

Research Terms of Reference

Multi Cluster Needs Assessment (MCNA) VIII

IRQ2005

Iraq

July 2020
Version 2

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Iraq				
Type of Emergency	<input type="checkbox"/> Natural disaster	<input checked="" type="checkbox"/> Conflict			
Type of Crisis	<input type="checkbox"/> Sudden onset	<input type="checkbox"/> Slow onset	<input checked="" type="checkbox"/> Protracted		
Mandating Body/ Agency	Assessment Working Group (AWG), Inter-Cluster Coordination Group (ICCG)				
Project Code	10DKF				
Overall Research Timeframe <i>(from research design to final outputs / M&E)</i>	01/03/2020 to 30/11/2020				
Research Timeframe <i>Add planned deadlines (for first cycle if more than 1)</i>	1. Start collect data: 20/07/2020		5. Preliminary presentation: 20/10/2020		
	2. Data collected: 17/09/2020		6. Outputs sent for validation: Preliminary (to meet HPC milestones) ¹ : 25/09/2020 Final: ² <ul style="list-style-type: none"> 30/10/2020 for factsheets, Rolling basis for presentations through October/November 10/12/2020 for final report 		
	3. Data analysed: Preliminary (to meet HPC milestones): 25/09/2020 Final (if different from above):		7. Outputs shared/published: Preliminary (shared with clusters only to meet HPC milestones) ¹ : 30/09/2020 Final ² : Between 30/9/2020 and 31/12/2020		
	4. Data sent for validation: Preliminary (to meet HPC milestones): 25/09/2020 Final (if different from above):		8. Final presentation sent for validation: 30/10/2020		
Number of assessments	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi assessment (more than one cycle) <i>[Describe here the frequency of the cycle]</i>			

¹ Preliminary outputs include the full MCNA dataset, and preliminary findings.

² Final outputs include sectoral presentations, overall findings presentation, and factsheets with key findings per population group.

Humanitarian milestones Specify what will the assessment inform and when e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;	Milestone		Deadline
	X	HNO Sectoral Analysis Support	25/09/2020 Sectoral findings through excel tables and presentations for priority indicators used in the HNO; Severity indexes per sector, per population, cross-sector and cross-population.
	X	HNO Joint Analysis Workshop(s)	Between 30/9/2020 and 15/10/2020 As above, sectoral findings through excel tables and presentations for priority indicators used in the HNO; Severity indexes per sector, per population, cross-sector and cross-population.
	X	Inter-cluster plan/strategy <i>Humanitarian Needs Overview</i>	Late September 2020
	<input type="checkbox"/>	Donor plan/strategy	__/__/__
	X	Cluster plan/strategy	Throughout HNO process (September-November 2020)
	<input type="checkbox"/>	NGO platform plan/strategy	__/__/__
Audience Type & Dissemination Specify who will the assessment inform and how you will disseminate to inform the audience	Audience type		Dissemination
	X Strategic X Programmatic <input type="checkbox"/> Operational <input type="checkbox"/> [Other, Specify]		X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) X Cluster Mailing and presentation of findings at next cluster meeting X Presentation of findings (e.g. at HCT meeting; Cluster meeting) X Website Dissemination (Relief Web & REACH Resource Centre) <input type="checkbox"/> Iraq Assessment Registry
Detailed dissemination plan included in Annex 1	X	Yes	<input type="checkbox"/> No
General Objective	Support evidence-based decision-making for the 2021 humanitarian planning cycle process, as well as planning among key humanitarian actors, through the provision of updated information on multi-sectoral needs and priorities for crisis-affected populations. across Iraq.		
Specific Objective(s)	1. Provide a comprehensive evidence base to inform the severity of multi-sectoral needs among crisis-affected population groups ³ in Iraq; 2. Inform the Humanitarian Needs Overview and Humanitarian Response Plan for 2021 through the provision of impartial and comparable analysis of cross-sectoral needs.		

³ Crisis-affected groups defined as: IDP, and returnee households in areas with high caseload of IDP.

	3. Understand the humanitarian conditions (i.e. living standard gaps, use of coping mechanisms and the severity of humanitarian needs) in light of the COVID-19 outbreak in Iraq.		
Research Questions	<ol style="list-style-type: none"> 1. Pre-existing vulnerabilities <ol style="list-style-type: none"> a. What proportion of households have pre-existing vulnerabilities? b. How do the levels of pre-existing vulnerabilities differ based on: <ol style="list-style-type: none"> i. Assessed districts ii. Population groups (IDPs out of camps, IDPs in camps, returnees) 2. Impact on people <ol style="list-style-type: none"> a. What is the level of impact that the crisis has had on people/households? b. How do the levels of impact differ based on: <ol style="list-style-type: none"> i. Assessed districts ii. Population groups (IDPs out of camps, IDPs in camps, returnees) iii. Pre-existing vulnerability profile? 3. Humanitarian conditions (living standards and well-being): <ol style="list-style-type: none"> a. What is the level of living standard gaps for Iraqi households across the following sectors: Food Security, Shelter & NFI, WASH, Education, Health, Livelihoods and Protection (incl. GBV, Child Protection, HLP and Mine Action)? b. How do living standard gaps differ by: <ol style="list-style-type: none"> i. Assessed districts ii. Population groups (IDPs out of camps, IDPs in camps, returnees) iii. Pre-existing vulnerability profile? 4. To what level do Iraqi households report using coping mechanisms to cope with needs and gaps in the following sectors: <ol style="list-style-type: none"> a. Food Security, Livelihoods, Shelter & NFI, WASH, Education, Health and Protection (incl. GBV, Child Protection, HLP and Mine Action)? b. How do those coping mechanisms differ by: <ol style="list-style-type: none"> i. Assessed districts ii. Population groups (IDPs out of camps, IDPs in camps, returnees) iii. Pre-existing vulnerability profile? 5. The severity of humanitarian needs: <ol style="list-style-type: none"> a. What is the overall severity of humanitarian needs? b. What proportion of households fall into each severity category? c. How does the severity of humanitarian needs differ by: <ol style="list-style-type: none"> iv. Assessed districts v. Population groups (IDPs out of camps, IDPs in camps, returnees) vi. Pre-existing vulnerability profile? 		
Geographic Coverage	Nationwide, across all 63 districts and 40 camps in which the targeted population groups are present. ⁴		
Secondary data sources	<ul style="list-style-type: none"> ○ HNO/HRP 2020 ○ IOM DTM (IDP and Returnee Master Lists, Integrated Location Assessment) ○ REACH Multi-Cluster Needs Assessment (MCNA) VII and Camp Profiles XII ○ Sectoral studies/assessments conducted by partners in Iraq ○ IOM Protracted Displacement research, Returns Index 		
Population(s)	X	IDPs in camp	<input type="checkbox"/> IDPs [Other, Specify]
Select all that apply	X	IDPs out of camps ⁵	<input type="checkbox"/> Refugees in host communities

⁴ All districts with a minimum of 200 IDP and or returnee households. The total number of districts across the country is 103.

⁵ IDPs out of camps includes IDPs living in informal sites as well as IDPs living in host communities

	<input type="checkbox"/> Refugees in camp	<input type="checkbox"/> Refugees in informal sites
	<input type="checkbox"/> Refugees [Other, Specify]	
	<input type="checkbox"/> Host communities	<input checked="" type="checkbox"/> Returnees (previously internally displaced that have since returned to their Area of Origin)
Stratification <i>Select type(s) and enter number of strata</i>	<input checked="" type="checkbox"/> Geographical #: 63 districts where out-of-camp IDPs and returnees are present. Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Group #: 40 camp areas. Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> [Other Specify] #: __	Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data collection tool(s)	<input checked="" type="checkbox"/> Structured (Quantitative)	<input type="checkbox"/> Semi-structured (Qualitative)
	Sampling method	Data collection method
Structured data collection tool # 1 <i>Select sampling and data collection method and specify target # interviews</i>	<input type="checkbox"/> Purposive <input checked="" type="checkbox"/> Probability / Simple random (in IDP camps – data collection method TBD) <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling (in out of camp locations) <input type="checkbox"/> [Other, Specify]	<input type="checkbox"/> Key informant interview (Target #): _____ <input type="checkbox"/> Group discussion (Target #): _____ <input checked="" type="checkbox"/> Household interview (Target #): approximately 2,511 in camp (see annex 2 for sample targets). <input type="checkbox"/> Individual interview (Target #): _____ <input type="checkbox"/> Direct observations (Target #): _____ <input type="checkbox"/> [Other, Specify] (Target #): _____
Structured data collection tool # 2⁶ <i>Select sampling and data collection method and specify target # interviews</i> <i>***If more than 2 structured tools please duplicate this row and complete for each tool.</i>	<input type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input checked="" type="checkbox"/> Probability / Stratified cluster sampling (where in-person data collection possible) <input type="checkbox"/> [Other, Specify]	<input type="checkbox"/> Key informant interview (Target #): _____ <input type="checkbox"/> Group discussion (Target #): _____ <input checked="" type="checkbox"/> Face-to-face household interview (Target #): approximately 9,562 out of camp if all districts can be covered through face-to-face data collection (see annex 2 for sample targets) ⁷ . <input type="checkbox"/> Individual interview (Target #): _____ <input type="checkbox"/> Direct observations (Target #): _____ <input type="checkbox"/> [Other, Specify] (Target #): _____
Structured data collection tool # 3 <i>Select sampling and data collection method and specify target # interviews</i> <i>***If more than 2 structured tools please duplicate this row and complete for each tool.</i>	<input type="checkbox"/> Purposive (where in-person data collection impossible) <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input checked="" type="checkbox"/> Other: Quota and snowball sampling (where in-person data collection is impossible)	<input type="checkbox"/> Key informant interview (Target #): _____ <input type="checkbox"/> Group discussion (Target #): _____ <input checked="" type="checkbox"/> Remote phone-based household interview (Target #): approximately 3,170 out of camp if none of the districts can be covered through in-person data collection (see annex 2 for sample targets) ⁸ . <input type="checkbox"/> Individual interview (Target #): _____ <input type="checkbox"/> Direct observations (Target #): _____ <input type="checkbox"/> [Other, Specify] (Target #): _____
Target level of precision if probability sampling	<u>District-level sampling for out-of-camp populations:</u> 90% level of confidence per population group <u>In camps:</u> 90% level of confidence	10 +/- % margin of error 10 +/- % margin of error at the camp level

⁶ The tool used for out-of-camp populations will differ slightly from the one used in camp to align with requirements for the REACH-CCCM Camp Profiling exercise conducted in conjunction with the MCNA. As much as possible, both tools will be aligned to enable comparison between HH living in-camp, vs. those living out-of-camp.

⁷ Total target sample size assuming scenario 1 (fully operational) described on page 12

⁸ Total target sample size assuming scenario 3 (fully restrictive) described on page 12

Analytical Framework used	<input type="checkbox"/>	JIAF (All components)	<input checked="" type="checkbox"/>	JIAF (Alignment with the draft JIAF wherever possible)
	<input type="checkbox"/>	[Other, Specify]		
Lessons Learned incorporation from past MSNAs	<input checked="" type="checkbox"/>	Documentation available and consulted	<input type="checkbox"/>	No lessons learned documentation available
	<input type="checkbox"/>	No MSNAs conducted in the past		
Data management platform(s)	<input checked="" type="checkbox"/>	IMPACT	<input type="checkbox"/>	UNHCR
	<input checked="" type="checkbox"/>	Humanitarian Data Exchange Platform (HDX)		
Expected output type(s)	<input type="checkbox"/>	Situation overview #: __	<input checked="" type="checkbox"/>	Report #: 1
	<input checked="" type="checkbox"/>	Presentation (Preliminary findings) #: 10 ⁹	<input checked="" type="checkbox"/>	Presentation (Final) #: 1
	<input checked="" type="checkbox"/>	Interactive dashboard #: 1	<input type="checkbox"/>	Webmap #: __
	<input type="checkbox"/>	[Other, Specify] #: __		
Access	<input checked="" type="checkbox"/>	Public (available on REACH resource center and other humanitarian platforms)		
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)		
Visibility Specify which logos should be on outputs	REACH			
	Donor: USAID			
	Coordination Framework: Assessment Working Group			
	Partners: Logos of all participating clusters and partners (list TBD)			

2. Rationale

2.1. Rationale

Iraq has experienced several waves of violence over the past six years, leading to more than six million people being displaced.¹¹ While a majority of households have returned to their areas of origin, 1.4 million people remain internally displaced.¹² Returns and attempted returns to areas of origin from which families had fled during the conflict continue to raise the issue of safe and durable returns, while the recent shift towards slowed rates of return since mid-2018 continues to have protracted displacement implications for large populations of IDPs living in and out of camps. Additionally, camp closures create new issues for IDP households that are unable to return to their area of origin or find other durable solutions.

While the humanitarian situation in Iraq has been gradually improving over the past two years, the transitional process has been defined by persisting political instabilities, resurgences of localized conflicts and regional insecurities that are not directly related to the protracted displacement crisis. The large scale protests that broke out in Central Southern cities in late 2019, the Turkish military offensive in Northeast Syria, the heightened tensions between the United States and Iran and an increase in attacks of non-state armed groups on civilian and military targets have led to a substantial worsening of the political and security situation in Iraq and have added another layer of complexity to the humanitarian response.

⁹ One presentation per cluster (Food Security, Emergency Livelihoods, Health, WASH, Shelter/NFI, Education, Protection, CCCM), as well as Returns Working Group, AWG/ICCG.

¹⁰ One factsheet per sector (Food Security, Emergency Livelihoods, WASH, Health, Shelter, Education, Protection, Capacity Gap, Vulnerabilities, Impact)

¹¹ IOM, Iraq Master List Report 115, available [here](#).

¹² IOM, Displacement Tracking Matrix (April 2020), available [here](#).

Finally, the outbreak of COVID-19 in Iraq represents a serious emerging public health crisis that could aggravate the humanitarian situation and exacerbate existing vulnerabilities in health, education, protection, livelihoods and other areas of well-being¹³. The first case of COVID-19 in Iraq was recorded in February 2020 and as of June 26, the World Health Organization had recorded 41,193 confirmed and 20,775 active cases as well as 1,559 deaths related to COVID-19¹⁴. While the Iraqi government was able to largely contain the spread of the virus in the early stages, government-imposed lockdowns and movement restrictions have inhibited access of millions of Iraqis to livelihood opportunities, education and essential health services. Ongoing access constraints as well as an increase in security incidents have further restricted the provision of humanitarian aid to populations in need. IDPs and returnees are considered to face heightened and unique threats from COVID-19 which are attributable to pre-existing vulnerabilities related to their displacement status, poor infrastructure in their areas of inhabitation and generally limited access to basic services. In light of mobility restrictions and school closures, there are also ongoing protection concerns related to GBV as well as social and psychological distress amongst children.¹⁵

In short, Iraq today presents a case of complex intervention where many sectors in the country continue to require humanitarian programming. At the same time, the context remains extremely volatile with recurring waves of violence and persisting political and economic instability. Compounded by a shift towards camp closures and consolidations since August 2019, such an environment makes it difficult to understand needs, while anticipating population movements and identifying areas to target. Based on this complexity there is a need for regular and reliable inter-sectoral data to be gathered for relevant population groups in order to support humanitarian actors in Iraq in developing strategies that are based on evidence and that address the needs of people affected by the 2014 displacement crisis. As such, there is a need to conduct an annual MCNA, for which REACH has experience in collaborating on with OCHA and the Assessment Working Group (AWG) since 2013.

This year's MCNA VIII is intended to provide an overall understanding of household vulnerabilities, their most pressing needs and the severity of these needs, both within each sector and from a cross-sectoral perspective, and particularly in light of the rapidly changing humanitarian context following the outbreak of COVID-19.

3. Methodology

3.1. Methodology overview

Due to the serious health risk that the spread of COVID-19 poses to enumerators and respondents as well as the movement restrictions related to the government-imposed COVID-19 containment measures, the MCNA VIII cannot be implemented through a full nationwide statistically representative household survey, as typically deployed as part of the MCNA. Instead, statistically representative household surveys will only be administered in those districts that are fully accessible and where the risk of COVID-19 to both enumerators and respondents is considered low. In all other districts, MCNA VIII data will be collected through phone-based household surveys. Results for those districts where data is collected remotely will be indicative, with a non-probability purposive sampling approach driven by quota-based sampling (see further sections for a detailed description of the data collection and sampling methodology). Quotas are drawn up in order to ensure the most accurate and robust cross-section of the Iraqi population has been assessed to be indicative of the geographic area (i.e. district) (quota 1) and the population sub-group (i.e. in-camp IDPs, out of camp IDPs and returnees) (quota 2). Data collection for the MCNA VIII is scheduled to begin on 14 July 2020 and will last until 10 September 2020. Depending on the data collection method that will be employed in each of the districts, the total number surveys collected through this year's MCNA VIII will be between 5,500 and 12,000 surveys.

¹³ UN-OCHA COVID-19 Situation Report No. 14, available [here](#)

¹⁴ World Health Organization COVID-19 Situation Report, available [here](#).

¹⁵ Protection Cluster, Protection Monitoring in Response to the COVID-19 Outbreak in Iraq, available [here](#).

3.2 Population of interest

In line with previous MCNAs in Iraq, the MCNA VIII will continue to assess severity of needs among different crisis-affected population groups within Iraq. The identification and sampling of population groups will be guided by displacement-related factors that have led to increased vulnerabilities over the past six years. This stratification by population group would be required to ensure that needs of different vulnerable groups are captured, as average governorate-level population findings may misrepresent specific targeted needs.

The following population groups will be surveyed nationwide (definitions below):

- Internally Displaced Persons¹⁶:
 - In formal camps: up to 40 formal IDP camps and camp areas, as agreed upon with the Camp Coordination and Camp Management (CCCM) Cluster
 - Out of camp: all districts where IDP households are present, including those living in informal settlements. (As per DTM data from 30 April 2020, a minimum of 200 IDP households are expected to be present in 52 districts in 14 governorates).
- Returnees: all districts where returnee households are present. (As per DTM data from 30 April 2020, returnees are expected to be present in 34 districts in 9 governorates.)

The selection of the three population groups assessed through the MCNA VIII was done in consultation and agreement with the ICCG and has been endorsed by the Humanitarian Country Team (HCT)¹⁷.

Relevant definitions:

- **A household** is a group of people who regularly share meals, income, and expenditures together. Members must acknowledge the authority of one person as head of household and that person must actually live with the rest of the household members. In polygamous households, each wife is treated as a distinct household when the wives live in different houses, cook separately and take decisions independently¹⁸.
- Households displaced from their sub-district between 2014-2017 but still living in Iraq are considered to be **internally displaced**, as per IOM DTM definitions.
- Households displaced between 2014-2017 (using above definition) who have since returned to their sub-district are considered as **returnees**, as per IOM DTM definitions.

3.3 Secondary data review

Throughout the research cycle, the assessment team will monitor secondary data sources to inform the design and content of the questionnaires; inform the categorization of areas and target population groups, and to ensure proper contextualization of findings for the final output production.

Key sources of secondary data include:

- Population tracking information, such as [IOM's DTM IDP Returnee Master Lists](#), [CCCM Cluster population figures](#), and IOM's [Integrated Location Assessment Round IV](#);

¹⁶ A separate assessment will be conducted within formal IDP camps. The household survey questionnaire has been harmonized to allow for comparison between these groups. Additional data on displacement will be captured to allow for disaggregation by newly or secondarily displaced households during the analysis phase.

¹⁷ 2019 HNO Lessons Learned Workshop: Outcome Note, available [here](#)

¹⁸ For comparability, the same definition is applied as in the [MCNA VII](#)

- Nationwide assessments and response strategies, including the 2020 [HNO/HRP](#), and recent REACH products such as [MCNA VII](#), [Intentions in Formal Camps V](#), and [Camp Profiles XII](#);
- [Recent localized area-based assessments](#) to provide a deeper context in key areas;
- Additional assessments such as the Rapid Needs Assessments and other sector-specific gap analyses will serve as sources of triangulation and contextualization for the findings.

3.4 Primary Data Collection

3.4.1. Method

The design and implementation of data collection activities for the MCNA VIII will be contingent on the current operational context in Iraq with regards to the spread of COVID-19. In particular, considerations around movement restrictions and barriers in conducting home visits and face-to-face interviews will feed into the decision about which sampling and data collection methodology will be employed in a certain district. Due to the volatile and rapidly changing nature of the COVID-19 crisis, REACH has prepared contingency plans that outline how data collection activities and the research design will be modified based on the three most likely scenarios.

Table 1: COVID-19 and the operating environment 2020

Scenario Planning	Operational Context	Implications for MCNA Sampling Methodology	Implications for MCNA Data Collection Method
Scenario 1: Fully operational	There are no safety concerns or movement restrictions present in any of the districts included in the sampling frame.	As in previous years, a two-stage stratified cluster sampling approach will be employed in all districts included in the sampling frame. All findings will be statistically representative at the strata-level (population group and district) with a level of confidence of 90% and a margin of error of 10%.	As in previous years, primary data collection will take place through face-to-face interviews in all districts included in the sampling frame.
Scenario 2: Partly operational	Safety concerns and/or movement restrictions are only present in certain districts included in the sampling frame. Other districts are fully accessible and there are no safety concerns related to a face-to-face data collection.	For those districts where no safety concerns or movement restrictions are present, a two-stage stratified cluster sampling approach will be employed and findings will be representative for each population group with a level of confidence of 90% and a margin of error of 10%. For those districts where safety concerns and/or movement restrictions are present, a purposive non-randomized quota sampling approach will be employed, and findings will only be indicative.	Primary data collection will take place through face-to-face interviews in those districts where no safety concerns or movement restrictions are present. In all other districts, primary data collection will take place through remote phone-based interviews.
Scenario 3: Fully restrictive	Safety concerns and/or movement restrictions are present in all districts included in the sampling frame.	A purposive non-randomized quota sampling approach will be employed in all districts included in the sampling frame. Findings for all districts will only be indicative.	Primary data collection will take place through remote phone-based interviews in all districts included in the sampling frame.

Based on the latest assessment of the COVID-19 and access situation in Iraq as well as reflecting global trends, it is unlikely that the operating environment in Iraq will be such that REACH can follow a nationwide data collection plan that would require enumerators to travel extensively between governorates and conduct face-to-face interviews with respondents from often vulnerable and disadvantaged backgrounds. Due to the currently regionalized severity of the COVID-19 crisis in Iraq, it is however possible that for certain districts, safety concerns to enumerators and respondents will be marginal and that physical access to those districts will be fully possible. In this case, a hybrid form of data collection is envisioned for the MCNA VIII with data for certain districts being collected through face-to-face interviews and data for other districts being collected through remote phone-based interviews. The following section therefore reflects data collection methods in realising data collection under **Scenario 2** (partly operational environment).

Due to the volatile and rapidly changing context as well as due to the unpredictable nature of the COVID-19 crisis in Iraq, this year's MCNA data collection plan will have to contain a certain degree of flexibility and adaptability. Instead of a 2-months data collection plan (as used in previous MCNAs) this year's MCNA VIII will employ three 3-week data collection plans. Each of these data collection plans will outline the districts that will be assessed over the coming 3-weeks data collection period as well as the data collection method that will be employed for each of the districts included in those data collection plans. The first 3-weeks data collection plan will be developed one week prior to the start of data collection and every following 3-weeks data collection plan will be developed in the last week of the previous data collection plan.

To determine which of the districts can safely be assessed through face-to-face interviews, REACH will employ a monitoring and scoring system for the MCNA VIII. Throughout the entire data collection period, the MCNA assessment team will produce weekly situation reports that provide an overview of the COVID-19 situation, the general security situation and the access situation in each of the districts included in the sampling frame. Based on these situation reports and other secondary data sources, the REACH management team will assign scores to each of the districts prior to the start of every 3-weeks data collection period. These scores will be determined on a 4-point scale and indicate the possibility of a district-wide data collection through face-to-face interviews. The scores assigned to each of the districts will decide the data collection method and sampling methodology employed in a certain district as well as the sequencing of the data collection.¹⁹

Table 2: MCNA VIII Data Collection Scoring System

Score	Definition	Data Collection Method and Sequencing of the Data Collection
Score = 3	<i>There are no safety concerns or movement restrictions limiting a full-scale data collection through face-to-face interviews in this district.</i>	<ul style="list-style-type: none"> All district that are assigned a score of 3 will be assessed through face-to-face interviews in the coming 3-weeks data collection period.
Score = 2	<p><i>There are some safety concerns and/or movement restrictions limiting a full-scale data collection through face-to-face interviews in this district.</i></p> <p><i>The situation is however such that a data collection through face-to-face interviews might become possible soon.</i></p>	<ul style="list-style-type: none"> Districts that are assigned a score of 2 will not be assessed in the coming 3-weeks data collection period and will be re-considered for the following 3-weeks data collection period. In the final 3-weeks data collection period, all districts that are assigned a score of 2 will be assessed through remote phone-based interviews.

¹⁹ A more detailed outline of this year's MCNA Data Collection and Sampling Strategy is provided in Annex 3

Score = 1	<p><i>There are safety concerns and/or movement restrictions limiting a full-scale data collection through face-to-face interviews in this district. The situation is such that data collection through face-to-face interviews will most likely not become possible anytime soon.</i></p>	<ul style="list-style-type: none"> • <i>In case there remains capacity in the upcoming 3-weeks data collection period, the data collection plan should be complemented with those districts that were assigned a score of 1 and that are least likely to see an improvement in their safety and/or access situation.</i> • <i>All other districts that are assigned a score of 1 will be put on the list of districts to be re-considered in the following 3-weeks data collection period.</i> • <i>In the final 3-weeks data collection period, all districts that are assigned a score of 1 will be assessed through remote phone-based interviews.</i>
Score = 0	<p><i>There are persisting safety concerns and/or movement restrictions that will limit a full-scale data collection through face-to-face interviews in this district for the entire two-months data collection period.</i></p>	<ul style="list-style-type: none"> • <i>All districts that are assigned a score of 0 will be assessed through remote phone-based interviews in the coming 3-weeks data collection period.</i>

3.4.2 Sampling:

The sampling methodology applied to a certain district is conditioned on the data collection method that will be employed in that same district (face-to-face interviews or remote phone-based interviews). In the following two sub-sections, the sampling methodologies for both data collection methods are described in more detail.

3.4.2.1 Districts that will be assessed through face-to-face interviews:

In case face-to-face interviews are possible in a certain district, the sampling methodology will depend on the assessed population group:

*IDPs residing in camps*²⁰: 90% confidence level (CL)/10% Margin of Error (MoE) at camp level, in all camps with 100 households or more, based on household population figures provided by CCCM Cluster operational partners:

- Wherever possible, anonymized camp household rosters provided by camp managers will be used as the basis for a simple random sampling within the camp.
- Wherever camp lists are unavailable, point-based sampling will be applied. A grid of points will be generated across the camp, from which points are randomly selected using GIS. Sampling maps will be provided to the teams, and the nearest household to each point is then interviewed.
 - Camp infrastructure areas will be removed from the sampling area, thereby sampling only from household residential areas. Satellite imagery will be ordered for new camps, and GPS tracks of key infrastructure/programme buildings will be taken by field teams.
 - In the event that the household does not have an adult willing to participate in the survey, the nearest household (in a randomized direction, within maximum 10 meters) will be approached for the survey.

IDPs residing out of camps and returnees

A two-stage stratified cluster sampling approach (90% level of confidence and a 10% margin of error) will be employed in all accessible districts where each of the population groups are present. Sampling frames:

- **IDPs out of camp:** All districts with a minimum of 200 IDP households, as recorded in the IOM DTM database.²¹

²⁰ A full methodology note for the camp portion of the assessment can be found [here](#).

²¹ Given the required sample size of approximately 95 households per target population group per district as well as previous assessments highlighting potential discrepancies in displacement tracking data, a minimum threshold is set to 200 households (sample estimate using 2-stage cluster sampling at a 90% confidence level and 10% margin of error; estimated design effect of 1.4). These exclusion criteria may introduce bias as households living in districts with a lesser density of households in their population group may not be selected.

- **Returnees:** All districts with a minimum of 200 Returnee households, as recorded in the IOM DTM database.

Two-stage stratified cluster sampling for out-of-camp IDPs and returnees

The GIS team will refine both sampling frames in advance of data collection to ensure that locations fall within geographic boundaries for districts and governorates from the Common Operational Datasets that were agreed by the humanitarian community in Iraq, and to remove any points that clearly fall in uninhabited areas (military bases, airports, etc.)

A cluster sample will be drawn for each population group in each district, with probability proportional to size (based on recorded number in the relevant sampling frames). Each cluster will have a minimum target sample size of 6 households.

The second stage consists of randomly selecting households at the location level:

- A set of random geo-points will be generated and a map will be provided to enumerators through the maps.me app. The eligible household nearest to each point will be interviewed.
 - Areas where households would not be present will be removed from the map prior to the generation of random geo-points, including airports, military bases, known areas with explosive hazards, etc.
 - In the event that the geo-point location falls on a multi-story building, a random number generator will be used to select the floor and/or apartment number.
 - A large buffer of geo-points will be drawn per location. In the event that the household does not have an adult willing to participate in the survey, the nearest household in the same target population group will be approached for the survey (if in the same city block or apartment building), within a radius of 500 meters. If no other eligible household is present at the same point, the enumerator will continue to the next randomly assigned geo-point.

3.4.2.2 Districts that will be assessed through remote phone-based interviews:

For those districts where data collection through face-to-face interviews is inhibited by safety concerns and/or movement restrictions, a non-probability purposive quota sampling approach will be employed. The minimum quotas that are established through this approach will ensure that the collected data is indicative of the geographic location (district) (quota 1) and population groups (IDPs in-camp, IDPs out of camp and returnees) (quota 2).

Wherever the minimum quota targets (as outlined in annex 2) cannot be fulfilled with the available phone numbers, REACH aims to combine the quota-based sampling with a snowball sampling approach. Through snowball sampling, interviewees refer to other potential participants from the same quotas that can be contacted for the assessment. The MCNA assessment team will keep track of the targets and will decide to complement the quota sampling approach with snowball sampling if the number of responses are showing an underrepresentation of certain districts or population groups. In this case, the assessment team will instruct field managers to further instruct enumerators to specifically ask for a certain type of contact. This will be done by asking respondents to specifically recommend individuals in their network that fall within any of the underrepresented sub-group profiles out of those identified above.

While most respondents for the quota sampling are found through previous REACH assessments, some can also be found through local networks of partner organisations. All respondents that are found through previous REACH assessments have given their consent to be contacted for potential follow-up assessments conducted by REACH. Respondents that are found through local networks of partner organisations can stem from either beneficiary lists or non-beneficiary lists.

3.4.3 Tool

While the indicators/variables will remain consistent across all population groups, the two data collection methods will require nuanced differences in the phrasing of certain questions. The final tool will be adjusted accordingly, and the enumerator will specify the data collection method prior to each interview. The following sectors will be covered in the questionnaire: Education, Water, Sanitation and Health (WASH), shelter and non-food items, general protection, child protection, mine action, gender based violence, livelihoods, food security, Accountability to Affected Populations (AAP), Durable Solutions; as well as themes related to movement intentions and vulnerability.

3.4.4 Data collection monitoring

Prior to the start of data collection, field coordinators and enumerators will be trained on the specificities of the MCNA tool, with an emphasis on what has changed since the MCNA VII and lessons learned from it. Clusters and other relevant actors will be invited to join the training which also includes a presentation from UNOPS on the referral mechanisms of the Iraq Information Centre (IIC) as well as one training module on AAP and another one on the principles of Protection against Sexual Exploitation and Abuse (PSEA) in the context of the MCNA data collection. Prior to the start of data collection, REACH will pilot the remote phone-based data collection three weeks prior to the regular data collection by calling 65 phone numbers. The pilot phone-based data collection will allow field coordinators and enumerators to test the tool, estimate the response rate and identify and address possible issues, in close collaboration with the assessment team. A pilot for the face-to-face data collection will not be possible due to the movement restrictions that were in place during the period leading up to the data collection. The field teams are however already very experienced with face-to-face data collections and the feedback received from the remote data collection pilot will also be used to improve the face-to-face data collection.

For the period of data collection, a dashboard will be deployed that will allow the assessment team to monitor the progress of the data collection towards the set targets and accordingly adjust the data collection plans and provide instructions to the field teams. The collected data will further be monitored on a daily basis and when needed, debriefs will occur prior to the start of data collection in the mornings, to integrate feedback from previous days. For the remote data collection, field coordinators will be distributing the phone numbers among the field teams and will keep track of the response rate and ensure that the set targets are achieved. If a phone line is busy, the enumerators will call the same number again twice before they mark it as “non-responsive”. For those districts and population groups where either few phone numbers are available or where the set targets might not be achieved, snowball sampling will be triggered and the enumerators will ask the respondents if they are willing to provide the contact details of other IDP or returnee households living in the same district.

2.5. Data Processing & Analysis

Data entry & cleaning: A data cleaning SOP will be generated, built off of the [Minimum Standard Data Cleaning Checklist](#) developed by IMPACT HQ, to guide data checking, cleaning, and consolidation processes, as well as indicator-specific parameters. Data cleaning will be carried out by the technical AO on a daily basis. A pre-coded R script will be verified through manual data checks and data cleaning, particularly during the initial days of data collection. Any overarching adjustments to data collection procedures will be communicated through daily morning briefings with each operational base. Specific data that are deemed inconsistent will be highlighted and shared with the relevant Field Coordinator for clarification/rectification. These inquiries will be logged in a shared Google Spreadsheet in which focal points for each base will provide responses. All changes will then be made and logged by the technical AO/GIS officer. All issues raised during data collection will be addressed during the concurrent data cleaning phase and recorded in a log that enables retracing of cleaning steps.

Data analysis: Prior to data analysis, a framework will be developed and agreed upon with all sectoral partners, including approaches to ranking and prioritizing severity of need. Once the full dataset is cleaned, analysis will be carried out using R. Joint analysis meetings will be held bilaterally with each cluster to conduct analysis in line with the framework. Findings will be triangulated with secondary data and with field teams. Once the data analysis has been carried out, the dataset will be made available to external partners to enable use of data for further analysis. A full data analysis framework outlining the level of analysis feasible with each indicator will be included as an annex to this TOR.

- Analysis will be conducted at the national level for all population groups. In prioritized governorates, district-level analysis will be conducted wherever each population group is present. Camp-level analysis for in-camp IDPs will also be conducted. R will be used for all analysis.
- In order to run national level analysis, the dataset will be weighted. Findings from populations sampled using a cluster sample will be adjusted accordingly (scaling the confidence interval by the design effect).
- Additional cross-sectoral analysis will be jointly conducted with partners and will culminate in a workshop including all stakeholders (potentially incorporated within the HNO workshop).

Data Protection: Throughout all stages of the MCNA VIII research cycle, the assessment team will take all necessary measures stipulated in the global [IMPACT Data Protection Policy](#) in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or households. These data protection policies equally apply to

the confidential treatment of the phone numbers that are shared with the field teams to conduct the phone-based interviews. The number of devices and servers holding the contact details that are used for the remote part of the MCNA VIII data collection will be minimized and access rights will only be granted to a limited number of individuals. Upon their usage or upon completion of the assessment, all phone numbers collected and stored for the MCNA VIII will be deleted. All partner organisations that have shared phone numbers with REACH in order to maximise the coverage of the remote MCNA VIII data collection will be provided a Phone Number Sharing Commitment prior to the start of data collection as well as a Data Deletion Confirmation upon completion of the assessment.

4. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Assessment Officer (AO)	Research Manager (RM)	AWG, IMPACT Research Design and Data Unit	Country Coordinator (CC)
Supervising data collection	Field Coordinators; Operations Manager; AO, Junior Assessment Officer (JAO)	AO	RM, IMPACT Research and Data Unit	AWG, CC
Data processing (checking, cleaning)	Data Base Officer (DBO)	Technical Focal Point (TFP)	AO, IMPACT HQ Data Unit	RM, CC
Data analysis	TFP, DBO	AO, TFP	RM, IMPACT Research and Data Unit AWG (joint analysis) ICCG	CC
Output production	AO, JAO	RM	CC, IMPACT Research and Data Unit, IMPACT Reporting Unit	AWG, ICCG
Dissemination	AO, RM	CC	IMPACT HQ, AWG, ICCG, HCT	
Monitoring & Evaluation	AO	AO	RM	CC, HQ
Lessons learned	AO	AO	RM, CC	HQ

Responsible: the person(s) who executes the task

Accountable: the person who validates the completion of the task and is accountable of the final output or milestone

Consulted: the person(s) who must be consulted when the task is implemented

Informed: the person(s) who need to be informed when the task is complete

5. Data Analysis Plan

Indicator Group / Sector	Indicator / Variable	Question	Questionnaire Responses
Metadata	NA	Unique ID of enumerator	Enter unique ID
Metadata	NA	Current Governorate	List of governorates
Metadata	NA	What is the ID number of your location?	List of Locations
Metadata	NA	Are you the head of household?	Yes No
Metadata	NA	If no, are you willing and able to respond to the questions on behalf of the household?	Yes No
Metadata	NA	Respondent's sex	Male Female
HH Profile	Displacement status	Was your household living in this location prior to January 2014?	Yes No
	Displacement status - Returnee	Have you been displaced from this location since January 2014?	Yes No
	Displacement status - IDP	Did you move to this location because of the conflict?	Yes No
	Displacement status - Host	Have you been displaced from this location since January 2014?	Yes No
HH Profile	Displacement status - IDP secondary displacement	Is this location your first place of displacement?	Yes No
HH Profile	Duration of displacement - IDP & Returnee	When did you return to this location after your most recent incidence of displacement?	Date
		For how many months were you displaced?	Integer
		When were you initially displaced from your location?	Date

		When did you arrive to this current location?	Date
HH Profile	% HH from [governorate of origin]	What governorate in Iraq were you living in before your displacement (forced to leave your home)?	Select one governorate
HH Profile	% HH from [district of origin]	What district in Iraq were you living in before your displacement?	Select one district
HH Profile	% HH that attempted return to their AoO	Have you tried to return to your AoO but then decided to displace again the past 12 months.	Yes No Decline to answer
HH Profile	% of IDP HHs that intend to remain in their current location for the next three months	What are your household's current movement intentions for the next three months?	[Displacement status : IDP] Remain in the location; Return to area of origin; Move to another location (inside Iraq); Move to another (outside Iraq); Do not know - waiting to make a decision
HH Profile	% of IDP HHs that intend to remain in their current location for the next twelve months	What are your household's current movement intentions for the next 12 months?	[Displacement status : IDP] Remain in the location; Return to area of origin; Move to another location (inside Iraq); Move to another (outside Iraq); Do not know - waiting to make a decision
HH Profile	Average household size	How many members are there in your household?	Integer
HH Profile	Average family size	How many members are there in your family?	Integer
Protection - GBV	% of [male/female] family members	What is the sex of [this person]?	Female Male
HH Profile	% of [children/adult/elderly] family members	What is the age of [this person]?	Integer
Family Profile	% of single-headed households (separated, divorced, widowed)	What is [this person]'s relation to the head of household?	HoH Spouse, Child, Sibling, Parent, Child in law, Grand child, Parent in law, Nephew/niece, Other relative,

			Guest, Friend
		What is [person]'s marital status, including customary marriage?	Single Married Separated Widowed Divorced
Family Profile	% of female-headed households (separated, divorced, widowed)	What is [this person]'s relation to the head of household?	HoH Spouse, Child, Sibling, Parent, Child in law, Grand child, Parent in law, Nephew/niece, Other relative, Guest, Friend
		What is the sex of [this person]?	Female Male
Family Profile, Protection CP & Protection GBV	% of households with presence of child marriage	What is the age of [this person]?	Integer (< 18)
		What is [person]'s marital status, including customary marriage?	Single Married Separated Widowed Divorced
Family Profile, Health	% of women pregnant / lactating	Is the person pregnant or lactating?	Yes No Do not know Decline to answer
Intentions	% of returnee HHs that intend to remain in their current location for the next three months	What are your household's current movement intentions for the next three months?	[Displacement status : returnee] Remain in the location; Move to another location (inside Iraq); Move to another (outside Iraq); Do not know - waiting to make a decision
Intentions	% of returnee HHs that intend to remain in their current location for the next twelve months	What are your household's current movement intentions for the next 12 months?	[Displacement status: returnee] Remain in the location; Move to another location (inside Iraq); Move to another (outside Iraq); Do not know - waiting to make a decision
Intentions	% of IDP HHs that intend to integrate into the local community of their current district in the long-term	Does your household intend to integrate into the local community of your current district in the long-term?	Yes No Don't know Decline to answer

Intentions	% of IDP HHs that currently intends to return to their AoO due to [insert response option]	What are the main reasons why you currently intend to return to your area of origin? (Select max 3)	<p>Security situation in AoO is stable</p> <p>Area of origin was cleared of explosive ordnance</p> <p>Other family/community members have returned</p> <p>Livelihood options are available there</p> <p>Basic services available</p> <p>Emotional desire to return</p> <p>Necessary to secure personal HLP</p> <p>Necessary to secure civil documentation</p> <p>Limited livelihood opportunities in AoD</p> <p>Limited services in AoD</p> <p>Do not feel safe in AoD</p> <p>Do not feel integrated in AoD</p> <p>Facing eviction in AoD</p> <p>Forced to return by security actors or civilian authorities</p> <p>Lack of safety and security for women and girls in area of displacement</p>
Intentions	% of IDP HHs that currently don't intend to return to their AoO due to [insert response option]	If not intending to return within the next year, why not? (select max. 3)	<p>Security concerns: Fear/trauma associated with returning to place of origin</p> <p>Security concerns: Lack of security forces</p> <p>Security concerns: Presence of explosive ordnance (mines, bombs, IEDs)</p> <p>Security concerns: Fear of discrimination</p> <p>Lack of safety and security for women and girls</p> <p>Movement restrictions (do not have proper paperwork to relocate)</p> <p>No personal identification documents</p> <p>No transportation available to return home</p> <p>No financial means to return and restart</p> <p>Lack of livelihood/income generating activities in AoO</p> <p>Households assets in AoO have been damaged and/or destroyed</p> <p>House/land I own in AoO is currently occupied</p> <p>House I own in AoO has been damaged/destroyed</p> <p>Non-restoration of courts and/or civil registries in AoO</p> <p>Local markets are not functioning</p> <p>Basic services in the AoO are not enough/available</p> <p>Lack of education opportunities for children in AoO</p> <p>Immediate family and network will not return</p> <p>Health condition does not allow me to leave the AoD</p> <p>Children enrolled at school in the AoD</p> <p>Living conditions are better in the AoD</p> <p>Do not know</p> <p>Decline to answer</p>

Intentions	% of IDP HHs not intending to return due to HLP issues (damage/destruction, secondary occupation or unresolved HLP ownership issues)	If not intending to return within the next year, why not? (select max. 3)	<p>Security concerns: Fear/trauma associated with returning to place of origin</p> <p>Security concerns: Lack of security forces</p> <p>Security concerns: Presence of explosive ordnance (mines, bombs, IEDs)</p> <p>Security concerns: Fear of discrimination</p> <p>Movement restrictions (do not have proper paperwork to relocate)</p> <p>No personal identification documents</p> <p>No transportation available to return home</p> <p>No financial means to return and restart</p> <p>Lack of livelihood/income generating activities in AoO</p> <p>Households assets in AoO have been damaged and/or destroyed</p> <p>House/land I own in AoO is currently occupied</p> <p>House I own in AoO has been damaged/destroyed</p> <p>Non-restoration of courts and/or civil registries in AoO</p> <p>Local markets are not functioning</p> <p>Basic services in the AoO are not enough/available</p> <p>Lack of education opportunities for children in AoO</p> <p>Immediate family and network will not return</p> <p>Health condition does not allow me to leave the AoD</p> <p>Children enrolled at school in the AoD</p> <p>Living conditions are better in the AoD</p> <p>Do not know</p> <p>Decline to answer</p>
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Intentions	% of IDP HHs not intending to return to their AoO due to explosive ordnance contamination	If not intending to return within the next year, why not? (select max. 3)	<p>Security concerns: Fear/trauma associated with returning to place of origin</p> <p>Security concerns: Lack of security forces</p> <p>Security concerns: Presence of explosive ordnance (mines, bombs, IEDs)</p> <p>Security concerns: Fear of discrimination</p> <p>Movement restrictions (do not have proper paperwork to relocate)</p> <p>No personal identification documents</p> <p>No transportation available to return home</p> <p>No financial means to return and restart</p> <p>Lack of livelihood/income generating activities in AoO</p> <p>Households assets in AoO have been damaged and/or destroyed</p> <p>House/land I own in AoO is currently occupied</p> <p>House I own in AoO has been damaged/destroyed</p> <p>Local markets are not functioning</p> <p>Basic services in the AoO are not enough/available</p> <p>Lack of education opportunities for children in AoO</p> <p>Immediate family and network will not return</p> <p>Health condition does not allow me to leave the AoO</p> <p>Children enrolled at school in the AoO</p> <p>Living conditions are better in the AoO</p> <p>Do not know</p> <p>Decline to answer</p>
Intentions, Protection - HLP	% HH lacking secure tenure	Is the property you are currently living in, or own elsewhere, under any kind of dispute?	<p>Yes</p> <p>No</p> <p>Do not know</p> <p>Decline to answer</p>
Protection	% HH missing at least one key household or individual document	Does your household have a valid PDS card?	<p>Yes, we have it, it is valid, and it is stored in a secure place</p> <p>No, we don't have it, it is missing, confiscated, expired or invalid</p> <p>Do not know / Decline to answer</p>
		Does every person above 18 in your household have the following documents? This means you have it, it is valid, and it is stored in a secure place.	n/a
		National ID card or unified ID card	Yes (every adult in my household has the document, and they are all valid and in a secure place/in our possession);

			No, (the document is missing, confiscated, expired or invalid for at least one adult in my household); Do not know / Decline to answer
		Nationality certificate or unified ID card	Yes (every adult in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one adult in my household); Do not know / Decline to answer
		Does every person under 18 in your household have the following documents? This means you have it, it is valid, and it is stored in a secure place.	n/a
		National ID card or unified ID card	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
		Nationality certificate or unified ID card	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
		Birth certificate	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
Protection - Protection CP	% of HH with at least one child missing a key individual document	Does every person under 18 in your household have the following documents? This means you have it, it is valid, and it is stored in a secure place.	n/a
		National ID card or unified ID card	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer

		Nationality certificate or unified ID card	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
		Birth certificate	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
Protection, Access and safety	% HHs experiencing daytime movement restrictions	In the past month, has anyone in your HH experienced any of the following restrictions in their ability to move freely in your area in day light?	n/a
		Needing to obtain security clearance / coupons	Yes No Don't know Decline to answer
		If yes, was this restriction related to government-imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer
		Needing to show ID documents to civilian authorities or security actors	Yes No Don't know Decline to answer
		If yes, was this restriction related to government-imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer
		Time restrictions on when to leave and return	Yes No Don't know Decline to answer
		If yes, was this restriction related to government-imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer

		Needing to provide a specific reason for movement (employment, medical, school)	Yes No Don't know Decline to answer
		If yes, was this restriction related to government-imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer
		Physical road blocks	Yes No Don't know Decline to answer
		If yes, was this restriction related to government-imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer
		Other	Yes No Don't know Decline to answer
Protection - GBV	% women and girls who avoid areas because they feel unsafe there	Are there any areas in your location where women and girls feel unsafe?	Yes No Don't know Decline to answer
		What areas do women and girls in your community avoid or feel unsafe?	Multiple choice: Latrines and bathing facilities Markets Distribution areas Water points Social/community areas On their way to school On their way to women community centers/health centers Do not know None
Family Profile, Health	% HH with at least one individual with a chronic health condition	Does [this person] suffer from any of the following health conditions?	Conflict-related injury (gunshot, mines, shrapnel, etc. Communicable disease (vaccine-preventable, water-borne, vector-borne, food-borne) Chronic health condition (heart disease, hypertension, blood disease, cancer, lung

			disease, diabetes, renal diseases) Other health issue (specify) None
Protection, Health	% HH with at least one individual with a disability (% HH with at least one individual that has "lots of difficulty" or "cannot do at all" one of the following activities: seeing, hearing, walking/climbing steps, remembering/concentrating, self-care, communicating)	Does any member of your household have difficulty seeing, even if wearing glasses?	No difficulty Yes, some difficulty Yes, lots of difficulty Cannot do at all
		Does any member of your household have difficulty hearing, even if using a hearing aid?	No difficulty Yes, some difficulty Yes, lots of difficulty Cannot do at all
		Does any member of your household have difficulty walking or climbing steps?	No difficulty Yes, some difficulty Yes, lots of difficulty Cannot do at all
		Does any member of your household have difficulty remembering or concentrating?	No difficulty Yes, some difficulty Yes, lots of difficulty Cannot do at all
		Does any member of your household have difficulty with (self-care, such as) washing all over or dressing?	No difficulty Yes, some difficulty Yes, lots of difficulty Cannot do at all
		Using your usual (customary) language, Does any member of your household have difficulty communicating, for example understanding or being understood?	No difficulty Yes, some difficulty Yes, lots of difficulty Cannot do at all
Protection MA, Health	% of HH with individuals who have been injured or killed by explosive ordnance	Has anyone in your household been injured or killed by an explosive ordnance since 2014 (e.g. landmines, bombs, missiles, IEDs, bullets or other explosive weapons from conflict)?	Yes, killed Yes, injured No Decline to answer

Protection MA	% of HHs where at least one member has received any information, education or training about the risk of explosive ordnance	Have you or any member of your household received any information, education or training about the risk of explosive ordnance?	Yes No Don't know
Protection	% HH with members unable to access one or more services due to disability	Does any member of your household face any difficulties in accessing any basic services (e.g education, health clinics, markets, etc.) due to his/her difficulty?	Yes No Do not know Decline to answer
Education, Protection - CP	% HH with at least one child not attending formal or informal education regularly (at least 4 days a week) prior to the COVID-19 outbreak	Was [this person] (6-17) attending school at least 4 days per week prior to the COVID-19 outbreak? (during school season)	Yes No Do not know Decline to answer
		Was [this person] (6-17) attending a non-formal learning environment at least 4 days per week prior to the COVID-19 outbreak? (during school season)	Yes No Do not know Decline to answer
Education, Protection - CP	% of school-aged children attending formal education regularly (at least 4 days a week) prior to the COVID-19 outbreak	Was [this person] (6-17) attending school at least 4 days per week prior to the COVID-19 outbreak? (during school season)	Yes No Do not know Decline to answer
Education, Protection - CP	% of school-aged children attending non-formal education regularly (at least 4 days a week) prior to the COVID-19 outbreak	Was [this person] (6-17) attending a non-formal learning environment at least 4 days per week prior to the COVID-19 outbreak? (during school season)	Yes No Do not know Decline to answer
Family profile - Protection CP	% HH with at least one person under (<18) working	What is the age of [this person]?	Integer [<18]
		Is [this person] currently working or contributing to household income?	Yes No

Family profile - Emerg. livelihoods	% HH with at least one adult (18+) unemployed and seeking work	What is the age of [this person]?	Integer [<17]
		Is [this person] currently working or contributing to household income?	Yes No
		Is [this person] actively seeking work?	Yes No Do not know
Education, Protection - CP	Main barriers to school for school-aged children	For those children not attending school, what were the reasons?	<input type="checkbox"/> School stopped functioning and is now closed (Examples include: Occupied by armed forces, Partially damaged, Totally damaged, Occupied by displaced persons, Lack of students) <input type="checkbox"/> Going or attending school is not safe (Examples include: it is unsafe to travel or go to school, Fear of recruitment in/on way to school, Fear of bombing, Fear of violence against children at school (corporal punishment, harassment by teachers and other students, bullying, etc.), Fear of abduction in/on way to school) <input type="checkbox"/> We can't afford to pay for the school related expenses (Examples include: Cannot afford to pay for the school fees (e.g. school supplies, tuition, textbook, food, uniforms, etc.), Cannot afford to pay for transport) <input type="checkbox"/> We are not able to register or enrol our children in the school (Examples include: Recently or continuous movement to different locations, Newly arrived at location and have yet to enrol/register, Unable to enrol school due to discrimination, Poor performance/dismissed) <input type="checkbox"/> Our children can't physically go to the school (Examples include: Disability (of child), Traumatization (of child), School is too far away, No transport available to bring to school, No fuel available to bring to school, Child ill, disabled or unhealthy, Child is too young) <input type="checkbox"/> School and classes are overcrowded <input type="checkbox"/> Lack of staff to run the school (Examples include: Lack of teachers, Lack of skilled/trained teachers, Lack of gender appropriate teachers/staff) <input type="checkbox"/> The school infrastructure is poor (Examples include: The schools building is in poor condition (e.g. lack of furniture, no electricity, water leaks, poor latrines, poor amenities, etc.), The WASH facilities are in poor conditions (latrines maintenance, smell, lightning, gender segregation, etc.) <input type="checkbox"/> The curriculum and teaching are not adapted for our children (Examples include: Curriculum is not appropriate; Language is not appropriate)

			<input type="checkbox"/> Our children are busy working or supporting the household (Examples include: Children need to stay at home and assist the family with household chores or contribute to HH income, Early marriage) <input type="checkbox"/> Parental refusal to send children to school (Examples include: Customs/tradition, Don't believe schooling is necessary/do not consider education important, Missed too much school to make up, Children shouldn't get western education) <input type="checkbox"/> Lack of interest of children in education. <input type="checkbox"/> Lack of valid documentation.
Livelihoods	Main barriers to employment	What obstacles, if any, are people in this household facing in finding work?	Increased competition for jobs, not enough jobs Available jobs are too far away Only low-skilled, socially degrading or low-paying jobs Underqualified for available jobs Lack of family/personal connections Lack of livelihood&employment opportunities for women None Other
Food Security	% HH with "moderately insecure" or "severely insecure" food security status, using CARI Analysis (composite using FCS, food expenditure share, and CS categories)	Over the last 7 days, how many days did your household consume the following food?	n/a
		Cereals, grains, roots and tubers: rice, pasta, bread, potato,	Integer [<8]
		Legumes / nuts : beans, peanuts, lentils, nut, soy, and / or other nuts	Integer [<8]
		Milk and other dairy products: fresh milk / sour, yogurt, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee)	Integer [<8]
		Meat, fish and eggs: goat, beef, chicken , ,fish, including canned tuna, and / or other seafood, eggs (meat and fish consumed in large quantities and not as a condiment(Integer [<8]

		Vegetables and leaves: spinach, onion ,tomatoes, carrots, peppers, green beans, lettuce, cabbages, egg plants, etc	Integer [<8]
		Fruits: banana, apple, lemon, mango ,watermelon, apricot, peach, pineapple, passion, gishta, orange, avocado, wild fruits etc	Integer [<8]
		Oil / fat / butter: vegetable oil, palm oil, margarine, other fats / oil	Integer [<8]
		Sugar, or sweet: sugar, honey, jam, cakes ,candy, cookies, pastries, cakes and other sweet (sugary drinks)	Integer [<8]
		Condiments / Spices: tea, coffee / cocoa ,salt, garlic, spices, yeast / baking powder, lanwin, tomato / sauce, meat or fish as a condiment, condiments including small amount of milk / tea coffee.	Integer [<8]
		What was the main source of food in the past 7 days? (do not read out list)	Purchased with food vouchers / PDS Purchased with own cash Purchased with cash assistance Receive in-kind for labor or other items Food assistance from government Purchased on credit (debt) Gift of food from family or friends Own production (including hunting, fishing, gathering) Food assistance form UN or international organizations Begging Food assistance from local charity or community Other
Food Security	% of HH by Household Hunger Category	In the past 30 days, was there ever no	Yes, No

		food to eat of any kind in your house because of lack of resources to get food?	
		How often did this happen in the past 30 days?	Rarely (1-2 times), Sometimes (3-10 times), Often (10+ times)
		In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?	Yes, No
		How often did this happen in the past 30 days?	Rarely (1-2 times), Sometimes (3-10 times), Often (10+ times)
		In the past 30 days, did you or any household member go a whole day and night without eating anything at all because there was not enough food?	Yes, No
		How often did this happen in the past 30 days?	Rarely (1-2 times), Sometimes (3-10 times), Often (10+ times)
Livelihoods, Food Security, CWG, Protection	% HH relying on stress / crisis / emergency strategies to cope with a lack of resources to meet basic needs.	During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?	n/a
		Selling household properties (refrigerator, television, jewelry...)	Yes No, already did No, no one in the household did Not applicable
		Buying food on credit or through borrowed money from relatives and friends	Yes No, already did No, no one in the household did Not applicable
		Selling means of transport (car, motorbike)	Yes No, already did No, no one in the household did Not applicable

		Children dropout from school	Yes No, already did No, no one in the household did Not applicable
		Reducing expenditure on non-food items (health, education)	Yes No, already did No, no one in the household did Not applicable
		Changing place of residence and accommodation to reduce expenses	Yes No, already did No, no one in the household did Not applicable
		Accepting that adults engage in risky behavior	Yes No, already did No, no one in the household did Not applicable
		Children under 18 work to provide resources	Yes No, already did No, no one in the household did Not applicable
		Whole family are migrating	Yes No, already did No, no one in the household did Not applicable
		Children or adult forcefully married	Yes No, already did No, no one in the household did Not applicable
Health	% HH that can access primary healthcare (health clinic and/or hospital) within one hour's walk from dwellings	How long does it take you to reach the nearest health clinic by walking?	Less than 15 mins Less than 30 mins Less than 1h Less than 3h More than 3h
		How long does it take you to reach the nearest hospital by walking?	Less than 15 mins Less than 30 mins Less than 1h Less than 3h More than 3h
Health	% HH that can access a health clinic within one hour's walk from dwellings	How long does it take you to reach the nearest health clinic by walking?	Less than 15 mins Less than 30 mins Less than 1h Less than 3h More than 3h
Health	% of HH that can access a hospital within one hour's walk from dwellings	How long does it take you to reach the nearest hospital by walking?	Less than 15 mins Less than 30 mins Less than 1h Less than 3h More than 3h

Health	% of HH that can access a hospital with emergency, maternity, surgical and pediatric services within one hour's walk from dwellings	How long does it take you to reach the nearest hospital by walking?	Less than 15 mins Less than 30 mins Less than 1h Less than 3h More than 3h
		Does it provide emergency services?	Yes No Do not know
		Does it provide maternity services?	Yes No Do not know
		Does it provide surgical services?	Yes No Do not know
		Does it provide pediatric services?	Yes No Do not know
Health, Protection GBV	% Women of reproductive age (12-49) with access to specialized reproductive health services	Do women of reproductive age (12-49) have access to specialized reproductive health services?	Yes No Do not know Do not want to answer
Protection	% of HHs that have suffered incidents affecting HH members in the last 30 days	Have you or any member of your household been affected by a safety or security incident in the last 30 days?	Yes No Don't know Don't want to say
Protection - GBV	% of HHs that have suffered safety or security incidents affecting female/male household members in the last 30 days	Have you or any member of your household been affected by a safety or security incident in the last 30 days?	Yes No Do not know Decline to answer
		If yes, is the person male or female?	Male Female Both Prefer not to answer
Health, Protection CP	% HH with children with psychosocial distress (proxy data with behaviour change)	Has any member of your household suffered or showed signs of psychosocial distress or trauma such as nightmare, lasting sadness, extreme fatigue, being often tearful or extreme anxiety, in the last 30 days?	Yes No

		If yes, how many persons under 18 years showed those signs?	Integer
Protection - Protection CP	% of HH using violent disciplinary measures against their children	Adults use certain ways to teach children the right behavior or to address a behavior problems. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with your children the past 30 days.	<input type="checkbox"/> Explained why the child's behavior was wrong <input type="checkbox"/> Took away privileges, forbade something your child liked or did not allow him/her to leave the house <input type="checkbox"/> Shouted, yelled or screamed at him/her <input type="checkbox"/> Spanked, hit or slapped him/her <input type="checkbox"/> Prefer not to answer
Health, Protection	% HH adults with psychosocial distress (proxy data with behavior change)	Has any member of your household suffered or showed signs of psychosocial distress or trauma such as nightmare, lasting sadness, extreme fatigue, being often tearful or extreme anxiety, in the last 30 days?	Yes No
		If yes, how many persons over 18 years showed those signs?	Integer
Health	% HH reporting [type of difficulty] in accessing health services	What difficulties, if any, are encountered when attempting to access health services or treatment?	No issues Have not tried to access medical services Cost of services and/or medicine was too high Did not get access to qualified health staff at the health facility Problems with civil documents Public health clinic did not provide referral Public health clinic not open The treatment center was too far away/Transportation constraints Medical staff refused treatment without any explanation No medicine available at health facility/pharmacy No treatment available for my disease at the health facility Health services not inclusive of people with disabilities Lack of female health staff

WASH	% of HH with access to an improved water source	What is the main source of water used by your household for drinking?	<p>Improved:</p> <ol style="list-style-type: none"> 1.Piped water into compound 2.Piped water connected to public tap 3.Borehole 4.Protected well 5.Protected rainwater tank 6.Protected spring 7.Bottled water <p>Unimproved:</p> <ol style="list-style-type: none"> 8.Water Trucking 9.Illegal connection to piped network 10.Unprotected rainwater tank 11.Unprotected well 12.Unprotected spring 13. Surface water without pre-treatment (river, dam, lake, pond, stream, canal) 14. Other
WASH	% of households having access to a sufficient quantity of water for drinking and domestic purposes	Does your household currently have enough water to meet the following needs?	n/a
		Drinking	Yes No Don't know
		Cooking	Yes No Don't know
		Personal hygiene (washing or bathing)	Yes No Don't know
		Other domestic purposes (cleaning house, floor, etc.)	Yes No Don't know
WASH	% of HH treating their water prior to drinking	Does your household treat the water in any way to make it safer for drinking?	Yes, we always treat it before drinking Yes, we sometimes treat it before drinking No, we never treat it before drinking Don't know
		Why do you feel the need to treat it	The water is not clear The water tastes unpleasant The water smells unpleasant None of the above

WASH	% HH with access to improved functional sanitation facilities	What kind of sanitation facility (latrine/toilet) does your household usually use?	Flush or pour/flush toilet Pit latrine without a slab or platform Pit latrine with a slab and platform Open hole Pit VIP toilet Bucket toilet Plastic bag Hanging toilet/latrine None of the above, open defecation Other (specify) Don't know
		Do you share this sanitation facility (latrine or toilet) with other households?	Yes No
WASH	% HH with access to soap and practicing handwashing	Do you have any soap in your household?	Yes No Do not know
		If yes, what do you use it for?	Don't use soap Handwashing Bathing Laundry Dish washing Other
WASH	% of households satisfied with regards to access to hygiene items	How satisfied is your household with regards to access to hygiene items (soap, feminine hygiene products, baby diapers, toothpaste/brush)?	Very satisfied Satisfied Unsatisfied Very unsatisfied Don't know
SNFI, Protection	% of people living under critical shelter conditions (aggregated indicator)	What type of shelter is the household currently living in? (observation by enumerator) -- face-to-face data collection Could you describe the type of shelter that your household is currently living in? -- remote phone-based data collection	House Apartment Hotel Unfinished or abandoned residential building Damaged residential building Tent Religious building Public building (school, etc.) Non-residential structure (garage, farm house, shop) Container/caravan Makeshift shelter (with scavenged material such as zinc sheets, cardboards, etc.) RHU Other

Shelter	% of HHs with access to a safe and healthy housing enclosure unit	Does the shelter have any of the following enclosure issues?	Lack of insulation from cold Leaks during light rain Leaks during heavy rain Limited ventilation (less than 0.5m2 ventilation in each room including kitchen) Presence of dirt or debris (removable) Presence of dirt or debris (non-removable) None of the above Not sure
Protection - HLP	% HHs reporting risk of eviction	Is your HH presently at risk of eviction?	Yes No Don't know Decline to answer
Protection - HLP	% HH reporting [reason] as a risk for eviction	What are the main reasons for fearing eviction?	Lack of funds to pay rental costs Host family no longer able to host our family Local community does not accept our family living in the area Authorities requested our HH to leave Request to vacate from owner of building / land No valid tenancy agreement Inadequate housing / shelter condition Housing occupied by other groups Risk of property being confiscated Ownership of property is disputed
Protection - HLP	% of HHs lacking valid HLP documentation	Does your household own valid documentation indicating land tenure or rental agreement for the property you are currently living in, or own elsewhere?	Yes No Don't know
SNFI	% HHs needing basic NFI items	Please indicate which of the following items you need but do not have in your HH (select max. 2)	Bedding items (bedsheets, pillows) Mattresses/sleeping mats Blankets Cooking utensils Cooking stove Winter heaters Clothing Fuel (Cooking / Heating) Other

Shelter, SNFI	% HHs reporting at least 2 shelter improvements	What are your priority needs to make your current shelter a better place to live in (top 2)?	<ul style="list-style-type: none"> - Protection from hazards (contamination from explosive remnants of war, land at risk of flooding or landslides, solid waste dumping site, fire risks, etc.), - Improve safety and security (shelter located in an insecure/ isolated area, shelter not solid enough to offer protection from intruders, not fenced, etc) - Improve privacy and dignity (no separate rooms, not enough space, shared facilities such as toilets & showers, low/high ceilings, lack of ventilation, lack of natural lighting) - Protect from climatic conditions (leaking roof, floor not insulated, opening on the walls, broken windows, lack of ventilation, missing heating system, etc.) - No improvements needed - Other
Education	Access to ed: % HH with a functional primary and secondary school within 5km	How far is the closest functioning primary school to your location?	Within 2 km Between 2-5 km More than 5 km None that the household can access Do not know of a functioning primary/secondary school
		How far is the closest functioning secondary school to your location?	Within 2 km Between 2-5 km More than 5 km None that the household can access Do not know of a functioning primary/secondary school
Education	% of children dropping out of school in the previous year	Prior to the COVID-19 outbreak, how many school-aged children in your household dropped out of school during the current school year (2019-2020)? Note: Enter 0 if none.	integer
Education	% of households with at least one child regularly attending formal or informal education (at least 4 days a week) prior to the COVID-19 outbreak, while also working or contributing to the household income	Was [this person] (6-17) attending school at least 4 days per week prior to the COVID-19 outbreak? (during school season)	Yes No Do not know Decline to answer
		Was [this person] (6-17) attending a non-formal learning environment at least 4 days per week prior to the COVID-	Yes No Do not know Decline to answer

		19 outbreak? (during school season)	
		Is [this person] currently working or contributing to household income?	Yes No
Livelihoods	% of households whose average monthly income [from employment and pension] was less than 480,000 IQD/month	Could you estimate your household's total income (in IQD) from employment and pension over the last 30 days?	Integer
Livelihoods	% of single female headed households whose average monthly income [from employment and pension] was less than 480,000 IQD/month	Could you estimate your household's total income (in IQD) from employment and pension over the last 30 days?	Integer
Livelihoods, Protection - GBV	% of adult women (18-59) working or contributing to the household income	What is the age of [this person]?	Integer
		What is the sex of [this person]?	Male Female
		Is [this person] currently working or contributing to household income?	Yes No
Livelihoods	% HH relying exclusively on humanitarian assistance as their main source of income	What were your household's primary income sources over the last 30 days? (do not read out from list)	Employment Remittances Humanitarian aid Borrowing money Pension Selling household assets MOMD cash assistance Social Protection Network (MOLSA) Other safety nets Other income sources Renting out property or land Zakat Other
Livelihoods	% HH with all working adults in unstable employment	Is this employment seasonal/temporary?	Yes No Do not know
Livelihoods	% HH spending [expenditure] on basic needs per month	Could you estimate your household's total expenditure (in IQD) over the last 30 days?	Integer
		During the past 30 days, how much did your household	n/a

		spend (in IQD) on each of the following categories	
		Rent	Integer
		Food	Integer
		Medical Care (including medicines)	Integer
Livelihoods, Food Security	% of HH spending more than 40% of their total expenditure on food	Could you estimate your household's total expenditure (in IQD) over the last 30 days?	Integer
		During the past 30 days, how much did your household spend (in IQD) on each of the following categories	n/a
		Rent	Integer
		Food	Integer
		Medical Care (including medicines)	Integer
Livelihoods	% HH with debt value > 505,000 IQD	What is your household's total amount of debt, in IQD?	Integer
Livelihoods	% HH unable to afford basic needs (% HH taking on debt due to healthcare, food, education, or basic household expenditures)	What was the primary reason behind taking on debt?	Basic household expenditures; Healthcare; Food; Education; Clothing or NFIs; Purchasing productive assets for small business or income-generating activities
Livelihoods	% of HH reporting members losing jobs permanently or temporarily as a result of the Covid-19 outbreak	Has any member of your household lost their job permanently or temporarily as a result of the COVID-19 outbreak?	Yes No Decline to answer
		If yes, how many members of your household have lost their job permanently and how many temporarily? NOTE: Job losses should be directly attributable to COVID-19 policies, health issues from	[integer] household members who permanently lost their job [integer] household members who temporarily lost their job

		COVID-19, etc. If none, enter 0.	
Livelihoods	% HH who can access an operational marketplace or grocery store within a 30 minutes walk from dwellings	For how long do members of your household have to travel on foot to reach the nearest operational marketplace or grocery store?	Less than 15 minutes 15-29 minutes 30-59 minutes 1-2 hours More than 2 hours Don't know Prefer not to answer
Durable solutions - Access to effective mechanisms to restore housing, land and property (HLP) or to provide compensation, Protection - HLP	% of HH who have received property compensation	Was housing, land or property that you own damaged or destroyed during the recent conflict (after 2014)?	Yes No Don't know Decline to answer
		Are you aware of any land, housing or property compensation mechanism?	Yes No Don't know Decline to answer
		Have you applied for land, housing or property compensation?	Yes No Don't know Decline to answer
		Have you received any cash from the government as a result of your housing, land or property compensation application?	Yes No Don't know Decline to answer
Durable Solutions - Use of mechanisms for effective remedies, incl. access to justice, reparations and information about the causes of violations	% HH with access/knowledge of complaint mechanisms	Are you aware of how to access complaint mechanisms?	Yes No Do not know Do not want to answer
Protection – CP	% of children currently not residing in the HH	Is anyone in your family separated as a result of the 2014 conflict?	Yes No Don't know Decline to answer
		If yes, how many?	Integer

Protection – CP	% of HHs with children under 18 currently not residing in the HH, by protection incident	We would like to understand why those children are not living under your roof. I read you a list of possibilities, let me know how many children currently under 18 years fall in each category	1. Married and left the house 2. Left the house to seek employment 3. Left the house to study 4. Left the house to engage with the army or armed groups 5. Kidnapped/abducted 6. Missing (left and no news) 7. Arbitrarily detained
AAP	Information needs and preferences from aid providers - what	What type of information would you like to receive from humanitarian actors (top 3)? Please specify your top 3 priorities.	Safety and security Status of housing Livelihoods Water services Electricity services Education Healthcare Humanitarian assistance Legal services House, land and property services Explosive ordnance clearance (mines, bombs, IEDs) Renewing official documentation I do not want to receive information Other
AAP	Information needs and preferences from aid providers - who/where	Who/where do you currently receive information from (top 3)?	Friends and family living in the AoO Friends and family that visited the AoO in the past 30 days Friends and family that have not been in the AoO Local authorities National authorities NGO&humanitarian actors Religious leaders Mukhtars Sector leaders Schools and community centres Others
AAP	Information needs and preferences from aid providers - means	What is your preferred mode of receiving the information (top 3)?	Direct observation Face-to-face communication (eg from friends) Television Telephone/mobile phone (voice call) Mobile phone (text SMS) Facebook (app) Facebook (messenger) Whatsapp Viber Other social networks (skype, instagram, twitter) Notice boards and posters Newspapers and magazines Printed leaflet Loud speakers Radio Others

AAP	% HH reporting to have received aid	Have you received aid in the past 30 days?	Yes No Do not know
AAP	% HH reporting to have received [type of aid]	What type of assistance/aid did you receive?	Cash Food Water Fuel Shelter Seasonal items Health services Education services Other non-food items Protection/legal services
AAP	% HH satisfied with aid received	If you have received aid in the last 30 days, are you satisfied with the aid you received?	Yes No Do not know Decline to answer
AAP	% HH not satisfied with quantity	If you have received aid in the last 30 days and were not satisfied, why were you not satisfied with the aid received?	Quality not good enough Quantity not enough Delays in delivery of aid Other
AAP	% HH not satisfied with aid worker behavior	Are you satisfied with the way aid workers have behaved in the last 6 months in your location?	Yes No Do not know Do not want to answer
AAP	% HH with access/knowledge of complaint mechanisms	Are you aware of how to access complaint mechanisms?	Yes No Do not know Decline to answer
AAP	% HH reporting needing more information about COVID-19 prevention measures	Do you currently need more information about COVID-19?	Yes No Don't know
		If yes, what type of information do you need?	Causes Signs and symptoms Prevention measures Treatment options Health consequences of contracting COVID-19 Other Don't know

6. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		X Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		X Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		X Yes
		# of visits to x webmap/x dashboard	Country request to HQ		<input type="checkbox"/> Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	<i>Iraq HNO 2021</i> <i>Iraq HRP 2021</i>
		# references in single agency documents			<i>Cluster specific strategies</i>
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	<i>Usage feedback – September to December 2020</i> <i>Presentation feedback</i>
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			

	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs (<i>providing resources, participating to presentations, etc.</i>)	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	X Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes

ANNEX 1: DISSEMINATION PLAN

#	Products	Message	Stakeholders	Means of dissemination	Purpose	Responsible	Timeframe
Iraq Multi-Cluster Needs Assessment VIII – July 2020							
Program goal: Deliver up-to-date information for humanitarian actors on the severity of humanitarian conditions of crisis-affected Iraqi populations in selected districts with the aim of contributing to a more targeted and evidence-based humanitarian response.							
1.	Final MCNA Assessment Report	Provide an overview of the context in Iraq Provide information about the methodology and objective of the assessment Provide a comprehensive overview of the sectoral and cross-sectoral needs by geographic area and by population groups	Humanitarian clusters Iraq humanitarian community Regional and central government agencies	AWG mailing list REACH Iraq mailing list REACH Resource Center Reliefweb	Inform the humanitarian community and influence the response	Assessment Officer	By 20/11/2020
2.	Multi-sector Preliminary Findings Presentation	Key sectoral and cross-sectoral findings from the MCNA VIII	Assessment Working Group (AWG) Iraq humanitarian community OCHA HCT	Joint-Intersectoral Analysis Workshop REACH Resource Center	Provide preliminary findings to inform the 2021 HNO and to allow clusters to draft their inputs	Assessment Officer	By 30/09/2020
3.	10 Sectoral presentations	Severity of sectoral and cross-sectoral needs Level of access to basic services Sectoral severity of needs by population group and district	Humanitarian clusters Cluster partners	Presentation of findings at cluster meetings Cluster mailing lists	Validate and establish consensus around main findings and conclusions	Assessment Officer	By 30/11/2020
4.	MCNA Dashboard	Distribution of needs across population groups and districts	Iraq humanitarian community Humanitarian clusters	REACH mailing lists AWG mailing lists Cluster mailing lists	Allow actors to engage with the MCNA data in a way that makes the distribution of sectoral and cross-sectoral needs across population groups and districts more easily visible	Technical Focal Point	By 30/09/2020

5.	10 Factsheets	Severity of needs by sector Distribution of needs across different sectors, population groups and districts	Iraq humanitarian community Humanitarian clusters	REACH Resource Center Cluster mailing lists OCHA mailing lists Reliefweb	Inform the humanitarian community about the severity of needs in different sectors, population groups and geographic areas	Assessment Officer	By 30/11/2020
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ANNEX 2: SAMPLING FRAMES & TARGET SAMPLES (PER DISTRICT, PER POPULATION GROUP)

Table 4: sampling frame & target sample, for IDP out-of-camp, returnees, per district

Governorate	Districts	Targets for probability two-stage stratified cluster sampling		Targets for purposive quota sampling	
		IDP Out of camp	Returnees	IDP Out of camp	Returnees
Al-Anbar	Al-Ramadi	186	96	40	40
Al-Anbar	Ana		96		60
Al-Anbar	Heet	114	96	60	60
Al-Anbar	Al-Falluja	102	102	40	50
Al-Anbar	Al-Kaim		102		40
Al-Anbar	Haditha		108		50
Al-Anbar	Al-Rutba	114	144	30	30
Al-Basrah	Al-Basrah	78		40	
Al-Najaf	Al-Kufa	210		40	
Al-Najaf	Al-Najaf	114		40	
Al-Qadissiya	Al-Diwaniya	90		60	
Al-Sulaymaniyah	Al-Sulaymaniyah	96		50	
Al-Sulaymaniyah	Chamchamal	102		40	
Al-Sulaymaniyah	Derbendikhan	126		40	
Al-Sulaymaniyah	Dokan	96		30	
Al-Sulaymaniyah	Halabcha	90		40	
Al-Sulaymaniyah	Kalar	102		40	
Al-Sulaymaniyah	Rania	96		40	
Babil	Al-Mussyab	102	72	40	40
Baghdad	Al-Kadhmiyah	96	96	30	30
Baghdad	Al-Mahmoudiya	120	102	60	60
Baghdad	Al-Adhamiya	84		60	
Baghdad	Al-Karkh	90		40	
Diyala	Al-Khalis	96	96	60	40
Diyala	Khanaqin	102	96	50	30
Diyala	Al-Muqdadiya		102		40
Diyala	Baquba	96		60	
Diyala	Kifri	96		30	
Duhok	Zakho	114	74	60	30
Duhok	Al-Amadiya	96		60	
Duhok	Duhok	102		60	
Duhok	Sumail	108		60	
Erbil	Erbil	102		60	
Erbil	Koysinjaq	114		50	
Erbil	Rawanduz	114		40	
Erbil	Makhmour		120		60
Erbil	Shaqlaw	108		60	
Kerbala	Kerbela	102		40	
Kirkuk	Al-Hawiga		96		60
Kirkuk	Kirkuk	114	108	50	40

Kirkuk	Daquq	108	114	60	60
Kirkuk	Dibis	65	192	30	30
Maysan	Al-Kahla	90		40	
Ninewa	Al-Shikhan	156	64	50	30
Ninewa	Al-Baaj	150	90	30	60
Ninewa	Al-Mosul	102	96	60	60
Ninewa	Al-Hamdaniya	378	102	40	30
Ninewa	Sinjar	108	102	60	60
Ninewa	Telafar	108	102	60	60
Ninewa	Tilkaef	144	102	60	60
Ninewa	Al-Hatra	59	126	40	60
Ninewa	Aqra	222		60	
Salah Al-Din	Al-Shirgat		96		40
Salah Al-Din	Tikrit	102	96	60	60
Salah Al-Din	Beygee		102		60
Salah Al-Din	Balad	108	114	30	60
Salah Al-Din	Al-Daur		120		30
Salah Al-Din	Samarra	102	126	40	50
Salah Al-Din	Tooz Khurmato	126	144	40	40
Thi Qar	Al-Nasiriya	78		40	
Wassit	Al-Kut	90		40	
		5,968	3,474	2,440	1,550

Table 5: sampling frame & target sample, for IDP in-camp per camp

Governorate	District	Camp	Total number of families	Sample
Al-Anbar	Falluja	Total AAF	932	66
Al-Anbar	Falluja	Total HTC	553	63
Al-Sulaymaniyah	Al-Sulaymaniyah	Arbat IDP	311	59
Al-Sulaymaniyah	Al-Sulaymaniyah	Ashti IDP	1,951	68
Al-Sulaymaniyah	Kalar	Tazade	247	56
Baghdad	Al-Kadhmiyah	Al-Ahel	94	42
Baghdad	Al-Risafa	Zayona	105	43
Diyala	Khanaqin	Al-Wand 1	606	64
Diyala	Khanaqin	Al-Wand 2	195	53
Diyala	Baquba	Muskar Saad Camp	118	45
Diyala	Khanaqin	Qoratu	191	53
Duhok	Sumail	Bajet Kandala	2,062	69
Duhok	Zakho	Berseve 1	1,388	68
Duhok	Zakho	Berseve 2	1,747	68
Duhok	Zakho	Chamishku	5,067	70
Duhok	Zakho	Darkar	729	65
Duhok	Al-Amadiya	Dawadia	625	64
Duhok	Sumail	Kabarto 1	2,597	69
Duhok	Sumail	Kabarto 2	2,681	69
Duhok	Sumail	Khanke	2,829	69
Duhok	Sumail	Rwanga Community	2,620	69

Duhok	Sumail	Shariya	3,097	69
Erbil	Erbil	Baharka	919	66
Erbil	Makhmour	Debaga 1	1,664	68
Erbil	Erbil	Harshm	291	58
Kerbela	Al-Hinidya	Al-Kawthar Camp	103	43
Kirkuk	Kirkuk	Laylan IDP	1,409	68
Kirkuk	Kirkuk	Yahyawa	365	60
Ninewa	Al-Hamdaniya	As Salamyiah 2	2,791	69
Ninewa	Al-Shikhan	Essian	2,773	69
Ninewa	Al-Mosul	Hamam Al Alil 2	2,178	69
Ninewa	Al-Hamdaniya	Hasansham U2	945	66
Ninewa	Al-Hamdaniya	Hasansham U3	1,210	67
Ninewa	Al-Hamdaniya	Khazer M1	1,137	67
Ninewa	Aqra	Mamilian	186	53
Ninewa	Al-Shikhan	Mamrashan	1,744	68
Ninewa	Al-Mosul	Qayyarah-Jad'ah 1	1,182	67
Ninewa	Al-Mosul	Qayyarah-Jad'ah 5	4,255	70
Ninewa	Al-Shikhan	Sheikhan	868	66
Salah Al-Din	Tikrit	Al Karamah	181	51
			54,946	2,511

ANNEX 3: MCNA VIII DATA COLLECTION AND SAMPLING STRATEGY

This document gives a brief overview of 1) the possible scenarios that might affect the HH-level data collection for the MCNA, 2) the corresponding adaptations that will have to be made to the sampling and data collection methodology and 3) the process that will be put in place to assess the situation and determine the data collection and sampling methodology for each of the districts/governorates.

Background/Context

While the situation with COVID-19 is already affecting the entire country and is generally getting worse, the crisis remains largely regionalized, with cases mushrooming in certain regions of the country, whereas other regions have remained relatively unaffected by the spread of the virus. Due to the unpredictable nature of this crisis, the situation is however constantly evolving and the epicenter of the spread can at any point in time move from one region to another. Within such an environment, data collection and planning will have to remain flexible and adaptable to the changing context. The following contingency plan outlines the different preparation steps that need to be taken in order to retain a healthy level of flexibility for the data collection process while simultaneously maximizing the coverage of the assessment as well as the availability of good quality representative data.

Best- and Worst-Case Scenarios

In order to prepare ourselves for all possible scenarios, we need to be prepared for the best-case scenario and the worst-case scenario as well as any possible scenario in between those two extremes. Considering that the response to the worst-case scenario is to collect all data remotely and that the response to the best-case scenario would be to collect all data in-person, scenarios in between those two would require some hybrid form of data collection where data in some districts will be collected in person whereas data in other districts will be collected remotely through phone-based interviews.

Since the response to the various scenarios only differs in the approach to data collection (in-person vs. remotely), it will be best to prepare for a nationwide in-person and a nationwide remote data collection so that we will simply have to evaluate the possibility of an in-person data collection for each of the districts and then apply the corresponding data collection and sampling methodology to that individual district.

Worst-Case Scenario: In-person data collection is not expected to be possible in any of the districts/governorates for the entire duration of the data collection (until the end of August).

Best-Case Scenario: In-person data collection in all districts/governorates will be possible for the entire duration of data collection (until the end of August).

Hybrid Form of Data Collection: When speaking of a “hybrid data collection”, I am referring to a data collection that will be conducted through in-person interviews in some geographical areas (e.g. districts, governorates) and remote phone-based interviews in others. While under normal circumstances we are always aiming to collect as much data as possible through in-person interviews, the regionalized nature of the current crisis will make it impossible to collect all MCNA data through in-person interviews. Since the quality and the representativeness of data from in-person interviews will be a lot higher than that from phone-based interview, we are still aiming to maximize the coverage of our in-person data collection.

Hybrid Example: While there has been very few newly confirmed cases of COVID-19 in the governorate of Dohuk over the previous two weeks, the numbers of newly confirmed cases in the governorate of Basrah have been steadily rising. In this case, we will take the decision that an in-person data collection is possible in the governorate of Dohuk, while we will have to rely on a remote phone-based data collection in the governorate of Basrah. If we have prepared ourselves for the worst- and the best-case scenario, we will have a sampling frame, KML files and a data collection plan ready for the governorate of Dohuk, while we will have a sufficient amount of phone numbers available to conduct phone-based interviews in the governorate of Basrah.

Research Design

This section mostly looks at the sampling methodologies that can be applied to different data collection methods. The plan here is again to develop a sampling plan for the worst-case scenario and a separate sampling plan for the best-case scenario. Having two sampling plans available for each of the districts/governorates we will eventually be able to more quickly adapt the sampling methodology to the chosen data collection method (in-person vs. remote) for each of the governorates/districts.

Best-case scenario: For the best-case scenario, we will proceed with the same two-stage stratified cluster sampling methodology: a plan that we already used in last year's MCNA (obviously with update population estimates). For the two-stage stratified cluster

sampling, a cluster sample will be drawn for each population group in each district, with probability proportional to size (based on DTM population estimates). Each cluster will have a minimum target sample size of 6 households. The second stage consists of randomly selecting households at the location level. A set of random geo-points will be generated, and a map will be provided to enumerators through the maps.me app. The eligible household nearest to each point will then be interviewed.

Worst-case scenario: For the worst-case scenario we will likely use some form of non-probability sampling with reduced target sample sizes. The most likely sampling methodology that will be used is quota sampling. Quota sampling is a non-probability version of stratified sampling where a target number of interviews (a quota) is determined for a specific set of homogenous units (e.g. based on gender, age, location etc) with the aim of conducting interviews until the respective quotas are met. The quota sample sizes should be set to reflect the known proportions within the population. For example, if the population consists of 80% male- and 20% female-headed HHs, the number of interviews conducted with male and female respondents should reflect those percentages.

Hybrid form: For the hybrid form of data collection, the sampling methodology will condition on the possibility to conduct in-person interviews in a certain district/governorate depending on access and the covid-situation. If in-person data collection is deemed possible, the sampling frame and GPS points generated through the two-stage stratified cluster sampling will be used to collect data within that district. If in-person data collection is deemed impossible for a certain district/governorate, the quotas for the non-randomized quota sampling will be used to generate target sample sizes for the remote phone-based data collection.

Data Collection Methodology

Considering the rapidly changing context, a data collection plan developed at the beginning of data collection and followed throughout the process will not be suitable for a data collection in this kind of environment. In order to remain agile and able to quickly adapt the data collection method to the situation in the affected districts/governorates, we are planning to produce 3-weeks data collection plans which will be developed/updated after a thorough bi- or tri-weekly situation assessment and after having identified the likelihood level for an in-person data collection for each of the districts/governorates.

For each of the 3-weeks data collection periods we will thus develop a list including all districts and identify 1) whether or not a full in-person data collection over the coming data collection period will be possible and 2) the likelihood of conducting an in-person data collection over the entire data collection period. Once these two steps have been concluded, a short-list of districts/governorates that should be included in the upcoming 3-weeks data collection plan will be developed.

Please find an outline of the full selection process that will be carried out before the start of every 3-weeks data collection period below:

Determine the likelihood score for each of the districts/governorates	
1	<p>Determine a score for each district/governorate for the likelihood of a full-scale in-person data collection until the end of the entire data collection period (end of August). The score will be determined on a 4-point scale:</p> <p>3 = Full-scale in-person data collection in this district/governorate will be possible over the coming 3-weeks data collection period</p> <p>2 = Full-scale in-person data collection in this district/governorate is not possible over the coming 3-weeks data collection period, but might be possible soon</p> <p>1 = Full-scale in-person data collection in this district/governorate is not possible over the coming 3-weeks data collection period and will likely not become possible anytime soon</p> <p>0 = Either due to the covid or the access situation, a full-scale in-person data collection will be impossible until the end of the entire data collection period (end of August).</p>
Selection of districts/governorates to be included in the coming data collection period	
2	Rank the districts/governorates within each category by their level of likelihood for an in-person data collection.
3	<p>Establish a list of districts that will be assessed in the coming 3-weeks data collection period.</p> <p>The list should contain all districts/governorates with a score of 3 or 0. For those districts with a score of 0 we will move ahead and collect data through phone-based interviews whereas for those districts with a score of 3, we will collect data in-person.</p>
4	If there remains capacity for the upcoming 3-weeks data collection period, the list should be complemented by those districts/governorates with a score of 1 and with the lowest likelihood for an in-person data collection.

5	In all governorates/districts on the list with a score of 3, we will conduct an in-person data collection, whereas for those governorates/districts with a score of 0 or 1, we will conduct the data collection remotely through phone-based interviews.
6	In case there is still governorates/districts with a score of 1 or 2 prior to the third and last 3-weeks data collection period, all districts with a score of 0, 1 and 2 will have to be assessed remotely.

Following this selection process, each 3-weeks data collection period will assess 1) those districts in which a full-scale in-person data collection is possible and 2) those in which a full-scale in-person data collection will be impossible until the end of the remaining data collection period (until the end of August).

Example: Consider an example with only six governorates: Anbar, Dohuk, Ninewa, Basrah, Erbil and Baghdad. A condensed version of a possible situation report for those six governorates can be found below:

COVID-19 and Access Situation Report	
Governorate	Access and COVID-19 situation
Anbar	Very few active cases of COVID-19 (<200) The number of daily new infections has remained below 10 over a period of 2 weeks Due to a resurgence of ISIS, the governorate is impossible to access
Basrah	More than 5'000 active cases in the governorate The number of new daily infections is above 200 and has been steadily rising over the past two weeks Disregarding the covid-19 situation, access to the governorate would be possible
Baghdad	More than 20'000 active cases in the governorate The number of new daily infections is above 500 and has been steadily rising over the past two weeks Disregarding the covid-19 situation, access to the governorate would be possible
Dohuk	Very few active cases of COVID-19 (<200) The number of daily new infections has remained below 10 over a period of 2 weeks Access to the governorate is possible
Erbil	Very few active cases of COVID-19 (<500) The number of daily new infections is however high and has been steadily rising over the past two weeks Access to the governorate is possible
Ninewa	Moderate number of active cases of COVID-19 (<1'000) The number of daily new infections is low (<20) and has been steadily decreasing over the past two weeks Access to the governorate is possible

Once we have gathered information on the COVID-19 and access situation in each of the governorates/districts, we can identify the likelihood score for an in-person data collection for each of the governorates/districts:

Governorate	Likelihood Score	Governorate	Likelihood Score
Anbar	0 (rank: 6)	Dohuk	3 (rank: 1)
Basrah	1 (rank: 4)	Erbil	2 (rank: 2)
Baghdad	0 (rank: 5)	Ninewa	2 (rank: 3)

For the first 3-week data collection period, we will now start collection data for those governorates/districts in which 1) access is impossible regardless of the covid-19 situation (Anbar), 2) the covid-19 situation is particularly bad with high numbers of active cases and increasing numbers of daily infections (Basrah and Baghdad) and 3) for those districts in which the covid-19 risk is deemed to be low and access is possible (Dohuk). All other governorates in between, where there might still be a chance for in-

person data collection are going to be laid-off for now and will be reassessed in the next situation assessment and considered for the next 3-weeks data collection plan (Erbil and Ninewa).

The first three-weeks data collection plan will thus cover the following governorates:

First 3-weeks data collection plan	
Governorate	Data collection method
Anbar	Remote phone-based interviews
Basrah	Remote phone-based interviews
Baghdad	Remote phone-based interviews
Dohuk	Representative in-person data collection

Preparations

Best-case scenario: To prepare for the best-case scenario, we will have to develop the sampling frames and KML files using the same sampling methodology as in last year's MCNA (two-staged stratified cluster sampling). On the operational side of things, we will further have to ensure that there is a large enough enumerator and driver pool available to potentially collect all data in all of the districts in-person.

Worst-case scenario: To prepare for the worst-case scenario, the following steps will have to be taken: 1) gather all of the phone numbers that we have available from other assessments. 2) Calculate the number of available phone numbers per strata 3) Identify potential blind spot districts 4) pilot remote phone-based data collection to get an estimate for the required survey time and the response rate 5) calculate the expected sample sizes for each of the stratas 6) seek beneficiary lists or other contact lists for blind-spot districts and districts in which the expected sample sizes are considerably small 7) determine quotas 8) determine the number of HHs that need to be called for each of the districts in order to reach the set quotas.