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# Iraqi Refugee Women and Youth in Jordan: Reproductive Health Findings

*A snapshot from the field*

Women's Commission for Refugee Women and Children



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## Mission Statement

The Women's Commission for Refugee Women and Children works to improve the lives and defend the rights of refugee and internally displaced women, children and adolescents. We advocate for their inclusion and participation in programs of humanitarian assistance and protection. We provide technical expertise and policy advice to donors and organizations that work with refugees and the displaced. We make recommendations to policy makers based on rigorous research and information gathered on fact-finding missions. We join with refugee women, children and adolescents to ensure that their voices are heard from the community level to the highest councils of governments and international organizations. We do this in the conviction that their empowerment is the surest route to the greater well-being of all forcibly displaced people.

The Women's Commission for Refugee Women and Children was established in 1989 to address the particular needs of refugee and displaced women and children. The Women's Commission is legally part of the International Rescue Committee (IRC), a non-profit 501(c)(3) organization. The Women's Commission receives no direct financial support from the IRC.

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This report is dedicated to all displaced Iraqi women, men and children.

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## Executive Summary

The war in Iraq has created the fastest-growing refugee crisis in the world. As of August 2007, more than 4 million Iraqis had fled their homes and sought refuge in other parts of the country or neighboring countries, particularly Jordan and Syria.

In any refugee crisis, the vast majority of the displaced are women and children; they are also the most vulnerable. The Women's Commission for Refugee Women and Children saw firsthand the terrible difficulties that displaced Iraqi women and children face on a recent mission to Jordan. Current estimates indicate that up to 750,000 Iraqis have fled to Jordan,<sup>1</sup> a country of approximately 6 million people. Many are women who have come to Jordan with only their children—their husbands were either killed in the war or remain in Iraq. Iraqis who have fled to Jordan are not recognized as refugees by the Jordanian government<sup>2</sup> and, therefore, most are living in the country illegally and can be deported at any time.

The refugees the Women's Commission met feel desperate and abandoned. Iraqis cannot lawfully work in Jordan and have few sources of sustainable income. This puts women and girls at particular risk of sexual exploitation and abuse; they may be forced into prostitution and sex work as they struggle to support their families. Most refugees cannot afford to send their children to school or pay for even basic health care. Conditions such as heart disease, diabetes and cancer are going untreated. Refugees also reported that domestic violence is a problem, as the pressures of having no ways to work legally and no way to provide for one's family take their toll. Many refugees are also traumatized by the violence they suffered personally or saw around them in Iraq, yet they have little access to mental health and psychosocial services. Rape survivors have limited access to care even though these refugees have fled a conflict where rape is prevalent.<sup>3</sup>

Swift action is needed to address the pressing needs of the refugees and also provide assistance to the countries that are hosting them. The sudden influx of large numbers of refugees has put significant strain on the services and infrastructure of the receiving countries and is causing tensions in local communities. The United States and the international community must develop and implement a comprehensive humanitarian assistance program that reflects the magnitude and urgency of the need.

## Health Crisis among Iraqi Refugees in Jordan

“My nine-year-old daughter needs help. She had an appendicitis operation at a private hospital in Palestine. It cost 450 dinar [US\$635]. But now her bowels are swelling. She needs a medical follow-up and a doctor.... We went to [the faith-based clinic]. They said my daughter can have an appointment after three months. She will die before then.”

—Refugee mother, Amman, June 2007.

The Women's Commission for Refugee Women and Children conducted a two-week field mission to Amman, Jordan in June 2007 to gather information from Iraqi refugee women, men and youth about their reproductive health and other needs. In interviews with United Nations officials, staff of local and international nongovernmental organizations (NGOs) and extensive conversations with more than 30 refugees, including eight families, we were presented with a picture of a refugee population that has limited or no access to health care, including prevention of and response to gender-based violence, safe delivery services, including emergency obstetric care, family planning and prevention and treatment of HIV/AIDS—the four areas of reproductive health care.

Jordan has a solid health care system but the large influx of refugees puts an enormous strain on that system and the cost of accessing care is beyond the means of many refugees. At the time of the Women's Commission's field mission, only two clinics in Amman were providing reduced or free medical care to refugees. One is a government-funded clinic that provides services to the poor, including refugees. However, refugees said that the wait for an appointment is at least two months. The other option is a clinic run by an international NGO. This clinic has two doctors and one dentist available from 8:00 a.m. to 4:30 p.m. most days of the week. The clinic provides primary health care services; it is a faith-based institution that does not offer certain reproductive health services, including family planning and emergency

## IRAQI REFUGEES AT A GLANCE

In the four years since the United States launched Operation Iraqi Freedom, violence against civilians in Iraq, including kidnappings, killings and car bombings, has become a daily occurrence. According to a study published in *The Lancet*, 655,000 excess deaths occurred in Iraq through the end of June 2006 because of the war.<sup>4</sup> In addition, the political and sectarian violence has forced millions to flee in search of safety. Current estimates are that more than 4 million people have fled to other areas inside Iraq or to neighboring countries. An estimated additional 60,000<sup>5</sup> are displaced each month. According to the United Nations High Commissioner for Refugees (UNHCR), approximately one out of every eight Iraqis has left their homes<sup>6</sup> and an estimated 40 percent of Iraq's middle class, including professionals such as professors, doctors, teachers and engineers, is believed to have fled.<sup>7</sup> The Iraqi Medical Association reports that approximately half of the 34,000 doctors have left the country since 2003.<sup>8</sup> Enrollment in Iraqi schools has dropped 45 percent over the past two years due to "missing teachers."<sup>9</sup> Some Baghdad universities and hospitals have reportedly lost up to 80 percent of their staff.<sup>10</sup> UNHCR has labeled the intimidation and murder of Iraqi intellectuals and professionals "systematic."<sup>11</sup>



Map courtesy of FRONTLINE World

Delivering humanitarian assistance inside Iraq is extremely challenging due to ongoing insecurity, and international assistance to the more than 2 million refugees who have fled Iraq has been quite modest. Options are increasingly limited for displaced Iraqis as certain governorates (provinces) have begun to close their borders to internal refugees and all neighboring countries except Syria have closed their borders to Iraqi refugees.



For some highly vulnerable Iraqis, resettlement in a third country may be the best solution but there are only limited resettlement opportunities at present. Sweden has been the most generous receiving country, accepting 18,000 Iraqis since 2003; Australia has accepted almost 6,000. The United States has resettled only 1,521 Iraqi refugees since 2003.<sup>12</sup> Earlier this year, the United States indicated it would accept up to 7,000 refugees in this fiscal year but approximately 900 have been resettled to date in 2007.

contraception. The clinic refers more complicated cases to a Catholic charity hospital and, when possible, tries to cover the medical bills at the referral hospital. According to a staff member, however, emergency care is not guaranteed or may be delayed for many months.

Many refugees live some distance from this clinic and have difficulty covering transportation costs. If they can reach the clinic, they may have to wait for hours and are not guaranteed to see a doctor. A minimum of two visits are required: refugees must first be interviewed and registered and at a later date can return for treatment.

Even when medical care is subsidized, the Women's Commission team found that many refugees do not seek care because they cannot afford to pay even reduced bills for medical care and medicine. Fear of deportation also prevents some refugees from seeking care. Initially, refugees needed to be registered with UNHCR in order to be treated at the NGO-run clinic, although not at the government hospital. We were told that this policy has now been rescinded and UNHCR registration is no longer required. However, at the time of the field mission, clinic staff were not adhering to the new policy. This is a significant barrier for Iraqis, as UNHCR had registered only 40,000 refugees as of July 2007.<sup>13</sup>



The many barriers to accessing affordable health care have dire implications for Iraqi refugees. Lives are at risk when refugees cannot access reproductive health services, mental health and psychosocial support or treatment for chronic conditions like high blood pressure, diabetes, heart disease and cancer. Cancer rates among the Iraqi refugee population are alarming. The chief of the hematology and oncology department at the King Hussein Hospital in Amman reported high rates of lymphoma among the refugees, particularly the young and the elderly.

Persons with disabilities are also at high risk because of the difficulty in accessing care. The Women's Commission team met with one Iraqi refugee family comprising three physically disabled daughters and their elderly mother. The daughters, who appeared to have a degenerative neurological disease, had never been diagnosed because their mother is unable to physically transport them to a clinic or hospital. Only one of the daughters had a functioning wheelchair; another had an old, broken one and the third was confined to the couch. Their only source of income came from selling bread they baked a few times a week; they said they were able to eat and pay rent with the donations of their Jordanian neighbors who were moved to help them.

It is heartening that in the weeks since the Women's Commission's visit, the Jordanian Red Crescent has signed an agreement with the International Federation of Red Cross and Red Crescent Societies to open a clinic for Iraqis in Amman. The clinic will have the capacity to handle 120 people a day. Treatment will be free and will include mental health and psychosocial services. UNHCR is also pursuing agreements with the Jordanian Ministry of Health and other medical institutions to provide care to refugees. UNHCR will work with the Jordanian Red Crescent, the World Health Organization, UNICEF and the UN Population Fund (UNFPA) to develop programs that will benefit refugees and the local communities that are hosting them.

The international community must support these important steps but much more will have to be done in the coming months to ensure full access to quality health care for displaced Iraqis and ease the strain on Jordan's service systems.

## The Need for Reproductive Health Care

Ensuring quality reproductive health services is a vital component of any humanitarian response effort. Forced displacement, extreme poverty, exposure to violence and vulnerability to sexual abuse pose a grave threat to the reproductive health of refugee women and girls. According to standards adopted by the international community, displaced women and girls must have access to quality reproductive health services. These include family planning services, maternal and infant care, emergency obstetric care for problems during delivery, prevention and care for sexually transmitted infections (including HIV/AIDS) and prevention and response services for gender-based violence. Iraqi refugees are not

receiving critical reproductive health care because of poverty, lack of services and religious policy restrictions at the main clinic for refugees.

## Violence against women

Four or five days ago [we found out that] our neighbor [in Iraq] was abducted by a group of people. She was taken aside and she was raped and then she was killed. And, I really liked her very much. She was a mother of several children... [If a woman has been raped] she would never go to a doctor. Rarely that would happen. This is taboo. We cannot speak about it. She would only shut her mouth and that's it. And, of course she would feel depressed because she couldn't speak out. This is a very difficult situation she finds herself in. She cannot even face her own children, especially her male children, her husband, her brothers. She cannot do anything.

—Iraqi refugee woman, Amman, June 2007.

Iraqi refugees in Jordan have fled a country where violence against women is rampant. Refugee assistance programs must be available to address the needs of women and girls who have been traumatized by this violence in Iraq or may be vulnerable to sexual exploitation and abuse as refugees.

Women and girls in Iraq have been increasingly targeted for violence,<sup>14 15</sup> particularly rape. An Iraqi women's organization estimated that more than 400 Iraqi women were abducted and raped within the first four months of the start of the war in 2003.<sup>16</sup> Iraq's Ministry of Women's Affairs revealed that more than half of these reported rapes resulted in the murder of rape survivors by their families.<sup>17</sup> In addition, Mithal Alusi, one of 30 Iraqi legislators who called for the protection of women's human rights in a 2006 declaration, remarked on the campaign of violence against women in Iraq: "These attempts to intimidate women are attempts to terrorize society."<sup>18</sup> For example, in a 10-day period in November 2006, the Baghdad morgue saw more than 150 unclaimed bodies of women, many of which were beheaded, mutilated or bore signs of extreme torture.<sup>19</sup>

Trafficking and sexual exploitation have also increased since the beginning of the war.<sup>20</sup> According to a local organization, Organization of Women's Freedom in Iraq (OWFI), 15 percent of Iraqi women widowed by the war are seeking "temporary marriages" or sex work for protection and/or financial support.<sup>21</sup> Four thousand Iraqi women, one-fifth of whom are under 18, have disappeared since the 2003 invasion, reports OWFI.<sup>22</sup> Many are believed to have been trafficked.<sup>23</sup> The United States State Department also reports that Iraqi women and girls are believed to have been internally and internationally trafficked for sexual exploitation.<sup>24</sup>

Refugees in Jordan remain deeply affected by the sexual violence in Iraq. The families the Women's Commission talked to said that women and girls were being kidnapped in Iraq by armed groups to terrorize families and to force their husbands, fathers or brothers to do what they wished. One woman we spoke with said that she and her six-year-old daughter were kidnapped and held for three weeks to punish her husband for working with an international humanitarian organization. She was nine months pregnant at the time and, after she was repeatedly raped by her captors, her baby died.

Refugee women and girls must cope with the effects of the violence they fled in Iraq and deal with new vulnerabilities arising from their very difficult circumstances in Jordan. During the field mission, most of the refugee women the team met raised concerns about domestic violence, including marital rape, which is not illegal in Jordan. The stress of living in cramped quarters compounded by the loss of displacement has contributed to the upsurge in domestic violence. As one refugee



woman told us:

“ We are having this situation [of domestic violence] here. Nobody is patient with the other. Even the youngest, he wouldn't accept any kind of criticism. Everybody is tense....The women bear the brunt of the anger. ”  
We always get the lion's share of this....The lady stays at home, suffering.

As refugees' resources and savings are depleted, women and girls are becoming more vulnerable to sexual abuse and exploitation. The situation is ripe for women and girls to be forced into prostitution and sex work as families struggle to survive. A health care professional from the main clinic assisting Iraqis said that sex work among Iraqi refugees was a growing problem. Sexual exploitation of Iraqi women and girls is present in Jordan, but the extent is not yet documented. While commercial sex work of Iraqi refugees in Syria generally takes place in nightclubs,<sup>25</sup> in Jordan customers usually come directly to women's homes or to other private venues. According to an NGO representative, sex workers are identified by word of mouth, and taxi drivers openly ask male passengers whether they are interested in such services.

At present, clinical care for rape survivors, which includes emergency contraception to prevent pregnancy and medicine to reduce HIV transmission, was not available at the clinics or hospitals the team visited. The medical director of the main referral hospital for refugees said he was unaware of a prophylaxis to minimize HIV infection and emergency contraception was not made available at this faith-based hospital.

Humanitarian actors designing health programming must take into account the cultural barriers that Iraqis face in reporting rape. Refugees the Women's Commission spoke with said that rape survivors would not come forward to report an assault or to receive medical care. Cultural norms discourage survivors from seeking help, and awareness of the benefit of medical care after rape is very low. Another deterrent is that doctors in Jordan are required to report to the police women who seek medical care for rape.



## Family planning

Iraqi women reported that refugee families are delaying having children due to their difficult circumstances, and access to contraceptives is a challenge for poor, unmarried and adolescent refugees. However, some contraceptives, including oral contraceptives and condoms, are available over the counter in Jordan. The price of these contraceptives seemed reasonable to the refugee women the team met with, but the contraceptives were still unaffordable for many women. Women also reported that a pharmacist would not sell contraceptives to adolescent or unmarried women in East Amman, a poorer area where the majority of Iraqis live. Two people said that refugee women ask their families to send contraceptives from Iraq, where they are less expensive, and some request drivers to transport such contraceptives into Jordan as they are a valuable commodity.

## Maternal health care

Delivery services for Iraqi refugees in Amman are generally good. Maternal deaths for all women in Jordan are low at a rate of 41 per 100,000.<sup>26</sup> Pregnant refugees are able to receive free delivery services, including emergency obstetric care, through the faith-based humanitarian organization. The women we met with were satisfied with their care during delivery.

However, significant gaps in the provision of services remain. For example, women and girls must present a marriage certificate to receive care at the faith-based clinic that serves refugees. Further, at the time of our visit, refugee women also needed to be registered with UNHCR to receive care. The field team was not able to determine where unmarried or unregistered women and girls delivered. One woman reported to the field team that she was denied prenatal care at this clinic and told to return when she delivered.

Abortion is illegal in Jordan except to save the life or preserve the physical health of the mother. Refugees reported that unsafe abortion occurs among Iraqis in Jordan. A clinic caseworker said that some women and girls have resorted to pummeling and insertion of foreign objects to induce abortion; other health care workers said most women would seek

services from doctors who perform abortions illegally. Care for women and girls injured from unsafe abortion is available at the referral hospital for refugees.

## HIV/AIDS

Comprehensive reproductive health care in emergencies includes services to prevent and care for sexually transmitted diseases, including HIV. The prevalence of HIV in both Jordan and Iraq is estimated at a low .02 percent.<sup>27 28</sup> However, Iraq has seen an increase in reported cases since the onset of the war in 2003, primarily concentrated around Baghdad.<sup>29</sup> Only one clinic in Iraq offers free treatment for HIV-positive Iraqis, and it faces a lack of medicines and trained health personnel due to the ongoing violence, instability and international sanctions.<sup>30</sup>



Although both refugee and host populations have low HIV prevalence, the conditions for transmission are present: sexual exploitation, poverty, lack of access to health services and a lack of awareness of HIV in general. A 2005 UNICEF survey found that approximately 70 percent of young Iraqis had never heard of HIV or AIDS.<sup>31</sup>

## Other Refugee Concerns: Mental Health Services, Education, Economic Opportunities

The focus of the Women's Commission visit to Jordan was refugee reproductive health, but other concerns emerged that are important to note. Mental health issues, concerns about education and frustration with the lack of economic opportunity came up in almost every conversation with Iraqi refugees.

### Mental health and psychosocial support

“Three years ago insurgents kidnapped my 15-year-old son. We negotiated with them for 10 days—they tortured him, pulled his nails out, beat him and a bone came out through his nose. He was released after we paid our life savings, \$30,000.”

—Director of an Iraqi women's organization, Amman, June 2007.

Although concrete data are limited, there is evidence that emotional trauma is widespread among the Iraqi refugee population.<sup>32</sup> Some refugees were targeted for abuse in Iraq, including kidnapping, torture and rape, while others were witness to such atrocities, often against their own family members. Other traumas endured by refugees include the "disappearance" of family members, random violence, bombing and shelling, and severe deprivation of food, water, shelter and safety. A survey by the International Organization for Migration found that 63 percent of Iraqis had fled their neighborhoods because of direct threats to their lives, and more than one-fourth had been forcibly removed from their homes.<sup>33</sup> An April 2007 report found 43 percent of Iraqi children surveyed in Amman witnessed violence in Iraq, and 39 percent said they lost someone close through violence.<sup>34</sup>

Trauma can occur during every part of displacement—in the community of origin, during flight and in the new setting—and women and girls are particularly vulnerable. Iraqis are fleeing violence in their home country, and the journey from Iraq to Jordan is treacherous. Bandits and insurgent groups stalk the main road from Baghdad to the Jordanian border. Rape, robbery and murder along this road are not uncommon.<sup>35</sup> Some border guards also wield power over desperate Iraqis, sometimes beating men and boys and sexually harassing women and girls.

Mental health and psychosocial services are severely lacking in Jordan, although a handful of organizations provide limited help. One Iraqi woman said that she was referred by an international organization to a psychologist in Amman after disclosing that she had been raped. According to her, the psychologist said, "Stop thinking about what happened to you and try to have some fun in life." Another Iraqi woman explained that her husband had been kidnapped and tortured—



after he begged for the culprits to take him instead of his 21-year-old son. As a result, he has nightmares and sometimes verbally and physically abuses her.

## Education

“I studied to the 8th grade. I would like to go to school, but I don’t have any papers so I can’t. I stay in this room all day and clean it. I have no friends. I don’t leave.”

—14-year-old Iraqi refugee girl, Amman, June 2007.

According to UNICEF, nearly half of the 2 million Iraqi refugees are children, of whom about 500,000 are school age.<sup>36</sup> At the time of the Women’s Commission’s visit, very few Iraqi refugee children in Jordan were in school. As illegal residents, they were not allowed by the Government of Jordan to attend. Only three percent of the Iraqis in Jordan hold residence permits which would allow their children to attend school.<sup>37</sup> Many Iraqi refugee children have missed up to three years of school as a result of displacement and violence.<sup>38</sup> One mother the Women’s Commission met described how, in Iraq, she had to blindfold her children before walking them to school to prevent them from seeing corpses along the way; another said her nine-year-old daughter had never been to school. None of the many families the Women’s Commission met had children in school, nor did they know of any of their fellow refugees who did so. An Iraqi mother of seven said:

“I do feel frustrated when I see my neighbors’ children go to school and mine don’t have this ability. So, this is why I have [high] blood pressure and I became diabetic also. Most of the day [my children] are sitting at home with me. And they always ask if they can go to school or to have the other life standards similar to kids their age. But I cannot afford it, what can I do?”

Iraqi mothers the team talked to were often reluctant to allow their children to leave the house because they feared deportation. Refugee children felt isolated and had few if any friends, exacerbating the trauma that stems from violence and displacement. It is vitally important to put these children in school as soon as possible. Education can give them a sense of normalcy and can help restore their hope for the future. It can also help address the growing problem of refugee child labor in Jordan because the children will have somewhere to go and will have more protection against forced labor.<sup>39</sup>

Since the Women’s Commission’s field mission, the Government of Jordan has announced that it will allow all Iraqi refugee children into Jordanian schools, and UNHCR and UNICEF have launched a \$129 million appeal that would put 50,000 refugee children in school in Jordan and thousands in school in Syria. The United States announced in August 2007 that it would pledge \$30 million of the appeal. Although programming is being put in place, Iraqi parents are still fearful of enrolling their children in schools. Nevertheless, both announcements represent important steps forward and the international community must respond by quickly and fully funding the UN appeal so that children can be put in school as soon as possible.



## Economic opportunities

“My husband and eldest son tried to work several times. They would work for a week and then the employer would say we don’t need you anymore and we won’t pay you. We don’t have a residency permit so there was nothing they could do.”

—36-year-old Iraqi woman, Amman, June 2007.

As noted earlier, most Iraqi refugees in Jordan do not have legal status. They are not permitted to work and have no sustainable way to support their families. Those who came to Jordan with some assets have seen their savings dwindle or disappear after several years of displacement without humanitarian assistance. According to World Vision, two-thirds of Iraqis in Jordan are selling their assets to survive and some depend completely on donations.<sup>40</sup> Men caught working illegally are in danger of being deported, so if a family desperately needs an income, women are often sent out to work. Because they are illegal and have no protections, they are extremely vulnerable to exploitation and abuse in the workplace. Many Iraqis that we met spoke of employers withholding pay, denying vacation or time off and being paid less than their Jordanian counterparts. Iraqis are often overqualified for the work they do.<sup>41</sup>

## Recommendations

- 1. U.S. humanitarian response.** The U.S. government should develop a comprehensive assistance strategy for Iraqi refugees that reflects the magnitude of the refugee crisis, the great strain on refugee-receiving countries, especially Syria and Jordan, and the special responsibility the United States has to these refugees. This should include strong support of UNHCR, UNICEF and other international, national and local organizations assisting Iraqi refugees, as well as a robust and efficient U.S. resettlement program and bilateral assistance to refugee hosting countries.
- 2. Assistance from the international community.** To ensure continued protection and assistance for Iraqi refugees and provide much-needed support to Jordan and Syria in particular, which have received a huge influx of refugees, the international community should provide generous humanitarian assistance for displaced Iraqis and their host communities, and offer resettlement opportunities to the most vulnerable. The United States should take the lead in encouraging other countries to help, particularly the countries of the European Union and the Arab League.
- 3. Reproductive health services.** Refugee women and girls need immediate access to priority reproductive health services, including prevention of sexual violence and care for survivors, services for women with obstetric emergencies and the prevention of HIV transmission, as well as good quality comprehensive reproductive health care. The Ministry of Health and the international community should therefore ensure that these reproductive health services are readily available to Iraqi refugees and that they meet the guidelines on reproductive health care in emergencies that have become the standard for humanitarian response.
- 4. Health care.** Much greater assistance is needed to meet the health needs of Iraqi refugees. Health programming needs to be scaled up considerably, with particular attention and resources given to chronic disease. Humanitarian organizations should work closely with the Ministry of Health to make these services available and accessible.
- 5. Mental health and psychosocial support.** In view of the trauma and abuse that many refugee families have suffered, it is vital that refugees have access to quality mental health and psychosocial services and that health staff are appropriately trained to provide these services. Community education on violence against women, particularly rape and domestic violence, should be established.
- 6. Protection and non-refoulement.** Countries of first asylum, especially Syria and Jordan, should keep their borders open to Iraqis fleeing the conflict. Refugees should not be forcibly sent back to Iraq. Refugee-receiving countries should work closely with local, national and international organizations to provide the necessary services to the displaced.
- 7. Education.** Educating Iraqi refugee children and youth must also be a top funding priority. Children are missing many months or, in some cases, several years of education, and the strain on the children and their families is tremendous. Adolescents in particular are highly vulnerable to negative influences the longer they are denied schooling. The United States and other donors should ensure that the recent UNHCR-UNICEF education appeal is fully funded.
- 8. Economic opportunities.** Countries of first asylum should also allow refugees to work so that they can provide for their families and reduce their vulnerability to exploitation and abuse. To ease the concerns this might raise among the local population, the international community should work with host governments to develop and implement economic programs that will benefit both the refugees and the local communities.

# Next Steps for the Women's Commission

The Women's Commission will share the findings of this report and advocate for the implementation of our recommendations with the U.S. government, UN agencies and international and local NGOs that are implementing health programs in conflict-affected areas. In particular, we will urge the U.S. government and the international community to support significant increases in humanitarian assistance for Iraqis. Through our advocacy, we hope to improve programs for displaced Iraqis and draw greater attention and resources to reproductive health care for all conflict-affected persons.

Further information, including reports from the field and video interviews, are available on the Women's Commission's website at [www.womenscommission.org](http://www.womenscommission.org).

## Notes

- <sup>1</sup> UNHCR. "Iraq Situation Map." July 2007.
- <sup>2</sup> Jordan is not a party to the 1951 United Nations Convention Relating to the Status of Refugees or the 1967 Protocol Relating to the Status of Refugees. It has never developed a domestic refugee law or a procedure for adjudicating asylum claims.
- <sup>3</sup> Dakkak, Henia. "Tackling Sexual Violence, Abuse and Exploitation." *Forced Migration Review*. June 2007.
- <sup>4</sup> Burnham, Gilbert et al. "The Human Cost of the War in Iraq. A Mortality Study, 2002-2006." Published in *The Lancet*. Oct. 11, 2006. The study, by Johns Hopkins University and Al Mustansiriya University (Baghdad), cites a figure of 654,965 (range of 392,979 to 942,636, using a 95% confidence level) excess deaths through the end of June 2006, based on household survey data. The estimate is for all excess violent and nonviolent deaths. That also includes those due to increased lawlessness, degraded infrastructure, poorer healthcare, etc. 601,027 deaths (range of 426,369 to 793,663 using a 95% confidence interval) were estimated to be due to violence. 31% of those were attributed to the Coalition, 24% to others, 46% unknown. The causes of violent deaths were gunshot (56%), car bomb (13%), other explosion/ordnance (14%), air strike (13%), accident (2%), unknown (2%).
- <sup>5</sup> UNHCR. Briefing note. "Iraq: Rate of displacement rising." Aug. 28, 2007. <http://www.unhcr.org/cgi-bin/texis/vtx/iraq?page=briefing&id=46d3f68f4>
- <sup>6</sup> UNHCR. "UNHCR launches new appeal for Iraq operations." Jan. 9, 2007. <http://www.unhcr.org/cgi-bin/texis/vtx/iraq?page=press&id=45a243a54> (accessed Aug. 15, 2007).
- <sup>7</sup> UNHCR. "UNHCR update on the Iraq situation." Nov. 2006.
- <sup>8</sup> Oxfam and NGO Coordinating Committee in Iraq. *Rising to the humanitarian challenge in Iraq*. Briefing paper. July 30, 2007.
- <sup>9</sup> UN News Center. "UNICEF appeals for \$42 million to help Iraqi children." May 23, 2007. <http://www.un.org/apps/news/story.asp?NewsID=22660&Cr=iraq&Cr1=%C2%A0> (accessed Aug. 15, 2007).
- <sup>10</sup> Oxfam and NGO Coordinating Committee in Iraq. *Rising to the humanitarian challenge in Iraq*. Briefing paper. July 30, 2007.
- <sup>11</sup> UNHCR. Guidelines Relating to the Eligibility of Iraqi Asylum Seekers. Para. 41. Oct. 2005.
- <sup>12</sup> Spencer S. Hsu and Robin Wright. "Crocker Blasts Refugee Process: Iraqis Could Wait 2 Years for Entry, Ambassador Says." *Washington Post*. September 17, 2007; A01. Accessed 20 Sept. 2007: [http://www.washingtonpost.com/wp-dyn/content/article/2007/09/16/AR2007091601698\\_pf.html](http://www.washingtonpost.com/wp-dyn/content/article/2007/09/16/AR2007091601698_pf.html)
- <sup>13</sup> UNHCR. "Iraq Situation Map." July 2007.
- <sup>14</sup> MADRE. *Promising Democracy, Imposing Theocracy*. March 2007.
- <sup>15</sup> Dakkak, Henia. "Tackling Sexual Violence, Abuse and Exploitation." *Forced Migration Review*. June 2007.
- <sup>16</sup> Agence France-Presse. "More than 400 Iraqi Women Kidnapped, Raped in Post-war Chaos." Aug. 24, 2003. <http://www.reliefweb.int/rw/rwb.nsf/AllDocsByUNID/c21efb4c4e3dda7e49256d8d0010bacb> (accessed Aug. 13, 2007).
- <sup>17</sup> MADRE. *Promising Democracy, Imposing Theocracy*. March 2007.
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