confidentiality to those involved, including taking notes so that participants are not identifiable in the dissemination of findings. The individual qualitative took place in safe environment such as a PHCC buildings and social centre in Mamrashan camp. The qualitative interviews questionnaire has been developed to avoid sensitive topics to eliminate any risks of potential harm to participants.

Qualitative interviews held in Mamrashan camp and targeted PHCCs, using semi-structured questionnaires with open-ended questions. The interviews were separated based on gender; 20 interviews conducted with men, by male enumerators, and 20 interviews were conducted with women, by female enumerators.

Table 2: qualitative interviews with community members

Location	Qualitative interviews with men	Qualitative interviews with women
Al-Shuhada PHCC	Four interviews	Four interviews
Al-Wahda PHCC	Four interviews	Four interviews
Salah Al-Shabkoon PHCC	Four interviews	Four interviews
Mamrashan camp	Four interviews	Four interviews
Total	**16**	**16**

2.6 KEY INFORMANT INTERVIEW

The Key Informant Interviews (KIIs) aimed to collect information from individuals familiar with the details of the context and people living in the area who are well known and respected in the community. The purpose of the key informant interview was to aid in verifying the qualitative interviews and household survey outcomes.

In total, 16 KIIs conducted, using semi-structured questionnaires. They are conducted with Directorate of water in Duhok, municipalities, camp managements and PHCC managers.

Table 3: Key informant interviews (KIIs)

Location	Respondent	# of interviews
Al-Wahda PHCC	PHCC manager and 2 doctors	3
Al-Shuhada PHCC	PHCC manager and 2 doctors	3
Khaldiya referral centre	Referral centre	1
DOH – Anbar & Ninawa	DOH representatives	1
West Mosul – Saleh Al-Shabkoon PHCC	PHCC manager and 2 doctors	3
Mamrashan camp	Camp management and head of sectors	2

Duhok	Directorate of water	1
	Municipality	1
Total		16 interviews

2.7 ENSURING DATA QUALITY

In order to ensure data quality, MEAL and a WASH Project Officer as well as Health coordinator trained the enumerators on the survey's objective, the specific questions, the survey was designed to cover, along with a detailed explanation of each question and participants' selection procedures.

All aspects of the data collection process were tracked by the MEAL department. In addition, regular close contact with the enumerators was maintained to ensure that procedures and instructions were being followed.

Throughout the data collection process, data quality was verified by MEAL staff who were supervising the process in order to ensure that it contained all needed data and that there had been no technical issues.

The approach followed to ensure high data quality standards were as follows:

- All enumerators trained on the questionnaire before data collection. The enumerators provided with an orientation on the methodology for selecting the respondents.
- Raw data was cleaned before analysis, ensuring the dataset is accurate, complete, and reliable.
- Spot checking and supervision of the data collection process was done by the MEAL's Field Officer.

2.8 LIMITATIONS

The survey used a convenience sample where only individuals who visited the health facilities at the time of the survey are interviewed. This also means that people who were unable to use CARE services due to old age, disability or distance, were not included, and may have lower or higher satisfaction rates.

Additionally, the satisfaction can change over time considering the fact that the patients are interviewed at the exit straight after they receive treatment and may feel that their treatment did not work a couple of days later.

Furthermore, due to COVID-19 pandemic disease, curfew was applied to all governorates of Iraq, lockdown of roads and freezing of gathering activities affected the process of collecting data, in addition people were feared to response to us and not giving space to ask people questions.

3. FINDINGS

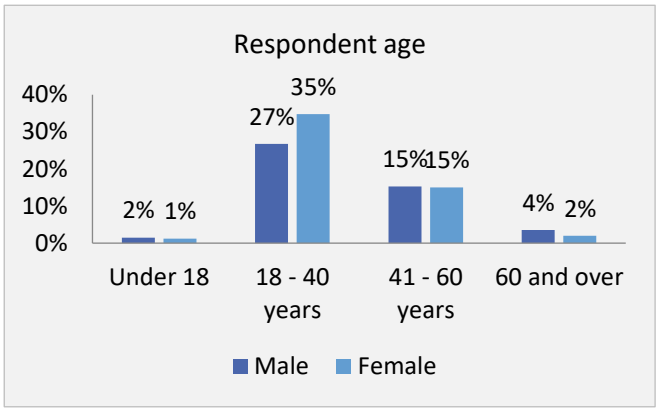
This chapter presents the key findings of the survey, the findings is grouped into three main thematic categories divided by geographical locations and as follows below.

3.1 MAMRASHAN IDP CAMP – DUHOK GOVERNORATE:

3.1.1 ANALYSIS OF WATER, SANITATION AND HYGIENE NEEDS

Demographic information

In total, 400 respondents from Mamrashan IDP camp in Duhok participated in this survey, consisting of 212 (53%) females and 188 males (47%). 62% (n=246) were an adult (18-40 years old) respondents and 30% (n=121) were adult (40 – 60 years) respondents.



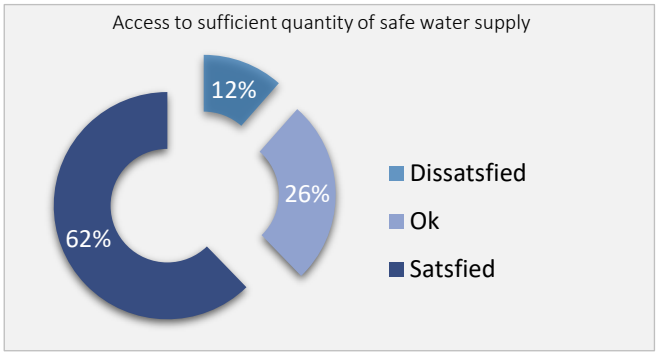
Respondents were asked to indicate what category of household they live in. Of total, 84% (n=346) of respondents mentioned female headed household and 14% (n=54) male headed household. When asked the respondents what category best described the age range of their head of household. 88% (n=353) of respondents reported adult headed household (18-59), followed by elder (60 and above) 11% (n=11) and Child (18 and under) 1% (n=3).

Water Supply and Sanitation Facility in Mamrashan IDP camp:

Water Sources:

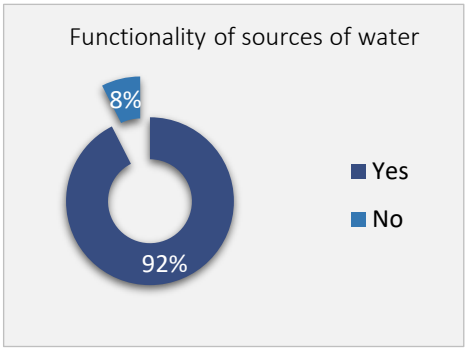
Mamrashan camp has three boreholes with depth of approximately 200 m underground. All boreholes connected to an elevated water reservoir tank (12 reservoir tanks) with capacity of 35,000 litter of each reservoir tank.

62% of households (34 Male, 28 Female) expressed that they are satisfied with access to sufficient quantity of safe water supply, however; 26% of households were un-satisfied and showed that they are not getting adequate quantity of drinking water, this due to topography of Mamrashan camp which is irregular and different slop area, also recently lack of public electrical power to operate boreholes water pumps.



All WASH activities including water network, garbage and wastewater management and Hygiene are managed by camp management team in coordination with NGOs with fund support From UNHCR and other operational NGOs in area.

92% (50 Male, 42 Female) of household responded that all water sources are functioning and operating by operator labours managed by camp management. Camp manager responded that all three boreholes are connected with both public electricity and generator power, but because of current gap in managing WASH in camp, delay in identifying responsible actor for supporting WASH sector in camp caused stoppage of water sources and generators maintenance and supplying diesels and Gasoline to operate generators.



In addition, borehole operator labors reported “battery of all generators and electrical wire connection to main board connection need maintenance and repairing, it caused disruption in operating submersible pump for borehole 3 regularly”. 59% (21% Male, 38% Female) of households responded that all water sources operation and maintenance labors are trained well and have adequate skills, but current number of staff are not sufficient and need to increase.

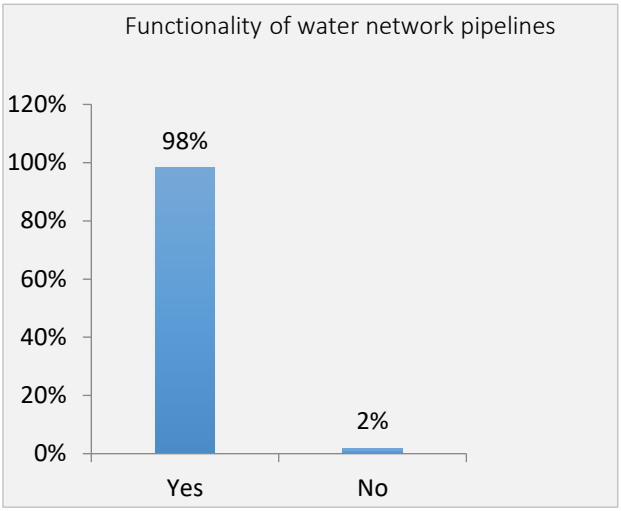
Camp management team claims “WASH staff and labor of camp are skilled and have adequate experience in maintenance and repairing both electrical and mechanical part of all water source, but they still need to be trained at least ones a year, number of professional labor needs to be increased, furthermore; WASH staff need

to have workshop space supported by different kind of machines and tools in order to rely on themselves in case of happening any technical repair and maintenance without need of external supplier or maintenance company".

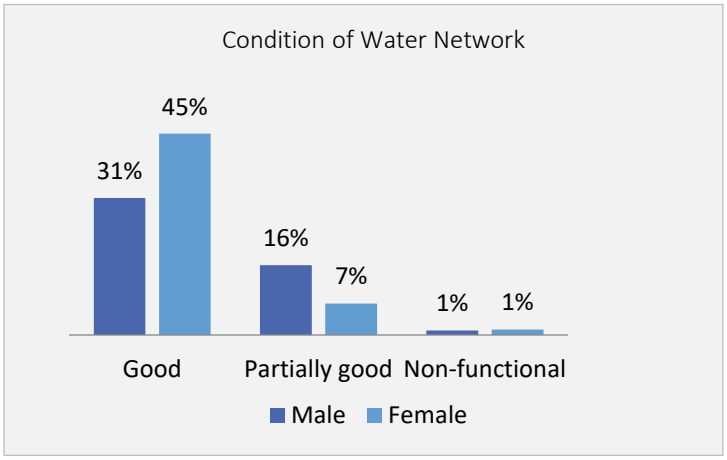
Water Network:

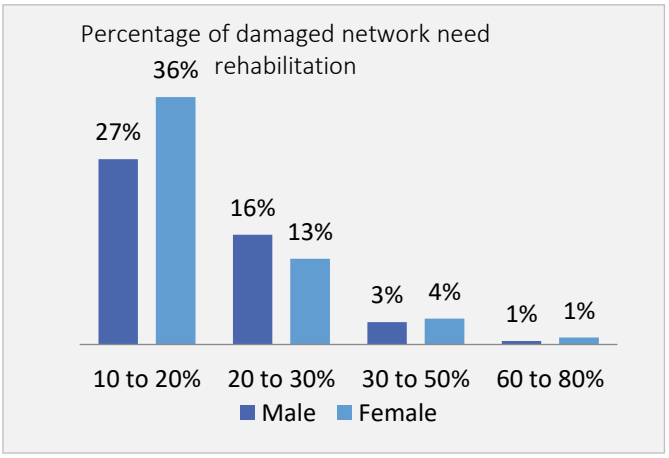
Since construction of water network rehabilitation of water network pipes were regularly done by both camp management and WASH actors. Mamrashan camp has more than 18 Km of water network line distributed among 9 sectors of Caravans, all pipelines are connected to elevated communal reservoir tanks (12 reservoir tanks), about 90%(41% Male, 49% Female) responded that all communal reservoir tank are in good conditions, don't need any rehabilitation except cleaning it regularly. Most of pipelines been rehabilitated and changed last year and can resist 10 bars of pressure.

98% (46% Male, 52% Female) of households responded that all blocks of sector have good and functional water network, only 2% (1% Male, 1% Female) of the mentioned percentage of households responded water network need expansion, this is due to high difference in topographic slop of the camp, which Caravans in the high slope area are not getting sufficient water, besides many illegal lines been extended by households.



Water network operation key informants reported "condition of all water Network is good, and been rehabilitated last year, only about 10 M of main pipelines need to be changed because it been damaged, and pipes were not welded together very well". However, about 63% (27% Male, 36% Female) of households responded that (10 to 20%) of damaged pipelines need rehabilitation.

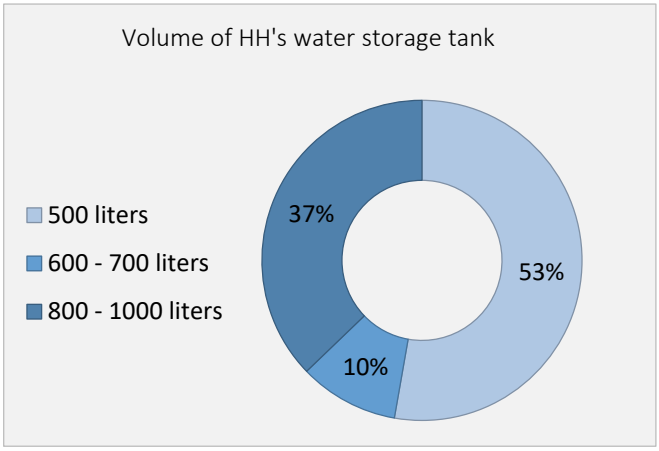


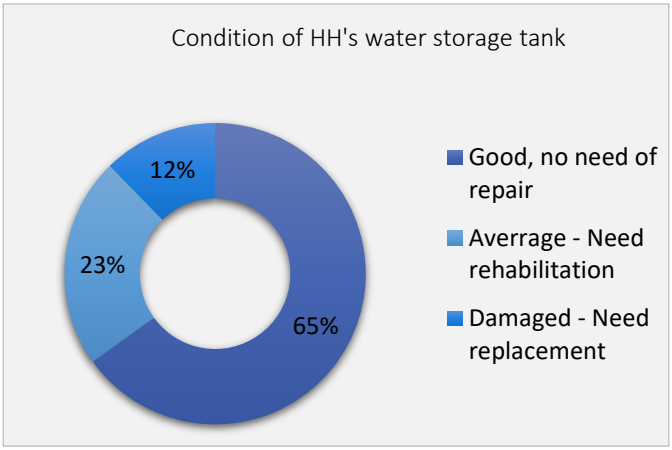


Household water supply

Water network supply of each household is connected to the main water network, camp manager responded that all Caravans have their own water supply tank and more than 96% of tanks are metallic. 53% (25% Male, 28% Female) Household responded that capacity of storage tank is 500 litters and about 37% (15% Male, 22% Female) of storage tanks are (800-1000) litters.

Mamrashan camp's water network has 35 valves; many of these valves need partial rehabilitations. Water distribution labors responded that they distribute water to each sector on daily basis, but because of current pandemic Coronavirus (COVID19) consumption of water increased, also lack of public electrical power and stoppage of private generator frequency of water delivery to households decreased. For those reasons just 52% (27% Male, 25% Female) of households responded that amount of water delivered to them daily is about 500 liters, and 45% (19% Male, 26 Female) of households responded water three times per week is delivered to them.



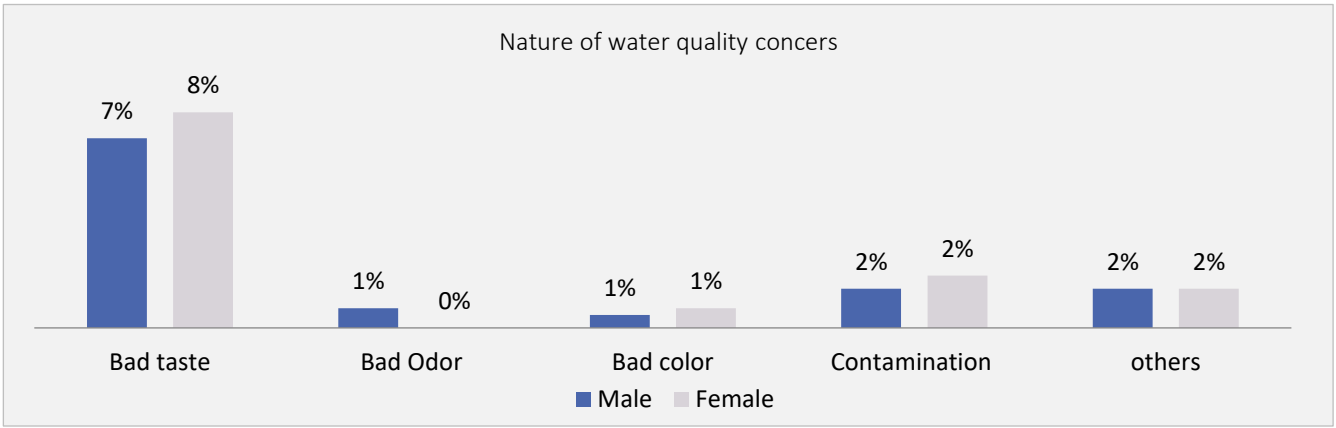


Water Quality

The water quality service is limited to monitoring the water quality through conducting the free residual chlorine (FRC) tests throughout the water network in the camp at the source, collection water points and household levels only. The remaining tests, such as, biological and chemical water tests will be conducted by Directorate of Water of Duhok each quarter and results are shared with CARE on quarter basis. However; FRC results are shared with WASH team on monthly basis for further analysis.

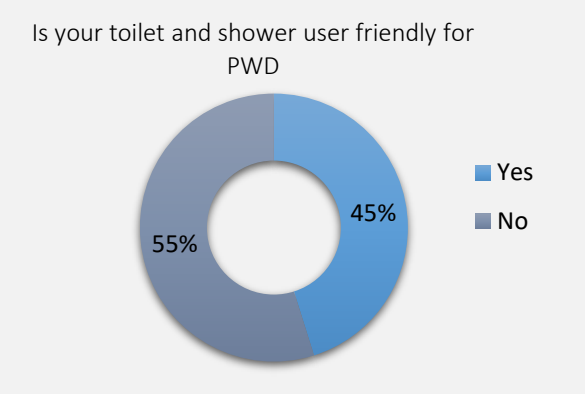
All water sources in Mamrashan camp are from boreholes, and these boreholes have depth of more than 200 m underground. Water sources' operator labor responded that they chlorinated source of water and test it in addition conduct point test at collecting water point in households.

58% (30% Male, 28% Female) of households responded that supplied water quality is chlorinated and very clean, as well as the water quality tests indicates that the water is indeed safe for human drinking according to W.H.O. standards. In addition to that 76% (36% Male, 40% Female) confirmed that households don't have any concern about water quality. The only concern about water quality is its taste, particularly taste of chlorine." I need to buy drinking water bottle from market and mix it with tap water in order to reduce taste of chlorine" a widowed head of household said. Moreover; as a result, only 16% (8 Male, 8 Female) of households whose responded that they concern mostly about the taste of water.



Toilet and hand washing facilities

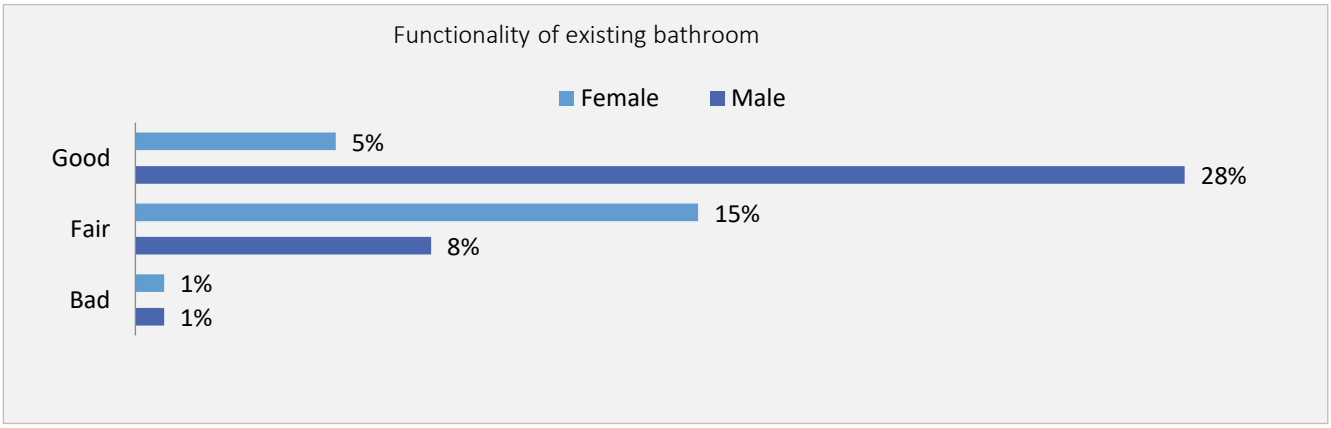
The existing toilet and shower in household are enough (facilities in one unit with handwashing station for each toilet), However; there are many problems, such as; leaking, tap broken, sewer pipe leaking, low flowrates, Broken mixer and hose, no available hot water in winter season, household cannot afford the regular repair to damages due to low and or no income available. Therefore, from all existing toilets 72% of them are in good condition. Moreover; only 16% of households responded that their family has disable person but also it has been observed that special toilets and showers for people with disabilities are also lacking.



Bathing facilities

Each family have their own toilet and bathroom as one unit, 78% (36% Male, 42% Female) of households responded that each family bathroom's facilities are exist and mostly between fair to good condition and some of bathrooms need pipe, floor and electrical rehabilitation.

As both bathroom and toilet are unified, many households were preferring separated facilities, because they believe that they will have more privacy and better be used by all genders. In addition to that for facilities to have enough privacy and security need rehabilitation of locks, electrical lights and bulbs, and also look doors and ventilation fans.

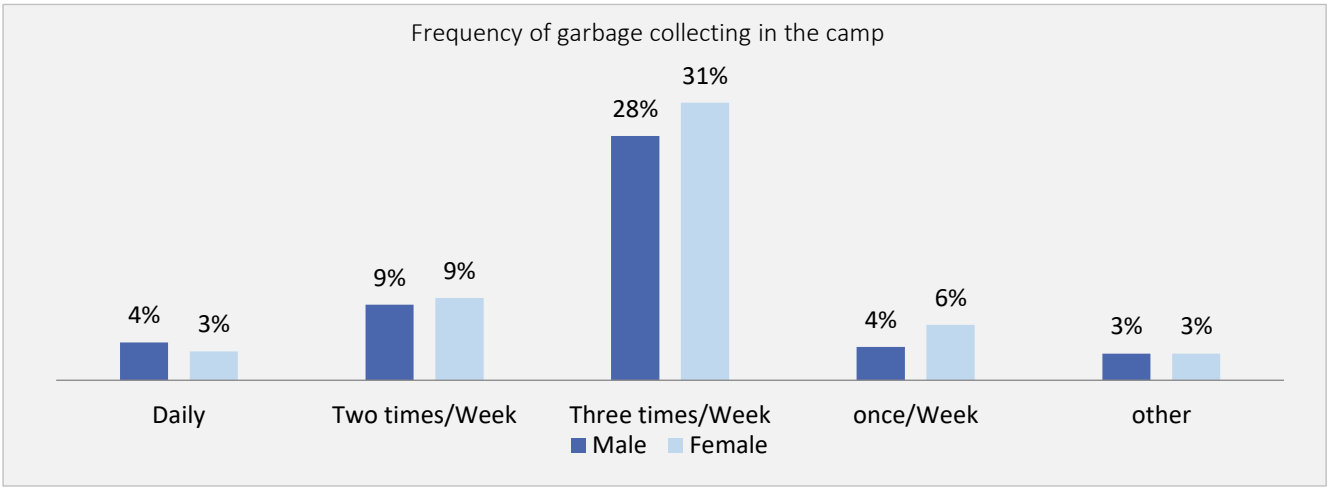


Solid waste management

95% (45% Male, 51% Female) of households responded and confirmed that families collect and gather their garbage in both communal (78%) containers and household garbage containers(22%), therefore compiling of garbage inside the camp is very rare. Also, a reason of compiling garbage is due to lack of garbage containers and bags.

Camp manager responded that camp only has one garbage collector's truck operated and supported by CARE, schedule for collecting garbage in section of camp is based on amount of garbage consumed daily and also technical level of truck because one truck is getting exhaust and broke very easily.

Therefore, in addition to that 59% (28% Male, 31% Female) of households responded that garbage truck is collecting garbage three times in a week, however; some other reacted that truck go through their block only one day a week.

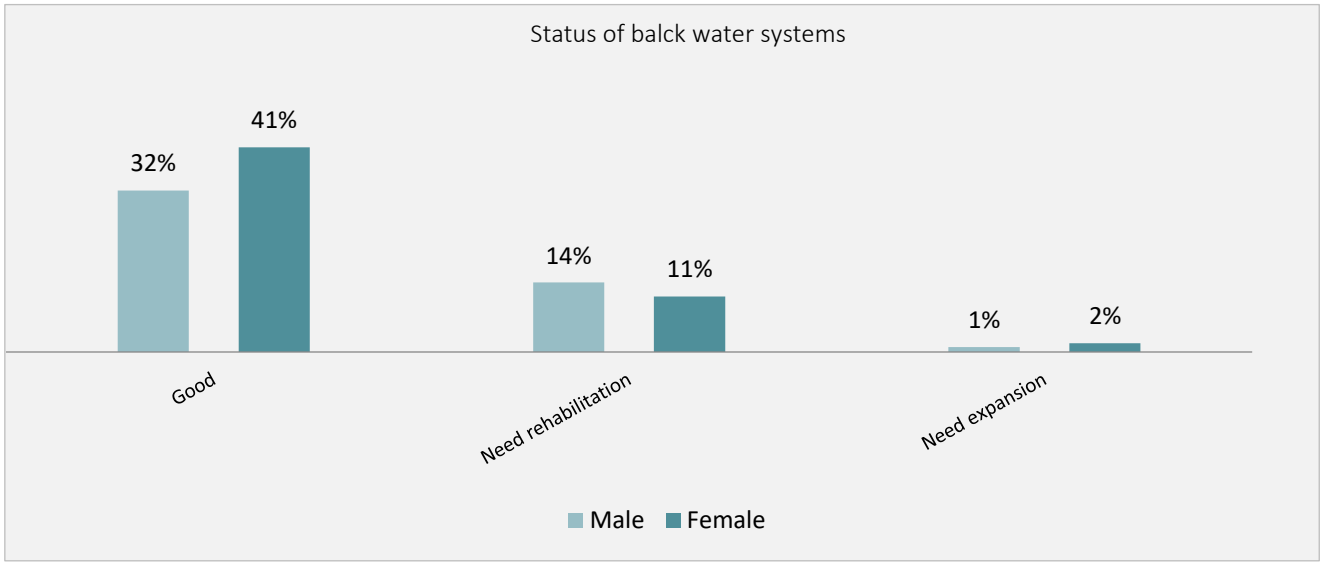


Liquid waste management

Camp management team in coordination with WASH related actors are responsible on managing liquid waste management, camp infrastructure has more than 30.5 Km of open channel for flowing of liquid waste but still few part of camp are connected to sewage design, therefore 67% (33% Male, 34 Female) of households responded that grey liquid waste are managed by open channel system.in addition of that due to steep slope and continues flowing of water in open channels, households responded that 99% (47% Male, 52% Female) of grey water is flowing, evidence of stagnant water is very rare.

Black water management systems in Mamrashan camp are managed by both septic tanks system (44%) and black water network system (54%). Therefore 73% (32% Male, 41% Female) of households responded that black water management systems are in good condition, and few of households reacted that cover of septic tank need rehabilitation, particularly in some part of black water system leakage of black water is obvious and it caused of spreading bad smell and also put environment of camp in dangerous, therefore rehabilitation of some part of black water system indeed is necessary and need to be solved.

In addition dislodging truck drivers responded “All camp only have one dislodging driver and truck, which it make load on it, truck needs continues maintenance and repairing, delay in repairing causes households to complain

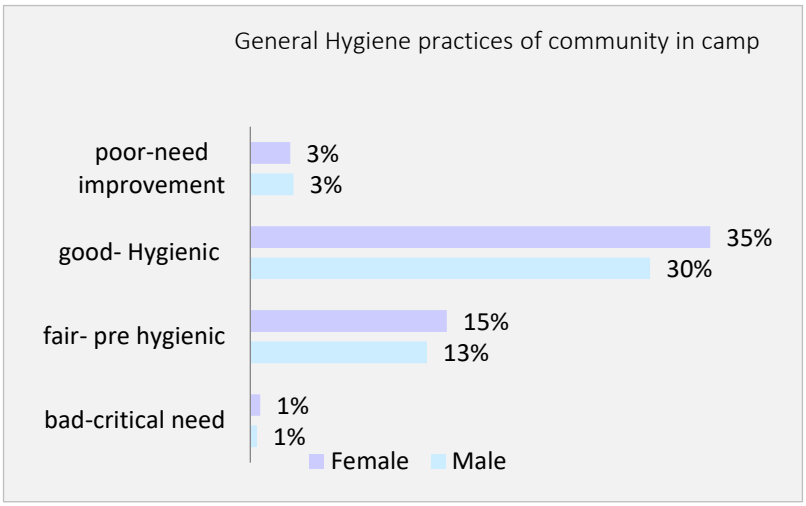


very often, also it causes septic tank to be fill and environmentally affect surrounded households". Therefore 73% (33 Male, 40 Female) of households responded that one dislodging truck is enough to serve all camp, but still few of them request additional dislodging truck to reduce pressure on dislodging process.

Hygiene promotion

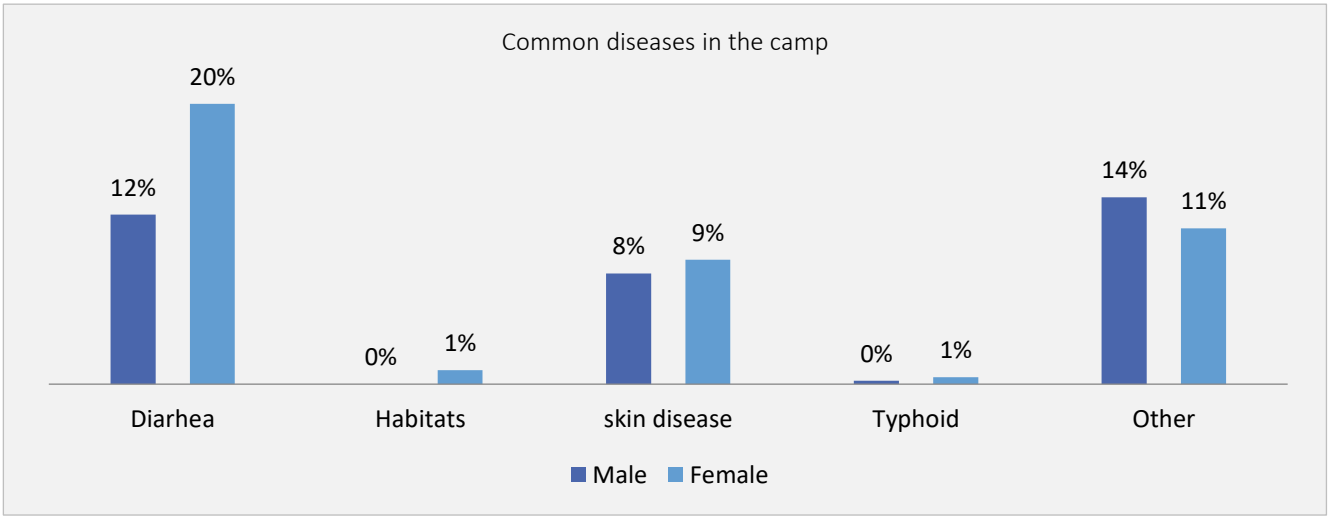
Mamrashan camp is one of the cleanest camp in Duhok governorate because of continues hygiene awareness and practices by both camp management and community in coordination with responsible NGOs, therefore 65% (30% Male, 35% Female) of households responded that general rate of Hygiene practices and condition in camp are good enough, few number reacted that due to current pandemic disease and also non-identifying WASH actor since January it affect hygiene condition and environment in the camp.

Hand washing practice is processing continuously among community particularly in hot weather; households still need all kind of methodology for raising hygiene promotion activities in community, therefore 64% of households prefer multi methods for raising hygiene awareness such as hygiene in schools, sessions and even tent to tents visiting.



33% (12% Male, 20% Female) of households responded that most common diseases among communities Diarrhea, 75% of Diarrhea situations are among children under 5 year, in addition 25% (14% Male, 11% Female) of households responded that community has other type of diseases such as (diabetes , blood pressure, scabies)

In order to raise hygiene promotion practice among communities and specially for using Oral Rehydration Solation , head of households need training and workshop, therefore 77% (34% Male, 43% Female) of households responded that member of household is not able to use Oral Rehydration Solation for their children.



Sanitary pad

According to the statistical information provided by camp management and women. On average 2-3 menstruated women and girls are in each household and with the distribution of hygiene kits; sanitary pads are included, moreover; quantity and quality of items are questioned by women community members and raising concerns that women are not consulted.

91% of Women requests having sanitary pads workshop in the camp led and managed by women as sources of hygiene and livelihood opportunity for the women and it gives privacy to women costumers, in addition 87% of women confirmed that those kind of workshop culturally is acceptable , men will allow their wives and daughters to participate to the workshop

3.2 ANBAR GOVERNORATE – FALLUJAH AND KHALDIYA DISTRICTS

3.2.1 SEXUAL REPRODUCTIVE AND MATERNAL HEALTH (SRMH) NEEDS:

Al-Wahda and Al-Shuhada primary health care centres (PHCCs) - Demographic information

Al-Wahda and Al-Shuhada primary health care centers (PHCCs) are located in the center of Fallujah and Khaldiya cities respectively, which is densely populated and generally limited financial income families inhabiting the neighborhoods belonging to the targeted PHCCs with catchment area of Al-Wahda around 37,000 populations and Al-Shuhada around 25,000 populations. The PHCCs haven't or received very little support during last two years from humanitarian actors, and with limited support from Anbar DoH. The buildings are respectively fair to be used, with a very old generator in Al-Shuhada to run basic daily activities (city power only available every 3 hours).There is only one Maternity unit available in the whole city of Falluja (Fallujah Maternity Hospital) which is located in the other part of city, so people have to cross to other part to reach the delivery room. Sometimes it is very difficult for patients especially during night, with several security checkpoint or even curfews leading to a lot of delay until arriving the only maternity unit. Each patient visitor pays 1,000 IQD (0.8 cent) cost per consultation, Al-Shuhada PHCC has a Maternity unit which is only operating during normal working hours from 8.00 AM till 2.00 PM. And beyond the working hours, patients will have to visit general hospital in Khaldiya city center which is 15 KM far away from PHCC catchment area.

The facilities did not have readily available ambulance for emergency cases even before the conflict, but they refer cases to general hospitals in Fallujah where an ambulance is always available. However, community has to take their patients to the place of PHCCs to get the referral documents and facilities that are responsible to refer the emergency cases to nearby general hospitals where ambulances along with drivers are available 24/7, due to the capacity of the hospitals and referral mechanism. However, in Khaldiya referral center ambulances are available with limited equipment and supplies, paramedic is in need of refresher trainings, such as; (IUCD Insertion and sonography trainings), due to large turnover of staff.

A total of 398 women (194 Al-Shuhada & 204 Al-Wahda) were interviewed. Of these, over 65% (34 Al-Shuhada, 31% Al-Wahda) were women between age of 25 – 49 years, while 35% (15% Al-Shuhada, 20% Al-Wahda) were women between age of 15 – 24 years.

When asked what category of household best describes the age range of respondent's head of household, 85% (45% Al-Shuhada, 40% Al-Wahda) of respondents in the survey claimed that male head households, while 15% (4% Al-Shuhada, 11% Al-Wahda) are female head household, in addition about 84% (43% Al-Shuhada, 41% Al-Wahda) of respondent in the survey claimed that the age range of head of household is (adult headed household(18 – 59)). Key informant agreed that majority of head of households in both Fallujah and Al-Khaldiya district are male due to male dominated community.

85% (41% Al-Shuhada, 44% Al-Wahda) of respondents are educated people divided to different education levels, while small percentage 15% (7% Al-Shuhada, 8% Al-Wahda) goes for illiterate respondents.

Question	Option	Survey Participants		
		Al-Shuhada	Al-Wahda	Total %
Age of respondent	Age 15-24	15%	20%	35%
	Age 25-49	34%	31%	65%
Category of household do you live in	Female Head Household	4%	11%	15%
	Male Head Household	45%	40%	85%
The age range of head of household	Child (17 and under) headed household	0%	2%	2%
	Adult headed household (18-59)	43%	41%	84%
	Elder (60 and over) headed household	6%	9%	14%

Access to mass media and use of information

Every Iraqi household has access to at least one of these media and information facilities (newspaper or magazine, radio, TV, and internet). Therefore, according to the survey of participants 83% (39% Al-Shahada, 43% Al-Wahda) of respondents are watching television almost every day. In addition to that 60% (28% Al-Shuhada, 32% Al-Wahda) of respondents claimed that they are using internet very often and particularly via using smartphone.

Reading paper based magazines and newspapers were dramatically reduced by people, 80% (38% Al-Shuhada, 42% Al-Wahda) of respondent claimed that they are not reading magazines and newspapers, in addition 77% (38% Al-Shuhada, 39% Al-Wahda) of women responded that they are not listening to radio at all.

Using computer is becoming a phenomenon particularly educated and employed women, therefore 33% (14% Al-Shuhada, 19% Al-Wahda) women respondent claimed using computer, remaining 67% (35% Al-Shuhada, 37% Al-Wahda) of women were not using computer all.

Question	Option	Survey Participants		
		Al-Shuhada	Al-Wahda	Total %
How often do you read a newspaper or magazine?	Almost every day	1%	2%	3%
	At least once a week	3%	4%	7%
	Less than once a week	6%	4%	10%
	Not at all	38%	42%	80%
How often do you listen to the radio?	Almost every day	1%	4%	5%
	At least once a week	4%	3%	7%
	Less than once a week	6%	5%	11%
	Not at all	38%	39%	77%
How often do you watch television?	Almost every day	39%	43%	83%
	At least once a week	5%	2%	7%
	Less than once a week	3%	2%	5%
	Not at all	2%	4%	6%

Have you ever used a computer?	Yes	14%	19%	33%
	No	35%	32%	67%
In the last 12 months, have you used the internet?	Yes	28%	32%	60%
	No	21%	19%	40%

Childbirth and mortality

77% (43% Al-Shuhada, 34 % Al-Wahda) of the women interviewed responded that they had birth in their life but 18% (11% Al-Shuhada, 7% Al-Wahda) of women who gave birth their child later died because of lack of appropriate health services and facilities in the area, poverty of family that were not able to give good care to child, and in addition physical health of women were not giving enough nutrition to child during pregnancy and 59% of born child still alive.

Furthermore 96% (55% Al-Shuhada, 41% Al-Wahda) of women respondents claims that their child still living with them and only few percentages were not living in the same family due to working outside or get married and living in separate house.

In last two years only 30% (19% Al-Shuhada, 11% Al-Wahda) of women have given a birth, and 23% of who get birth were planned to get pregnant and have child.

As a part of antenatal care during the pregnancy, more than 97% (65% Al-Shuhada, 32% Al-Wahda) of women did blood sample, Urine sample, and blood pressure test. All mentioned tests were checked and examined by professional doctors for three or four times.

Maternal and Newborn health

Iraq Health Care System is public sector oriented that provide health care services through Public PHCCs and hospitals, and very small percentage of deliveries takes place in private Hospitals. The socioeconomic situation in the studied districts might be an important factor for preference of public hospitals.

Women respondent's data from both PHCCs depicts, 79% (51% Al-Shuhada, 29% Al-Wahda) of women give birth in governmental hospitals, and with little percentage about 14% of women give delivery in private medical sector's hospitals and clinics.

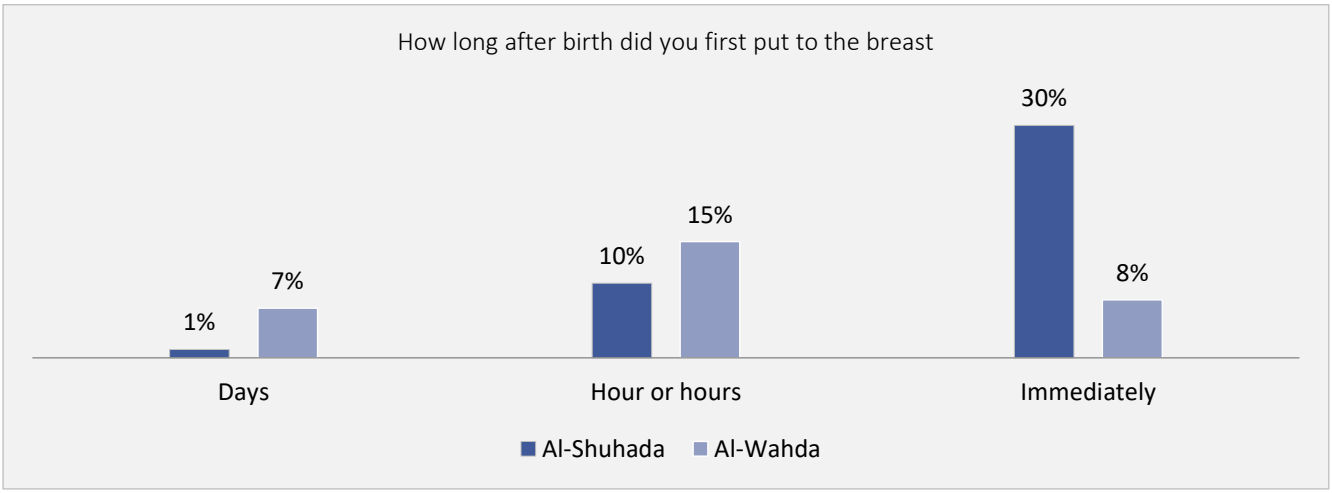
In addition, women respondents claim that 55% (31% Al-Shuhada, 24% Al-Wahda) of deliveries managed by skilled professional female doctors, 29% (19% Al-Shuhada, 10% Al-Wahda) by nurses a midwives), and the remaining 17% by traditional birth attendants and community health workers.

Question	Option	Survey Participants		
		Al-Shuhada	Al-Wahda	Total %
Where did you give birth?	Home	4%	1%	5%
	Private Medical Sector: Private clinic	2%	2%	4%
	Private Medical Sector: Private hospital	8%	3%	11%
	Public sector: Govt. hospital	51%	29%	79%
Who assisted with the delivery?	Health professional doctor	31%	24%	55%
	Health professional: Nurse/midwives	19%	10%	29%
	Health professional: Auxiliary midwife	6%	1%	7%
	Traditional birth attendant	7%	1%	8%
	Community health worker	0%	1%	1%

Do you have a card or other document with your own immunizations listed?	Yes (card seen)	56%	27%	83%
	No	6%	1%	8%
	don't know	5%	4%	9%
When you were pregnant with baby, did you receive any injection in the arm or shoulder	Yes	61%	26%	87%
	No	6%	6%	13%
Was the delivered by caesarean section?	Yes	28%	7%	35%
	No	36%	29%	65%

In addition, 83% (56% Al-Shuhada, 26% Al-Wahda) of women responded that they have cards and been seen by enumerators, 87% (61% Al-Shuhada, 26% Al-Wahda) of women's card described that they had injection in arm or shoulder during pregnancy, and 65% (36% Al-Shuhada, 29% Al-Wahda) of pregnant women had natural delivery of baby.

Most women in Iraq support the contention that breastfeeding is important for birth health, therefore more than 71% (41% Al-Shuhada, 30% Al-Wahda) of women respondent's reported that women were given new born a milk by breastfeeding which 38% of them were given breastfeeding immediately after birth, 25% hours after birth and remaining 8% days after birth.



Post-Natal health care

According to data from respondents visited both Al-Shuhada and Al-Wahda PHCCs, most of respondent claims that 69% (47% % Al-Shuhada,22% Al-Wahda) of women were hospitalized at health facility for several hours, 17% (14% Al-Shuhada, 3% Al-Wahda) were hospitalized for days, and remained 14% were hospitalized for weeks.

In addition, body checkup and examination for baby and mother directly after delivery are shown in below table.

Question	Option	Survey participants		
		Al-Shuhada	Al-Wahda	Total %

directly after delivery: baby's health	did anyone check on your baby's health	Yes	62%	30%	92%
		No	2%	5%	7%
	How many times was your baby examined	1	19%	11%	30%
		2	26%	19%	45%
		3	17%	1%	18%
		4	5%	1%	6%
		6	1%	0%	1%
	How long were the times between each examination	Half an hour	13%	8%	21%
		One hour	25%	25%	50%
		Two hours	27%	2%	29%
directly after delivery :mother's health	did anyone check on your health?	Yes	63%	30%	93%
		No	1%	5%	6%
	How many times where you examined	1	21%	11%	32%
		2	34%	19%	53%
		3	9%	1%	10%
		4	4%	1%	5%
	How long was the time between each examination?	Half an hour	21%	7%	28%
		One hour	16%	21%	36%
		Two hours	33%	3%	36%

Data from both Al-Shuhada and Al-Wahda PHCC claims that 85% (59% Al-Shuhada, 25% Al-Wahda) of women after leaving health facilities, their baby managed to be checked by health professional doctors, 5% by nurses and midwives), and the remaining 10 % by traditional birth attendants and other methods. About 64% (38% Al-Shuhada, 26% Al-Wahda) of women who gave birth in a medical facility health checking were happened an hour after delivery, and 22 % were checked within the same day after delivery and remaining 14% were checked within a week after delivery.

Women responded that 58% of health checking for mother and baby were taking place public health sectors such as hospitals and clinics, and about 42% of health check were taking place in private health sectors.

Contraception

Women were asked if they had ever used a contraceptive method to delay or avoid pregnancy and whether they were currently using a method. 52% (28% Al-Shuhada, 25% Al-Wahda) of women respondent confirmed that they are using different method of contraception to avoid or delaying pregnancy, with 48% (21% Al-Shuhada, 27% Al-Wahda) of women respondent confirmed that they are not using any type of contraception method because of several reasons such as, some of them are widow, just married and need to have more children, don't know how to avoid pregnancy , and some of them are not allowed because of their husbands.

As shown in above figure, women who were currently using a contraceptive were asked what method they were using. IUDs and Pills were the most commonly used, at 43% (22% Al-Shuhada, 21% Al-Wahda) and 38% (17% Al-Shuhada, 21% Al-Wahda) respectively .traditional method including withdrawal were used by 6% and both male condom and injectables were used by 6% and 4% respectively.

In this baseline only 23% (20% Al-Shuhada, 3% Al-Wahda) of women respondent that they are willing to have a child , but remaining 77% of women were not decided to get birth and also stopped or they cannot get pregnant because they get too old, or physically unable.

When we asked women, how long would they like to wait before the birth of a child, about 45% respondent that they cannot get pregnant, with more than 35% claimed to "wait for months. Below table shows all details.

Question	Option	Survey participants		
		Al-Shuhada	Al-Wahda	Total %
Would you like to have another child in future?	Have (a/another) child	20%	3%	23%
	No more/None	14%	14%	28%
	Says she cannot get pregnant	7%	11%	18%
	Undecided / Don't know	14%	17%	31%
How long would you like to wait before the birth of (a/another) child)?	don't know	3%	0%	3%
	Months	30%	4%	35%
	Years	3%	4%	7%
	Soon/now	7%	3%	10%
	Says she cannot get pregnant	45%	0%	45%
Do you think you are physically able to get pregnant at this time?	Yes	31%	15%	46%
	No	15%	18%	33%
	I don't know	10%	11%	21%

HIV/AIDS/Sexually transmitted diseases

The human immunodeficiency virus (HIV) is a pandemic disease, transmitted from one person to another through sexual behave of human, due to that frank and sexual education become a fact to be taught and have awareness about it. Women who's visited both Al-Shuhada and Al-Wahda PHCC 47% (15% Al-Shuhada, 32% Al-Wahda) have heard about HIV illness, and about 53% didn't hear about HIV. Following table shows the fact of interviewed women knowledge about how aids transmitted from person to person.

Question	Option	Survey participants		
		Al-Shuhada	Al-Wahda	Total %
can people reduce their chance of getting the aids virus by having just one uninfected sex partner who has no other sex partners?	Yes	16%	50%	66%
	No	7%	3%	11%
	I don't know	8%	15%	23%
Can people reduce their chance of getting the aids virus by using a condom every time they have sex?	Yes	22%	7%	29%
	No	5%	38%	43%
	I don't know	4%	24%	28%
can people get the aids virus because of witchcraft or other supernatural means?	Yes	4%	2%	6%
	No	21%	52%	74%
	I don't know	6%	14%	20%
can people get the aids virus from mosquito bites?	Yes	17%	11%	28%

	No	6%	30%	36%
	I don't know	9%	27%	36%
can people get the aids virus by sharing food with a person who has the aids virus?	Yes	16%	24%	40%
	No	11%	22%	33%
	I don't know	4%	22%	27%
is it possible for a healthy-looking person to have the aids virus?	Yes	21%	28%	49%
	No	4%	26%	30%
	I don't know	6%	15%	21%

An HIV-positive mother can transmit HIV to her baby during pregnancy, childbirth (also called labor and delivery), or breastfeeding (WHO). According to women respondent in both Al-Shuhada and Al-Wahda PHCCs claimed that virus that causes aids can be transmitted from mother to her baby by (during pregnancy 74%, during delivery 68%, and by breastfeeding 45%). Below table, shows detail of each question.

In addition, awareness and knowledge sharing workshops regarding HIV/aids is necessary and wealthy to be conducted for women, because 56% (9% Al-Shuhada , 47% Al-Wahda) women responded claims "If a member of family got infected with the aids virus, would remain a secret", and 80% (21% Al-Shuhada, 59% Al-Wahda) of women respondent claimed 'Would not buy fresh vegetables from a shopkeeper or vendor the person had the aids virus'. Conservation of community and society is not supporting households to have frankness opinion about HIV/aids illness.

Question		Option	Survey participants		
			Al-Shuhada	Al-Wahda	Total %
can the virus that causes aids be transmitted from a mother to her baby	during pregnancy	Yes	26%	48%	74%
		No	1%	0%	1%
		I don't know	4%	20%	25%
	during delivery	Yes	24%	44%	68%
		No	3%	1%	4%
		I don't know	5%	24%	28%
	by breastfeeding	Yes	21%	24%	45%
		No	3%	11%	14%
		I don't know	8%	33%	41%

COVID-19

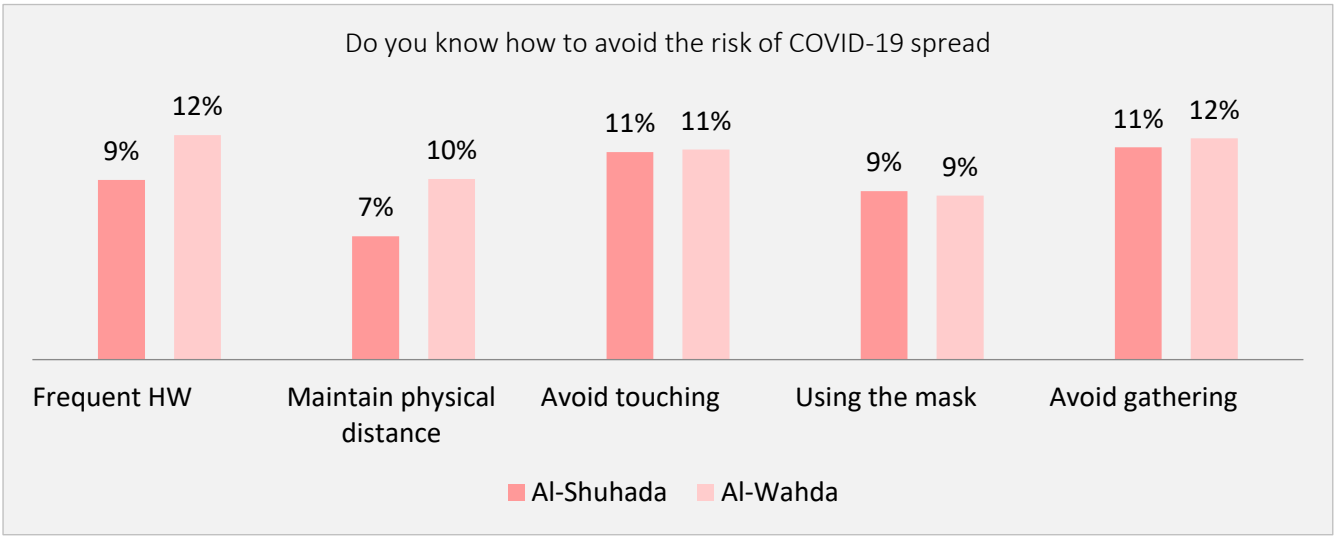
As COVID-19 cases in Iraq is gradually increasing and number of deaths by COVID-19 started to increase, people take different ways to protect themselves, such as self-isolation, social distancing, wearing mask and frequent hand washing.

99% (48% Al-Shuhada, 51% Al-Wahda) of women responded reported that they know the symptoms of covid-19 and most people describe fever, cough and body pain as main symptoms of covid-19.

All of respondent's women claimed that avoid gathering, using mask, avoid touching, maintain social distance and frequent hand washing are methods to avoid spreading the risk of COVID-19.

Also, due to increase in COVID-19 cases, 54% (25% Al-Shuhada, 28% Al-Wahda) of women responded if they get/ affected by coronavirus, they prefer to visit doctor, with 46% (23% Al-Shuhada, 23% Al-Wahda) responded to be quarantined .

In addition, women respondent reported that NGOs and community leaders work in dissemination of COVID prevention messaging related to covid-19 to community by 32% and 33% respectively.



3.3 NINAWA GOVERNORATE – WEST MOSUL DISTRICT – SRMH SECTION

3.3.1 SEXUAL REPRODUCTIVE AND MATERNAL HEALTH (SRMH) NEEDS:

Saleh Al-Shabkoon primary health care centre (PHCC) - Demographic information

Saleh Al-Shabkoon primary health care center (PHCC) is located within the west bank of Mosul city, it serves a catchment population of 49,300, those are divided into returnees and IDPs in addition to Host community, the economic situation for the catchment area of this PHCC is very bad as most of the residents of Resala neighborhood are daily workers besides most of those people were affected during the liberation of Mosul via either losing a family member or losing their house due to conflict. The PHCC has 6 doctors (2 males and 4 females) and two of the 6 have diploma at family medicine, there are also one male dentist and one male pharmacist assistant and eight male nurses and five female nurses and 4 male laboratory technicians and three male guards and one male cleaner. In addition to three registers, The PHCC provides mainly Primary health consultations services for the beneficiaries (treatment for communicable and non-communicable diseases), in addition to referral services as well as vaccination services. the PHCC has no ambulance available vehicles, any cases who needs Secondary health care facilities are being referred to Mosul General Hospital which is a distance of 15 minutes by car and the hospital contain emergency department and Admission Wards, the PHCC provide minor laboratory services which includes General Urine examination and hemoglobin & bilirubin measurement, the PHCC composed of two floors and in an accepted condition with one operating generator but it is only 80 KVA and not able to cover the need of the whole PHCC.

A total of 265 women in Salah Al-Shabkoon PHCC are interviewed. Of these, over 84% were women between age of 25 – 49 years, while were women between age of 15 – 24 years. When asked what category of household best describes the age range of respondent's head of household, 93% of respondents in the survey claimed that (male head households ,while 7% are (female head household), in addition about 85% of respondent in the survey claimed that the age range of head of household is (adult headed household(18 – 59)). Key informant agreed that majority of head of households in Al-Resala neighborhood are male due to male dominated community.

91% of respondents are educated people divided to different education levels, while small percentage 9% goes for illiterate respondents.

Question	Option		Survey participants
			Salah Al-Shabkoon
Age of respondent	Age 15-24		16%
	Age 25-49		84%
Category of household do you live in	Female Head Household		7%
	Male Head Household		93%
Education level/attended school	Yes 91%	Preschool	2%
		Primary	60%
		Secondary	21%
		Higher	8%
	No 9%	illiterate	9%

ACCESS TO MASS MEDIA AND USE OF INFORMATION

Access to mass media and using tools that spreading harmful , it directly affects pregnant women and indirectly to child, therefore using media tools and accessing to it need to be scheduled during pregnancy and guides to be taken from professional doctor or nurse. Women were asked how often they read newspapers or magazine, more than 83% of women were not reading at all, but more than 80% of women are watching TV almost every day. However, that about 88% of women at Salah Al-Shabkoon are not using computer but 59% of women were using internet, particularly by smartphone for connecting to it.

As technology is developing every day and better media facilities are existing in markets, therefore more 71% of women responded that were not using radio at all.

Question	Option	Survey participants
		Salah Al-Shabkoon
How often do you read a newspaper or magazine?	Almost every day	2%
	At least once a week	11%
	Less than once a week	4%
	Not at all	83%
How often do you listen to the radio?	Almost every day	7%
	At least once a week	10%
	Less than once a week	12%
	Not at all	71%
How often do you watch television?	Almost every day	80%
	At least once a week	13%
	Less than once a week	3%
	Not at all	3%
Have you ever used a computer?	Yes	12%
	No	88%
in the last 12 months, have you used the internet?	Yes	58%
	No	42%

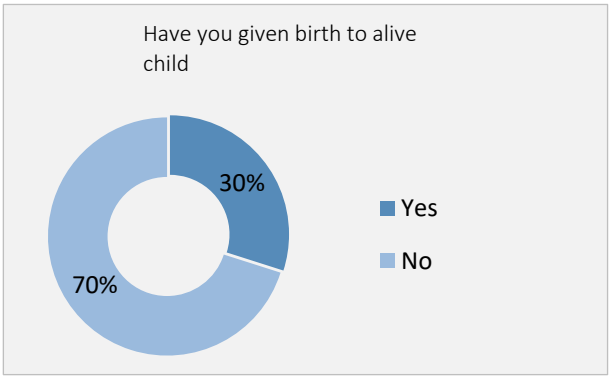
Childbirth and mortality

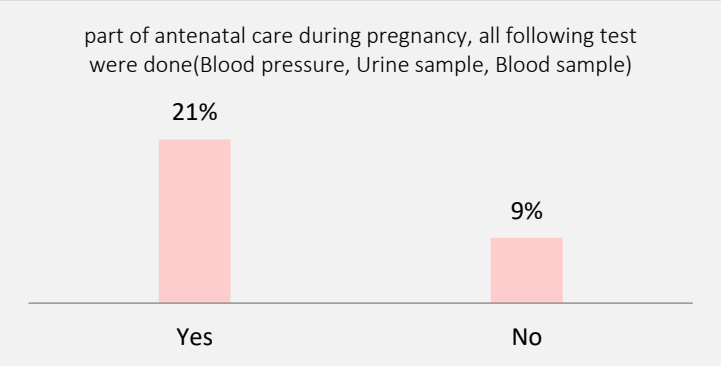
88% of interviewed women responded that they had birth in their life but 22% of women whose gave birth their child later died, particularly last ten years because of continues conflict in the area, lack of health services and clinic, also poverty family and poor nutrition of pregnant women and 66% of born child still alive.

Furthermore 96% of women respondents claims that their child still living with them and only 4% percentage were not living in the same family due to working outside or get married and living in separate house.

In last two years 70% of interviewed women responded were not able to get pregnant and only 30% of women have given a birth, and 21% of who get birth were planned to get pregnant and have child.

As a part of antenatal care during this pregnancy, more than 21% of women did blood sample, Urine sample, and blood pressure test. All mentioned tests were checked and examined by professional doctors for three or four times.





Maternal and Newborn health

Recently people are oriented to visit private health hospitals and clinics, however its expensive and costing but because of their good services, quality of care and medicine comparing to public health center a, clinics and hospitals. Furthermore, Iraqi government is not working hard to improve health sector and even invest to improve and develop it. Iraq Women respondent's data from Salah Al-Shabkoon PHCC depicts, 75% of women give birth in public sector governmental hospital, and with about 20% of women give delivery in private medical sector's hospital and clinics.

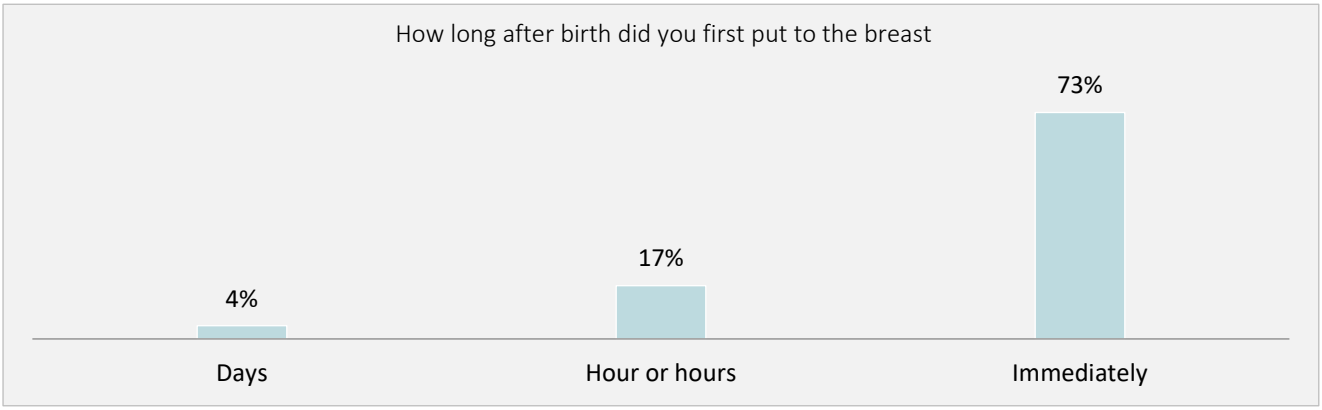
In addition, women respondents claim that 47% of deliveries managed by skilled professional doctors, 48% by nurses a midwife, and the remaining 3% by auxiliary midwives, only 1% of deliveries were done by traditional birth attendants.

Question	Option	Survey participants
		Salah Al-Shabkoon
Where did you give birth?	Home	5%
	Private Medical Sector: Private clinic	8%
	Private Medical Sector: Private hospital	12%
	Public sector: Govt. hospital	75%
	Other	20%
Who assisted with the delivery?	Health professional doctor	47%
	Health professional: Nurse/midwives	48%
	Health professional: Auxiliary midwife	3%
	Traditional birth attendant	1%

	Community health worker	0%
Do you have a card or other document with your own immunizations listed?	Yes (card seen)	50%
	No	33%
	don't know	18%
Was the delivered by caesarean section?	Yes	21%
	No	79%

In addition, 50% of women responded that they have card and been seen by enumerators, 68% of women's card described that they had injection in arm or shoulder during pregnancy, and 79% of pregnant women had natural delivery of baby.

Most women in Iraq support the contention that breastfeeding is important for birth health, therefore more than 94% of women respondent's reported that women were given newborn a milk by breastfeeding which 73% of them were given breastfeeding immediately after birth, 17% hours after birth and remaining 4% days after birth.



Post-Natal health care

According to data from respondents that visited Salah Al-Shabkoon PHCC, most of respondent claims that 90% of women were stayed at health facility for several hours, 7% were stayed for days, and remained 3% were stayed for weeks. In addition, body checkup and examination for baby and mother directly after delivery are shown in below table.

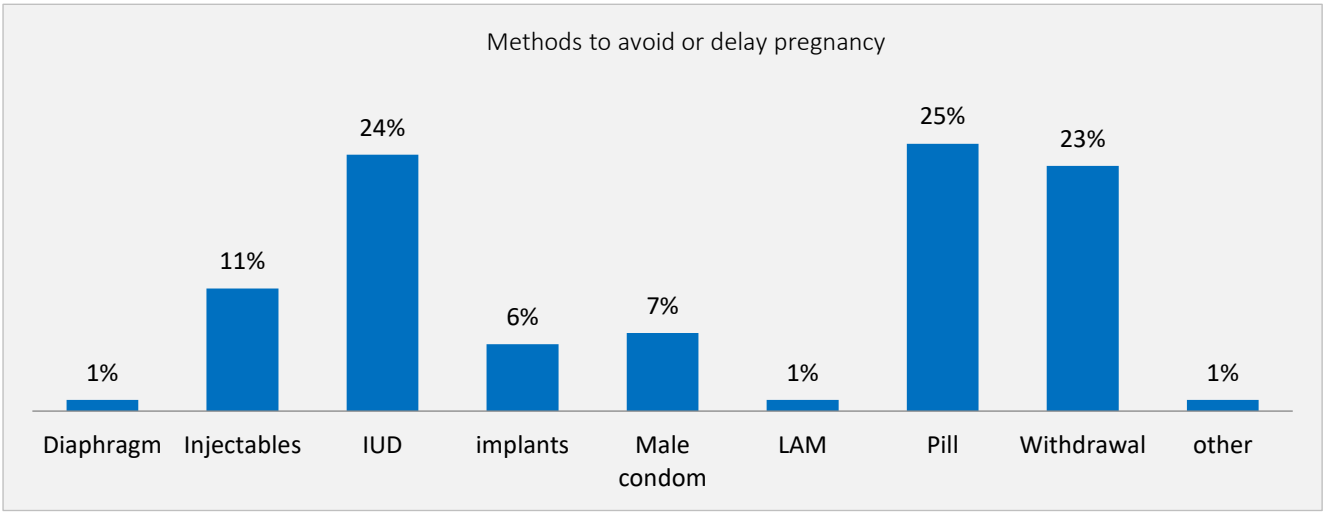
Data from Salah Al-Shabkoon PHCC claims that 63% of women after leaving health facilities, their baby managed to be checked of this 24% by health professional doctors, 10% by nurses and midwives, and the remaining 29% by Auxiliary midwives and other methods. About 46% of women who gave birth in a medical facility health checking were happened an hour after delivery, and 42 % were checked within the same day after delivery and remaining 12% were checked within a week after delivery.

Women responded that 74% of health checking for mother and baby were taking place public health sectors such as hospitals and clinics, and about 22% of health check was taking place in private health sectors.

Contraception

Women were asked if they had ever used a contraceptive method to delay or avoid pregnancy and whether they were currently using a methods .only 34% (28% Al-Shuhada, 25% Al-Wahda) of women respondent confirmed that they are using different method of contraception to avoid or delaying pregnancy , with 66% of women respondent confirmed that they are not using any type of contraception method because of several reasons such as, some of them are widow , just married and need to have more children, don't know how to avoid pregnancy, and some of them are not allowed because of their husbands.

As shown in above chart bar, women who were currently using a contraceptive were asked what method they were using. IUCDs, Pills and Withdrawal were the most commonly used , at 24%,25% and 23% respectively, LAM (Lactational Amenorrhea Method)including diaphragm(barrier method of contraception) and other method were used by 3% and all three methods such us male condom, injectable and implants were used by 7% a 11% and 6% respectively.



Respondent women in Salah Al-Shabkoon PHCC claimed 24% of women were willing to have a child ,and 57% of women decided not to get pregnant anymore, furthermore remaining 13% of women were decided not to get birth, they stopped or they cannot get pregnant because they get too old, have chronical illness or physically unable.

Due to poverty, age, costing of living and waiting to get good health about 57% of women responded that they want to wait for years to have another child, remaining 43% decide to wait months or even not waiting and get pregnant anytime their husband want children , because they live in traditional, religion controlled and man controlled society , therefore they follow men decisions.

Beside that about 38% of women at Salah Al-Shabkoon PHCC were not able to get pregnant due to physical problems such as getting old, have illness or lost husband.

Question	Option	Survey participants
		Salah Al-Shabkoon
Would you like to have another child in future	Have (a/another) child	24%
	No more/None	57%
	Says she cannot get pregnant	13%
	Undecided / Don't know	6%
How long would you like to wait before the birth of (a/another) child)	don't know	2%
	Months	27%
	Years	57%
	Soon/now	13%
	Says she cannot get pregnant	2%
Do you think you are physically able to get pregnant at this time?	Yes	47%
	No	38%
	I don't know	15%

HIV/AIDS/Sexually transmitted diseases

HIV as a pandemic disease, transmitted from one person to another through sexual behave of human, due to that frank and sexual education become a fact to be taught and have awareness about it. Women whose visited Salah Al-Shabkoon PHCC 36% have heard about HIV illness, and about 64% didn't hear about HIV. Following table shows the fact of interviewed women knowledge about how aids transmitted from person to person.

Question	Option	Survey participants
		Salah Al-Shabkhoon
can people reduce their chance of getting the aids virus by having just one uninfected sex partner who has no other sex partners?	Yes	64%
	No	7%
	I don't know	28%
Can people reduce their chance of getting the aids virus by using a condom every time they have sex?	Yes	42%
	No	21%
	I don't know	37%
can people get the aids virus because of witchcraft or other supernatural means?	Yes	9%
	No	52%
	I don't know	39%
can people get the aids virus from mosquito bites?	Yes	25%
	No	32%
	I don't know	43%
can people get the aids virus by sharing food with a person who has the aids virus?	Yes	13%
	No	49%
	I don't know	38%
is it possible for a healthy-looking person to have the aids virus?	Yes	32%
	No	29%
	I don't know	39%

An HIV-positive mother can transmit HIV to her baby in during pregnancy, childbirth (also called labor and delivery), or breastfeeding (WHO). According to women respondent in Salah Al-Shabkhoon PHCCs claimed that virus that causes aids can be transmitted from mother to her baby by (during pregnancy 54%, during delivery 39%, and by breastfeeding 38%). Below table, shows detail of each question.

In addition, awareness and knowledge sharing workshops regarding HIV/aids is necessary and wealthy to be conducted for women, because 35% women responded claims "If a member of family got infected with the aids virus, would remain a secret" , and 59% of women respondent claimed 'Would not buy fresh vegetables from a shopkeeper or vendor the person had the aids virus'. Conservation of community and society is not supporting households to have frankness opinion about HIV/aids illness.

Question		Option	Survey participants
		Salah Al-Shabkoon	
can the virus that causes aids be transmitted from a mother to her baby	During pregnancy	Yes	52%
		No	2%
		I don't know	46%
	During delivery	Yes	39%
		No	12%
		I don't know	49%
	by breastfeeding	Yes	38%
		No	14%
		I don't know	48%

COVID- 19

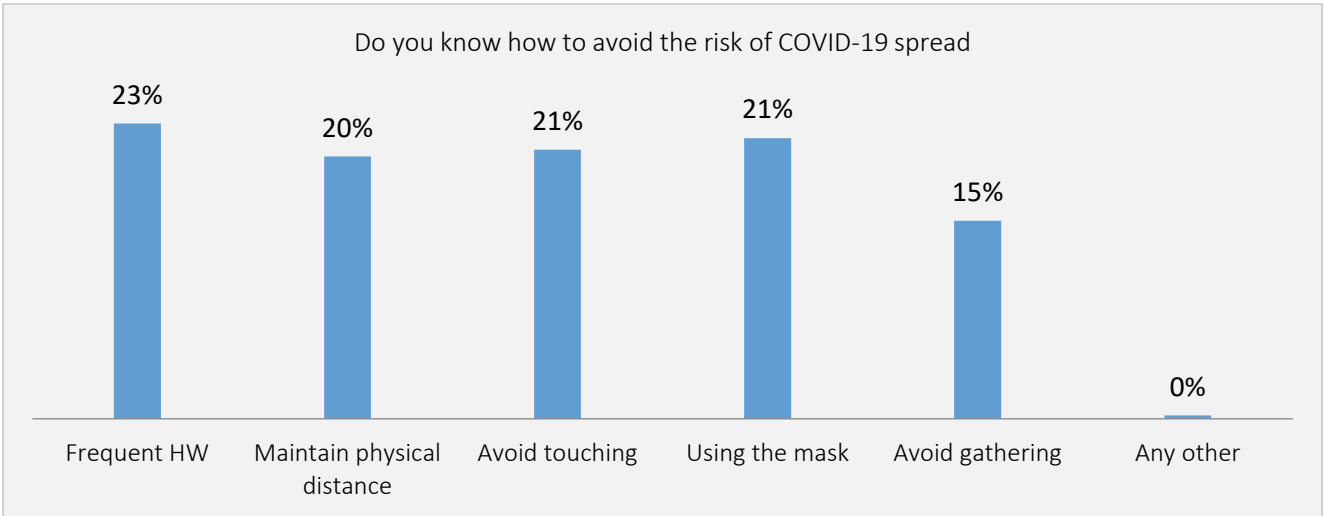
COVID-19 as pandemic disease started to hit Iraq at beginning of March and gradually get increase until reached to a thousand of cases in a day. As Iraq health facilities is poor and lack of health services in public hospitals and health centers, people start to protect themselves and take all needed protection procedures by themselves, such as self-isolation, social distancing, wearing mask and frequent hand washing.

All of women in Salah Al-Shabkoon PHCC responded reported that they know the symptoms of covid-19 and most people describe fever, cough and body pain as main symptoms of covid-19.

In addition, questioning women regarding steps of self-protecting to avoid virus, all of respondent's women claimed that avoid gathering, using mask, avoid touching, maintain social distance and frequent hand washing are methods to avoid spreading the risk of COVID-19.

In addition, due to increase in covid-19 cases, 43% of women responded if they get virus, they prefer to visit doctor, with 57% responded to be quarantined.

In addition, women respondent reported that 53% of awareness and spreading message been spread by TV, both NGOs and Friends have effect on spreading message related to covid-19 to community by 7% and 22% respectively.

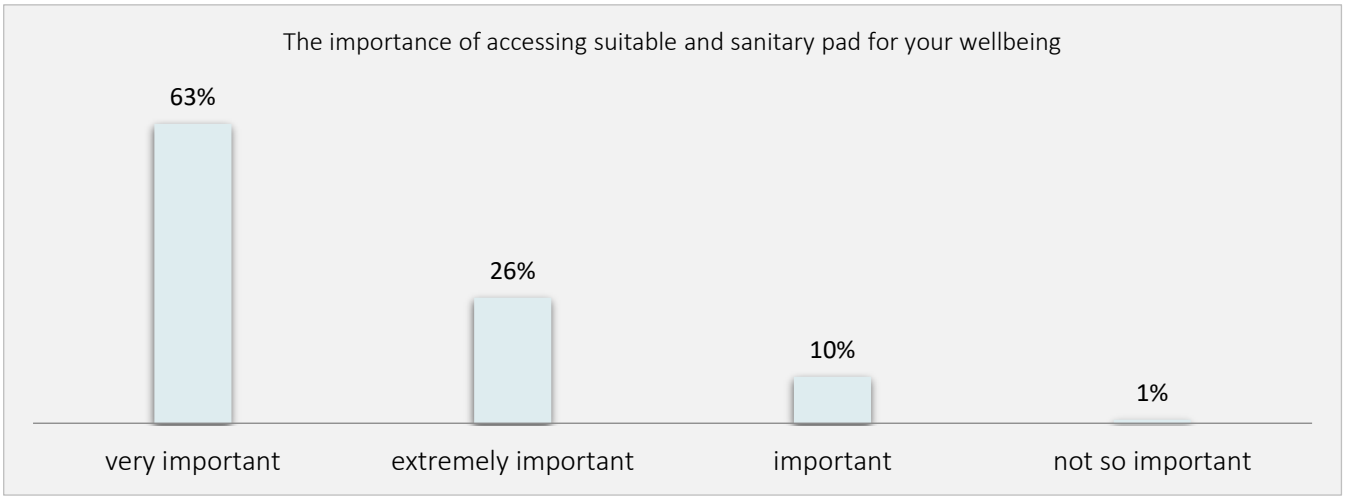


3.4 NINAWA GOVERNORATE – WEST MOSUL DISTRICT – GENDER AND PROTECTION

3.4.1 GENDER AND PROTECTION NEEDS:

Women visitors to Salah Al-Shabkoon PHCC's responded about 63% of households have one to two men strained, 24% of households have three to four menstruating women and girls, remaining percentage of households have more than four menstruating women and girls. And only 10% of menstruating women get advantage from sanitary pad distribution.

Furthermore 63% of women respondent claimed that accessing suitable and sanitary pads for their wellbeing is very important, and 70% of women were able to afford sanitary pads by their own money monthly and the remaining percentage of women and girls were using a piece of cloth as an alternative to sanitary pads.



In addition, 65% of women respondent were thinking to participate in sanitary pads workshops in their neighborhood led and managed by women as source of hygiene and livelihood for women, and 54% of women responded that this kind of workshops will be acceptable culturally, menstruated women and girls will be able to participate, but 46% of women responded they cannot join because society is man and religious controlled, which will be barrier for their freedom and participation in such type of workshops.

Control of resources

Traditionally, men as head of household have access and control over the family resources which would include not only money but also assets. The survey results indicate that 69% respondents (34% females and 35% males) make decisions on how to spend money together with their spouses. Smaller percentages indicated that decisions regarding how to spend money are made by either husband, wife or others such as mother-in-law, father-in-law, brother, mother or father.

As savings of a person can also indicate some form of autonomy, respondents of the surveys were also asked whether they have any money of their own that they can alone decide how to use it. 52% of the respondents (27% females and 25% male) indicated not having such money; while another 48% (27% female and 22% male) indicated having it.

Division of (domestic) labour

Domestic labour and unpaid care work have significant impact on women's ability to actively take part in the labour market and the type and/or quality of employment opportunities available to them[4]; furthermore, unpaid

[4] OECD Development Centre, Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes, 2014 https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf

care work is both an important aspect of economic activity and an indispensable factor contributing to the well-being of individuals, their families and societies. Hence, it is highly important to understand the domestic labour division among men and women; how they create barriers or opportunities for those undertaking them. When it comes to division of domestic labour in proposed project locations, there seems to be clear division between men and women at home. For instance, while majority of the women report being totally involved in cooking; men tend to see it as women's responsibility. Interestingly, childcare, health care of relatives and food purchasing seem to be common tasks between women and men; as both groups report being either partially or totally being involved in it. Cleaning, however, seems to be dominantly a women's job at home.

When we look at the percentages of involvement in domestic labour, it seems clear that women are responsible from majority of the tasks. Due to unequal division of labour at households and community levels, women and girls are face barriers to access services or opportunities. This in return results in less ability to practice their basic entitlements like men and boys because in the assessed community women and girls typically spend disproportionately more time on unpaid care work than men.

Decision making within the household

Traditionally, the views of women and even children are hardly considered in Iraqi culture. Men are usually the main decision-maker in the family, they have the last say on major decisions. However, the surveys yield some interesting results as in majority of the areas of decision-making within the household both women and men perceive themselves to be making decisions with their spouses which can be attributed to the post-crisis context. Interestingly enough, majority of the women and men indicate either not being involved or partially involved in accessing health care for themselves. Similarly, for accessing health care for children, both groups also indicate that they are either not involved or partially involved in decision-making. Having another child however seems to be a mutual decision between spouses, as they both indicate partially involving in decision-making

When we look at the percentages of involvement in domestic labour, it seems clear that women are responsible from majority of the tasks. Due to unequal division of labour at households and community levels, women and girls are face barriers to access services or opportunities. This in return results in less ability to practice their basic entitlements like men and boys because in the assessed community women and girls typically spend disproportionately more time on unpaid care work than men. Furthermore, CARE's previous GBV and Measuring Gender Assessment conducted at IDP camps in KRI (2019) found that women and girls due to limited time which is divided between domestic labour and leisure activities, productive and reproductive ones, paid and unpaid ones have less time than men. This in return, prevents them from joining in other activities such as awareness sessions by I/NGOs or participating in training courses if they are given permission by male partners'

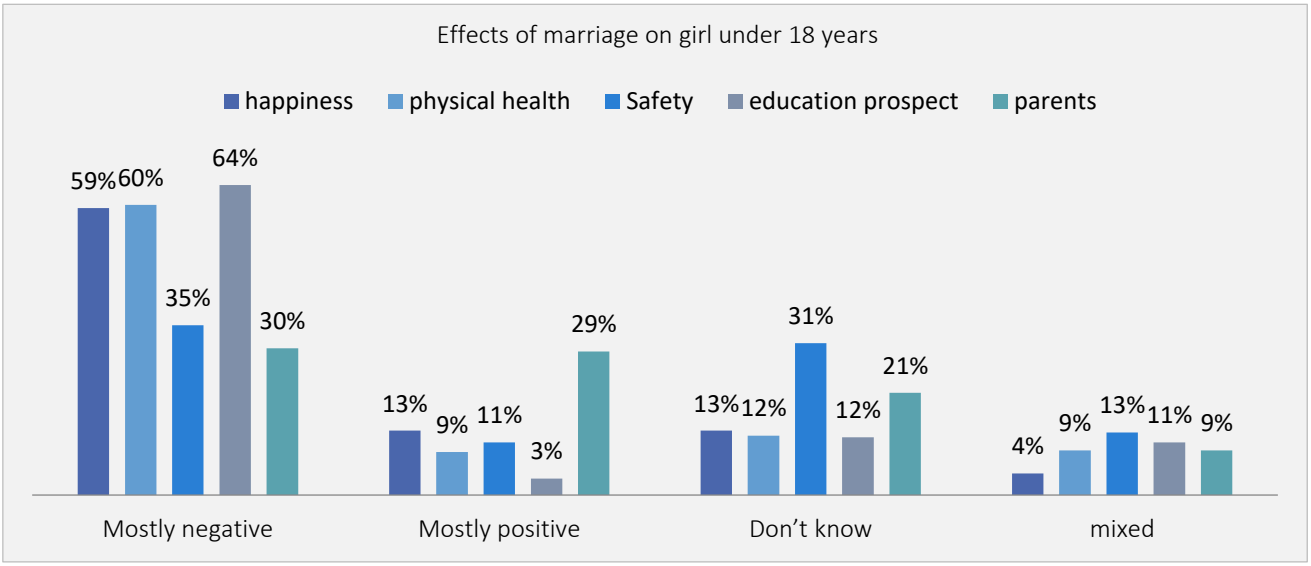
Child marriage is driven by gender inequality and the belief that women and girls are somehow inferior to men and boys. In Iraq, child marriage is also driven by poverty, level of education, displacement, religion, and gender norms. 24% of girls in Iraq are married before the age of 18 and 5% are married before the age of 151.

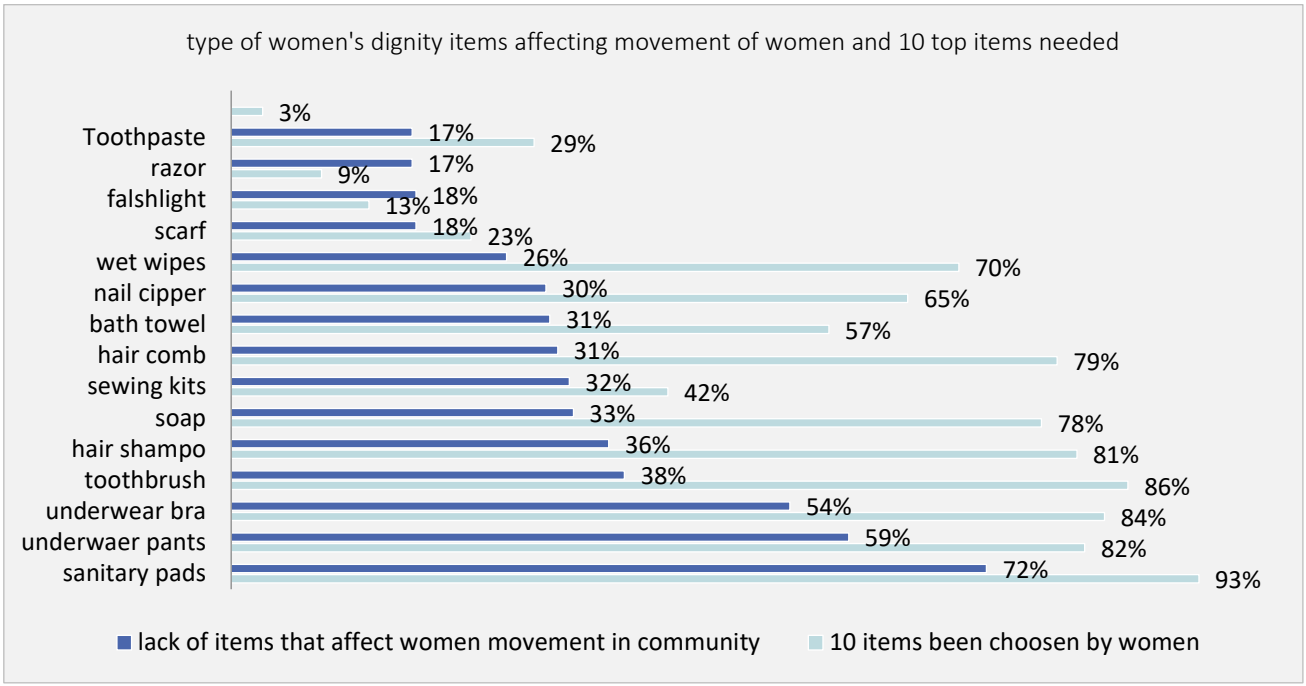
Most of women interviewed in Salah Al-Shabkoon PHCC responded that effect of girl's marriage under 18 years is negative for her happiness, physical health and education prospect by 59%, 60%, and 64% respectively, because girls under 18 years is unconscious, can't hold life responsibilities, her physical body can't stand sexuality and intercourse, and girl will easily leave school and stop her study because of husband responsibilities.

However big percentage of women responded that early marriage of girl may have positive affect on safety and parents of girls , this due protecting family reputation, safety of women from bad people and also to protect girl not to be spinster.

[1]https://www.girlsnotbrides.org/child-marriage/iraq/

At the end following chart shown the type of dignity items that affecting ability of women movement in community, comparing to women 10 top needs are very similar particularly toothbrushes, underwear bra and pans and also sanitary pads.





3. Major issue areas & recommendations

Overall Recommendations

- Ensure regular consultations with different groups of women, men, girls and boys with and without disabilities and inclusive and accessible water, sanitation and hygiene services and materials for all communities across project sites about the overall needs and issues appearing with the implementation of garbage collection, dislodging and hygiene awareness, and preferences concerning the services and the locations of service points. Inform the program implementation team with the consultation results.

- Ensure the dissemination of information, education and communication (IEC) is accessible and appropriate for all members of the communities, including women, girls, boys, elderly, people with disabilities, those with low literacy rates or those who belong to the linguistic minorities

- Ensure collection of sex and age disaggregated data (SADD) as all WASH and SRMH activities must collect at minimum. If possible, make sure using Washington Group Questionnaire[5] to collect disability disaggregated data. Once collected, utilize data to analyse trends to respond and inform programming.

- Ensure coordination with other actors, including government, to provide aid which will respond to the needs and prevent duplication. Active participation in cluster meetings to track services being provided, besides the changing protection risks and vulnerabilities would help to ensure delivery of quality services.

Gender and protection mainstreaming recommendations

- Develop gender and protection mainstreaming tools for the project activities. Some of the resources that can be used are IASC gender handbooks and the GBV guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action.

- Set up a gender-sensitive complaints response and feedback mechanism system to manage protection concerns from women, girls, boys and men equally and take corrective measures by informing project activities.

- Provide safe referrals trainings for the GBV and non-GBV staff to ensure GBV integration to the project.

- Provide awareness raising sessions on sexual exploitation and abuse to the communities; and socialize the Complaints Feedback and Response Mechanism.

- Promote women and girls' leadership in programming and encourage meaningful participation in the activity design.

- Support the targeted community for the creation of a women's safe space to enable women to have safe and appropriate space to gather and discuss issues

WASH related recommendations in Mamrashan IDP camp

- Coordination with Duhok directorate of municipality (DOM) to explore sustainable solution for garbage collection and care & maintenance water network related activities in the camp by taking gender and equity into consideration when adapting the best mechanisms to achieve that.

- *Water System Management*: The survey and qualitative results suggest that there is substantial diversity in terms of water infrastructure, resources, and facilities in the camp. While it appears, there are regular distributions of drinking water, the consistent availability and quality of water in some sectors such as; sector "I" is uncertain. For example, 95% of the respondents indicated that they rely on water network. Ensuring that camp citizens have consistent access to clean water could be a strong area of focus moving forward in sector "I", particularly where the water source appears to be most uncertain or unregulated/untested.

- *Toilet Availability & Maintenance*: Although the results from quantitative survey in Mamrashan camp indicates that all of respondents have access to a toilet. However; the data proofs that there are some issues with toilet cleaning and maintenance. Distributing sufficient cleaning supplies as well as either training local

[5] collecting data in humanitarian action using the Washington Group Questions: https://humanity-inclusion.org.uk/sn_uploads/document/2019-01-Factsheet-1-Collecting-data-in-humanitarian-action-using-the-WGQs.pdf

community members on toilet maintenance or hiring technicians to undertake regular maintenance could be positive routes for improvement moving forward.

- *Toilet Safety & Hygiene*: The data suggests that most respondents use toilet and/or bathing facilities shared by both men and women. Most respondents indicated that they felt safe using these areas, although respondents seem to feel much safer in toilets than in bathing areas. Based on the reasons provided by respondents about why they feel unsafe using these facilities, improving the cleaning and maintenance of toilets used by populations would likely help with perceptions of safety.

- *Providing Relevant WASH-Focussed Education*: The majority of adult and child respondents indicated that they had not received any training or education in water cleanliness, sanitation, or hygiene. Providing such trainings, particularly ones designed to address particular issues relevant to the community or seasonal concerns – rather than more generic, less-targeted education, could help expand community knowledge about water, sanitation, and hygiene issues affecting them, their families, and their communities as well as to improve the rates of good WASH practices.

- Based on the world health organization (WHO), Iraqi ministry of health (MOH) and cluster approved IEC materials for prevention of COVID-19. The IEC materials must be adapted to the local context in Mamrashan IDP camp to ensure appropriateness and effectiveness of the messaging (e.g. local dialect, social media campaigns etc.) and used in order to provide the necessary promotion around social distancing, travellers who are sick to delay or avoid travel to affected areas, in particular for elderly travellers and people with chronic diseases or underlying health conditions. As well as general recommendations for personal hygiene, cough etiquette and keeping a distance of at least one metre from persons showing symptoms remain particularly important for all travellers.

Sexual Reproductive and Maternal Health (SRMH) related recommendations

- Based on the above findings and in consultation with SRMH team. Project team may wish to consider increasing quality essential sexual reproductive and maternal health services in Al-Shuhada, Al-Wahda and Saleh Al-Shabkoon PHCCs through providing required materials, capacity building of Ninawa and Anbar DoH staff, promote sexual reproductive and Maternal health (SRMH) messaging among the communities. More specifically, the following recommendations can be considered to increase access of target beneficiaries to essential primary SRMH in the targeted primary health care centres (PHCCs).

- *(Supply Side- Access & Quality) System Strengthening to expand services and improve quality*: Improvements during the neonatal and postnatal period can have a significant impact in reducing early child mortality and improving overall health outcomes for children. Hence, the main focus should be an overhauling of the whole system with particular focus on Improving access to Services, quality of services in the PHCCs, capacity building of the PHCC staff, replace non-functioning equipment and accurate information from Health Management Information System (HMIS), Monitoring and Supportive Supervision.

- *(Demand Side) Raising awareness of Care Givers and improved practices at Community*: Capacity should be bolstered to deliver parenting education and community awareness programmes, with a particular focus on promoting new-born care, infant and young child feeding and vaccinating the children as per the schedule of Iraqi DOH and targeted PHCCs. Campaigns will need to be holistic, targeting all caregivers including community leaders and caregivers at home. They will also need to address social and gender norms, including consanguinity and early marriage (to avoid congenital anomalies), raising awareness of the risks and providing links to relevant support services like professional bodies and care providers in health facilities as well.

- Provision of minor rehabilitation services for three targeted health care facilities.

- Provision of required medical instruments, equipment, utilities

- Provision of essential medication
- Reinforcing data health information system
- Upgrading the health staff capacities in the provision of ANC, and PNC.
- Updating protocols, guidelines and procedures used at PHCCs.
- Provision, supervisions and promotion of family planning activities and methods.
- Organize integrated awareness-raising sessions in the catchment area of targeted PHCCs, targeting adolescent and young first-time mothers to improve their knowledge on relevant subjects such as baby-adequate nutrition, nutrition during pregnancy, breast feeding, hygiene, and sexually transmitted diseases during outreach. The awareness sessions should be according to international standards (by UNFPA, UNICEF, Health Cluster), i.e. on breast feeding versus industrial milk for babies, on family planning, pre-and postnatal clinical care, childhood vaccinations as well as nutrition for new-born and pregnant women. Community health workers can be engaged ensuring appropriate gender balance due to cultural constrains in a male dominated community and sensitivity of the suggested SRHM topics with women.
- Provision of essential nutritional supplements for pregnant women and new-borns as well as contraceptives, laboratory support (essential lab equipment, consumables, kits and reagents) and provision of medical equipment and consumables to PHCCs.
- Support Ninewa and Anbar DoH to prepare a sustainability plan to ensure that activities continue after the end of the project. This can be done by the capacity building of PHCCs staff (female doctors) on SRMH, referrals and maternal/children's health including IUCD insertion and sonography for pregnant women.
- Based on the above findings, one activity should address the nutritional requirements of pregnant women and small children. Pregnant women should receive micronutrient supplements (Standard package of iron, folic acid and Vitamin A) during their regular Antenatal (At least 3 ANC visits during the whole pregnancy) consultations in primary health care facility in order to improve the nutritional status, development and health of infants and young children by supporting optimal feeding practices. Awareness creation, the commitment of public health facilities and the creation of an environment that helps families to take informed decisions is needed.[6] The promotion of exclusive breastfeeding in the first 6 months as well as the additional supplementation with Vitamin D for infants is related measures, with positive long-term effect.
- Based on the world health organization (WHO), ministry of health (MOH) and cluster approved IEC materials for prevention of COVID-19. The IEC materials must be adapted to the local context to ensure appropriateness and effectiveness of the messaging (e.g. local dialect, social media campaigns etc.) and used in order to provide the necessary promotion around social distancing, travellers who are sick to delay or avoid travel to affected areas, in particular for elderly travellers and people with chronic diseases or underlying health conditions. As well as general recommendations for personal hygiene, cough etiquette and keeping a distance of at least one metre from persons showing symptoms remain particularly important for all travellers
- Based on the survey findings, provision of COVID-19 pandemic related trainings to health care professionals in the targeted PHCCs in both West Mosul and Anbar governorates is highly recommended. CARE might want to organize essential trainings for the doctors and midwives and nurses working in the PHCCs and the maternity unit. The training must include essential concepts on how to deal with suspected COVID-19 cases and proper referral pathway.

[6] WHO/UNICEF, Global Strategy on Infant and Young Child Feeding (2003).