IRAQ

Multi-Cluster Needs Assessment (MCNA)

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1 Bent Al-Rafedain Organization (BROB)

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8 United Nations Population Fund (UNFPA)

Photo: IDP settlement in Ramadi, Al-Anbar governorate, 2020. Credits: Zaid Ghanim.

EXECUTIVE SUMMARY

Iraq has suffered from multiple cycles of violence over the past decades, most recently the conflict with the so-called Islamic State of Iraq and the Levant (ISIL). Post conflict reconstruction has been slow, with toxic remnants of war, unexploded ordnances (UXOs), and debris remaining as some of the many obstacles to rebuild communities.[1] Furthermore, the destruction of infrastructure and basic service provision combined with governance challenges continue to limit access to basic services and state support for vulnerable populations.[2] By the end of 2020, 1.3 million people remained internally displaced, of which approximately 251,765 individuals lived in formal camps and 104,700 individuals resided in informal sites and critical shelters.[3] Furthermore, 4.8 million Iraqis displaced by the conflict have since returned to their areas of origin 235,000 of whom did so in 2020, in part triggered by government-led camp consolidations.[4] Safe and voluntary returns could reportedly not be guaranteed for all households who were living in the formal camps which were being closed, in part due to lacking security clearances, destroyed or occupied property, and local security concerns in some areas of origin.[5] The majority of households remaining in displacement reported not intending to return to their areas of origin, citing damaged property, fear and trauma, and perceived lack of livelihood opportunities in their areas of origin as main reasons.[6] Households' inability or unwillingness to return to their areas of origin combined with the increasing number of camps being closed down resulted in an increase in the number of households living in informal sites where living conditions are largely precarious.[7] The protracted displacement of over one million people raises concerns about achieving durable solutions for affected populations.

As well as this, irrespective of displacement status, the Iraqi population was severely impacted by the outbreak of the COVID-19 pandemic and subsequent economic crisis. The decline in both the demand and price for oil, on which state finances heavily depend, as well as the disruption of the domestic economic activity resulting from the COVID-19 pandemic, have pushed the country further into an economic and financial crisis.[8] This added to an already existing political crisis, reflected for example by the continuation of protests calling for government reform, during which 600 people are estimated to have been killed since 2019.[9] Limited capacity to invest in the (rebuilding of) health infrastructure made Iraq insufficiently prepared to respond to a sudden-onset public health emergency, resulting not only in a high infection rate throughout much of 2020 but also in severely reduced access to non-COVID-19 related health care.[10] As such, the outbreak of COVID-19 aggravated the humanitarian conditions and exacerbated previously existing vulnerabilities in health, livelihoods, education, protection, and other areas of well-being for large parts of the population.[11]

Against this backdrop of protracted displacement and volatile humanitarian, political, and economic conditions, aggravated by the COVID-19 pandemic, there is a need for up-to-date, crisis-wide information about affected populations in Iraq to inform the Humanitarian Needs Overview (HNO) and to support evidence-based decision-making of key humanitarian actors. As such, the Multi-Cluster Needs Assessment (MCNA) provides an overview of the humanitarian conditions through a collaborative exercise of collecting and analysing data on the type, severity, and variance of sectoral and multi-sectoral needs of conflict-affected populations in Iraq. In 2020, the MCNA was conducted for the eighth time in Iraq, in close coordination with the Assessment Working Group (AWG),

[1] United Nations (UN) Environment, "Environmental Issues in Areas Retaken from ISIL, Mosul, Iraq" (2017) & Zwijnenburg. "A toxic legacy: remediating pollution in Iraq" (2017).
[2] Middle East Institute, "Iraq special briefing: the Challenges facing Prime Minister Mustafa al-Kadhimi" (May, 2020).
[3] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Integrated Location Assessment V" (August 2020) & Camp Coordination and Camp Management (CCCM) Masterlist (November 2020). Note that the number of individuals residing in formal camps has reduced significantly since due to the government-led camp closure.
[4] IOM DTM, Master List Round 120 (February 2021).
[5] IOM, "Managing Return in Anbar" (2020) & OCHA, "Humanitarian Needs Overview Iraq" (2021).
[6] MCNA VIII Findings.
[7] REACH, "Internally Displaced Person (IDP) Camp Directory" (March 2020) & Human Rights Watch, "Iraq: Camp Expulsions Leave Families Homeless, Vulnerable" (December 2020). Informal sites are typically not built to accommodate people and have sub-standard shelter, please consult the Technical Guidance on Informal Site Definition (September 2020) for further details.
[8] World Bank Group, "Iraq Economic Monitor – Navigating the Perfect Storm" (2020).
[9] Al Jazeera, "Policeman killed, dozens injured in southern Iraq clashes" (January 2021).
[10] REACH, "COVID-19 Context" (September 2020).
[11] *Ibid.*

the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), and the Inter-Cluster Coordination Group (ICCG).

The MCNA is informed by a nationwide household-level survey, for which 9,634 returnees, out of-camp IDP, and in-camp IDP households were interviewed between mid-July and mid-September 2020. This includes 2,547 interviews with IDP households in 40 formal camps throughout Iraq.[12] Due to the serious health risks that COVID-19 posed to both enumerators and respondents, and due to the persisting movement and access restrictions related to government containment measures, data for the MCNA VIII had to be collected through a hybrid of face-to-face and phone-based interviews. In the districts that could be surveyed in-person (24 out of 62), a two-staged stratified cluster sampling approach was employed to ensure that the findings for out of-camp populations in these districts were statistically representative with a level of confidence of 90% and a margin of error of 10%. However, in all IDP camps and districts where health risks and/or movement or access restrictions prevented face-to-face interviews (38 out of 62), a non-probability purposive quota sampling approach with a minimum target of 60 surveys per population group was adopted. Due to the non-randomised sampling methodology, findings in these strata are not statistically representative with a known level of precision and should be considered as indicative only.

Key Findings

The Multi-Sectoral Needs Index (MSNI) functions as a measure of household's overall severity of humanitarian needs across sectors, based on the maximum severity score identified in each sector. Sectoral severity scores describe the prevalence and degree of needs within a given sector, ranging from severity score 1 (none/minimal severity of needs) to 4 (extreme severity of needs) and subsequent classification of households having a Living Standard Gap (LSG) if a sectoral severity score is at least 3 (severe sectoral needs). **In Iraq, nearly all (99%) in-camp IDP households, 90% of out of-camp IDP households, and 88% of returnee households were found to have multi-sectoral needs, which means that they were classified as having a LSG in at least one sector.** Among households with multi-sectoral needs, 68% of households were classified as having extreme needs (severity score 4), while 21% of households were classified as having severe sectoral needs (severity score 3).

In-camp IDP households were most likely to have needs in three or four sectors simultaneously, while out of-camp IDP and returnee households were more likely to have LSGs in one or two sectors at the time of data collection. The highest proportion of households with extreme multi-sectoral needs (severity score 4) were concentrated in Baghdad (Al Risafa), Kerbala (Al Hindiya), Ninewa (Al Baaj, Al Hatra and Al Shikhan), and Dohuk (Sumail and Al Amadiya). Additional districts in Duhok (Zakho), Ninewa (Sinjar, Al Mosul, and Telafar), Salah Al Din (Beygee and Al Shirqat), and Erbil (Makhmour and Shaqlawa) stand out with a high proportion of households with severe multi-sectoral needs (severity score 3).

Across population groups, the three most common profiles of one or more sectoral LSGs are sectoral needs in Livelihoods (17%), a combination of sectoral needs in both Livelihoods and Protection (15%), and sectoral needs only in Protection (10%). In-camp IDP households are most likely to have LSGs simultaneously in Shelter and Livelihoods (16%), or simultaneously in Shelter, Livelihoods, Protection and Water, Sanitation and Hygiene (WASH) (13%). The high percentage of in-camp IDP households with sectoral needs, is largely driven by households with a LSG in Shelter (97%) who reported to live under critical shelter conditions in camps.[13] For out of-camp IDP and returnee households who were found to have sectoral needs, the most typical LSG profile was Livelihoods (25% and 16% respectively), simultaneously in Livelihoods and Protection (12% and 17% respectively), and only in Protection (5% and 12% respectively). LSGs in Livelihoods are common among all population groups, reflecting the limited financial household stability and precarious economic conditions in Iraq. Next to this, and interrelated with sectoral needs in Livelihoods, there is a wide prevalence of Protection needs.

Nearly all (99%) in-camp IDP households were classified as having extreme multi-sectoral needs (MSNI 4), which is largely shaped by the high proportion and severity of in-camp IDP households with a LSG in Shelter, as camp conditions automatically imply that households live under critical shelter conditions. Approximately three quarters of households living in IDP camps were found to have sectoral needs in Livelihoods

[12] MCNA VIII data was collected prior to the camp closures in Federal Iraq.

[13] Critical shelter conditions include residence in unfinished or abandoned structures, make-shift shelters, tents, and other non-residential buildings. Consult the Technical guidance on Informal Site definition (CCCM Cluster Iraq, September 2020) for further details.

(74%), shaped in part by the large proportion of households who indicated to be unable to meet basic needs and to have to take on debt to afford food, education, healthcare or basic household expenditures. More than half (58%) of in-camp IDP households were classified as having a LSG in Protection, largely due to households reporting that they are missing key individual or household documentation which serves as a further obstacle to access basic services.[14] Nearly a quarter of in-camp IDP households (24%) were found to have a LSG in Education, indicating that children in these households are insufficiently benefitting from education which is understood as an important factor shaping individual's ability to successfully (re-)integrate in the economic and social fabric in out of-camp settings. Compared to the out of-camp populations, in-camp IDP households were more likely to have sectoral needs in Health (15%). For nearly half (47%) of these households, the main drivers of these needs were the reported difficulties to access health services in the three months prior to data collection. Despite WASH service provision in camps, nearly half of in-camp IDP households (47%) were classified as having a LSG in WASH, largely shaped by households' limited access to improved functional sanitation facilities. Indeed, **in-camp IDP households reportedly face specific barriers to access basic services beyond those services that are provided within the camp premises,** especially in the context of COVID-19 movement restrictions which limited their freedom of movement significantly.

Among IDP households living outside of camps, 90% were classified as having multi-sectoral needs, among which 76% were found to have extreme needs (severity score 4). Out of-camp IDP households were found most likely to have a LSG in Livelihoods (78%), reflecting the high proportion of households who reported a monthly income below 90,000 Iraqi dinar (IQD) per person and households reportedly unable to meet basic needs. Nearly half (47%) of out of-camp IDP households have a LSG in Protection, of which households' lack of key documentation has significant implications for households' ability to exercise their civil rights, as well as to access to basic services. Out of-camp IDP households were found to have the highest degree of severe sectoral needs in Education, with 26% of households having a LSG in Education. Among households that reported barriers to education, more than one third (35%) cited cost of education as a key main barrier, reflecting the impact of precarious livelihood conditions. Especially in the context of the COVID-19 pandemic and subsequent school closures, a further deterioration in education conditions may be expected. Eight percent of out of-camp IDP households were found to have a LSG in Food Security, of which seven percent was found to have extreme sectoral needs (severity score 4) due to households reporting a lack of food. Additionally, one in five out of-camp IDP households reported spending more than 65% of their total expenditure on food, which leaves little household budget for these households to spend on non-food costs such as rent, education and healthcare.

Among returnee households, 88% of households were classified as having multi-sectoral needs, among whom 64% of households were found to have extreme needs (severity score 4). Similar to out of-camp IDP households, returnee households are most likely to have either one (32%) or two (33%) sectoral LSGs at once, and 16% of them have a LSG in three sectors simultaneously. LSG in Protection had the highest proportion calculated for returnee households (61%), highlighting that many households are faced with a variety of Protection concerns in their areas of origin that likely obstruct comprehensive (re-)integration. Such concerns reported by returnee households include facing movement restrictions (20%), missing key individual or household documentation (57%), and reporting property being under dispute (4%). More than two thirds (65%) of returnee households were found to have a LSG in Livelihoods, reflecting precarious living conditions in many areas of return. One in five returnee households reported taking on debt to reconstruct or rehabilitate their homes (compared to five percent of out of-camp IDP households reporting this), reflecting an additional strain on returnee households' resources as a condition to rebuild their lives in their areas of return. In addition, a higher proportion of returnee households reported that all children attended formal or informal education prior to the COVID-19 outbreak (90%), compared to 76% of in-camp and 74% of out of-camp IDP households. The 10% of returned households who reported that at least one child was not attending formal or informal education prior to the COVID-19 outbreak could still represent up to almost half a million returnee households. Almost one in five (19%) of returnee households were found to have a LSG in Shelter, among which four per cent of households reported living under critical shelter conditions Among the out of-camp population, returnee households were found most likely to have a LSG in WASH (14%), among which six percent of households were found to have extreme needs (severity score 4) because of their reported lack of access to an improved water source.

[14] Key documents include Public Distribution System (PDS) card, ID card (or unified ID card), nationality certificate (or unified ID card), and birth certificates for children.

One in five households were classified as having at least one LSG while also having severe or extreme pre-existing vulnerabilities, understood as cross-cutting characteristics that are likely to increase households' exposure to a crisis and/or reduce their coping capacity to respond. Single female-headed households or households with at least one member with a physical and/or mental disability are, for example, classified as having pre-existing vulnerabilities. While such household characteristics do not of itself imply a vulnerability, they tend to influence households' exposure and/or response capacity as they are linked to social, financial, physical, legal, cultural, or other barriers. The proportion of households who were found to have pre-existing vulnerabilities and at least one LSG was particularly high among IDP households (33% in camp and 28% out of camp), compared to returnee households (18%). With a few exceptions, households who were found to have pre-existing vulnerabilities were more likely to have sectoral LSGs, compared to households without pre-existing vulnerabilities, confirming their increased exposure to the impact of the crisis. Moreover, half of the households with at least one LSG were found to have no pre-existing vulnerabilities, which may imply that the (protracted) crisis is severe enough to result in sectoral needs for many households that would not otherwise have them.

Almost two thirds (63%) of households were found to have at least one LSG and to have a Capacity Gap (CG), which means that despite employing negative coping mechanisms these households have sectoral needs in at least one sector. Employing such negative coping mechanisms – defined in this report as having a CG - include taking on debt to afford basic needs (e.g. food, education, healthcare), relying on humanitarian aid as their primary source of income, or employing crisis or emergency coping strategies to cope with a lack of food or money to buy it (e.g. children dropping out of school, adults engaging in risky behaviour, and reducing non-food expenditure). In-camp IDP households were found to be most likely to have CG and at least one LSG (80%), followed by out of-camp IDP households (73%) and returnee households (59%). Approximately 60,000[15] households were found to have a CG but no LSG, indicating that they may only be able to meet their needs by relying on harmful and often unsustainable coping strategies. Households employing negative coping strategies may be found to have sectoral needs in the (near) future if unsustainable coping strategies have been exhausted, households are faced with additional pressures, and/or if crisis conditions continue.

[15] Figure obtained by applying the percentage on population figure from IOM Displacement Tracker (October 2020) and CCCM Formal Camp Masterlist (September 2020).

CONTENTS

List of Acronyms

AAP	Accountability to Affected Populations
AWG	Assessment Working Group
BROB	Bent Al-Rafedain Organization
CCCM	Camp Coordination and Camp Management
CFSVA	Comprehensive Food Security and Vulnerability Assessment
CG	Capacity Gap
COOPI	*Cooperazione Internazionale*
CP	Child Protection
CWG	Cash Working Group
DRC	Danish Refugee Council
DTM	Displacement Tracking Matrix
GBV	Gender-based Violence
GDP	Gross Domestic Product
HCT	Humanitarian Country Team
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Person
IIC	Iraq Information Centre
ILA	Integrated Location Assessment
IOM	International Organisation for Migration
IQD	Iraqi Dinar
ISIL	Islamic State of Iraq and the Levant
JIAF	Joint Intersectoral Analysis Framework
LSG	Living Standard Gap
MCNA	Multi-Cluster Needs Assessment
MPI	Multidimensional Poverty Index
MSNI	Multi-Sectoral Needs Index
NFI	Non-Food Item
OCHA	Office for the Coordination of Humanitarian Affairs
PDS	Public Distribution System
PiN	People in Need
PSEA	Protection against Sexual Exploitation and Abuse
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

List of Figures, Tables and Maps

INTRODUCTION

Iraq has suffered from multiple cycles of violence over the past decades, most recently the conflict with the so-called Islamic State of Iraq and the Levant (ISIL). While declared defeated in Iraq in 2017, concerns have been raised about an increase in sophisticated attacks by ISIL on military targets and on community figures.[16] Next to this, the federal government is struggling to bring under state control a range of armed groups which gained power in the fight against ISIL.[17] Domestic political volatility is additionally significantly shaped by international tensions. The security context in Iraq thus remains precarious, aggravated by regional conflicts. Post conflict reconstruction has been slow, with toxic remnants of war, unexploded ordnances (UXOs) and destroyed houses continuing to pose obstacles to rebuild communities.[18] Furthermore, the destruction of infrastructure and disruption of basic service provision combined with persistent governance challenges continued to limit access to basic services and state support for vulnerable populations.[19] As such, Iraq remained in a position of political crisis, illustrated for example by the continuation of large-scale protests in central and southern governorates.[20]

By the end of 2020, 1.3 million people remained internally displaced, of which approximately 205,350 individuals resided in camps and 104,700 individuals resided in informal sites and critical shelters.[21] Furthermore, 4.8 million Iraqis have returned to their areas of origin, 235,000 of whom did so in 2020, in part triggered by government-led camp consolidations.[22] By mid-January 2021, 12 internally displaced person (IDP) camps and four informal sites were closed, and two formal camps were reclassified as informal sites.[23] Safe and voluntary returns could not be guaranteed for all households in formal IDP camps which were being closed down, in part due to lacking security clearances in their areas of origin.[24] Camps are thus being closed despite thousands of households being unable to return to their areas of origin, resulting in an increase in informal sites in which living conditions are precarious.[25] Obstacles to return include destroyed houses, as well as fear of retaliation notably due to real or perceived affiliation to ISIL, and a perceived lack of livelihood opportunities in areas of origin.[26] The protracted displacement of over one million people raises significant concerns about durable solutions.

Next to this, irrespective of displacement status, the Iraqi population was severely impacted by the outbreak of the COVID-19 pandemic and subsequent economic crisis. With the first case confirmed in February 2020, the World Health Organization (WHO) recorded a total of 603,000 cases in early January 2021, of which 12,900 people were recorded to have died as a result of COVID-19.[27] Limited capacity to invest in the (rebuilding of) health infrastructure (compounding with the remaining damages from previous armed conflicts) made Iraq insufficiently prepared to respond to a sudden-onset public health emergency. This resulted not only in a high infection rate throughout much of 2020 but also in severely reduced access to non-COVID-19 related healthcare. For example, the immunisation rate against preventable diseases (e.g. measles) among children dropped in 2020, increasing the risk of future disease outbreaks.[28]

[16] BBC, "Battle for Mosul: Iraq PM Abadi formally declares victory" (July 2017) & Middle East Institute, "US Policy and the Resurgence of ISIS in Iraq and Syria" (October 2020).
[17] International Crisis Group, "Iraq: Fixing Security in Kirkuk" (June 2020).
[18] United Nations (UN) Environment. "Environmental Issues in Areas Retaken from ISIL, Mosul, Iraq" (2017) & Zwijnenburg. "A toxic legacy: remediating pollution in Iraq" (2017).
[19] Washington Institute, "The Price of Corruption in Iraq: Kadhimi Faces the Challenge of Systemic Reform" (November 2020).
[20] Al Jazeera, "Policeman killed, dozens injured in southern Iraq clashes" (January 2021).
[21] International Organisation for Migration (IOM) Displacement Tracking Matrix (DTM), "Integrated Location Assessment V" (August 2020) & Camp Coordination and Camp Management (CCCM) Masterlist (November 2020). Note that the number of individuals residing in formal camps has reduced significantly since due to the government-led camp closures.
[22] IOM DTM, Master List Round 120 (February 2021).
[23] CCCM and Protection Cluster, "Camp Closures Situation Report 12" (January 2021).
[24] *Ibid.*
[25] REACH, "IDP Camp Directory" (March 2020) & Human Rights Watch, "Iraq: Camp Expulsions Leave Families Homeless, Vulnerable" (December 2020). Informal sites are typically not built to accommodate people and have sub-standard shelter, please consult the Technical Guidance on Informal Site Definition (September 2020) for further details.
[26] Multi-Cluster Needs Assessment (MCNA) VIII Findings.
[27] WHO, "COVID-19 Dynamic Infographic Dashboard for Iraq" 9.
[28] United Nations Children's Fund (UNICEF), "UNICEF and WHO sound the alarm on health dangers of children in Iraq missing routine immunization during the COVID-19 pandemic" (April 2020).

The decline in the demand and price for oil, on which 92% of state finances depend, as well as the disruption of the domestic economic activity by government-led measures to curb the spread of the virus, have pushed the country further into an economic and financial crisis.[29] While the Iraqi government has been struggling to pay the salaries of the country's six million public sector employees, millions of others working in the private and informal sectors have lost their employment and livelihoods as a result of the COVID-19 crisis.[30] The World Bank estimated that an additional 5.5 million Iraqis would be pushed below the poverty line in 2020.[31] As such, the outbreak of COVID-19 aggravated the humanitarian conditions and exacerbated previously existing vulnerabilities in health, livelihoods, education, protection, and other areas of well-being for large parts of the population.[32]

Against this backdrop of protracted displacement and volatile humanitarian, political and economic conditions, aggravated by the COVID-19 pandemic, there is a need for up-to-date, crisis-wide information about affected populations in Iraq to inform the Humanitarian Needs Overview (HNO) and to support evidence-based decision-making of key humanitarian actors.[33] As such, the MCNA provides an overview of the humanitarian conditions through a collaborative exercise of collecting and analysing data on the type, severity, and variance of sectoral and multi-sectoral needs of conflict affected populations in Iraq. In 2020, the MCNA has been conducted in Iraq for the eighth time, in close coordination with the Assessment Working Group (AWG), UN OCHA, and the Inter-Cluster Coordination Group (ICCG).

This report includes the main findings on the scope and severity of multi-sectoral needs, as well as the drivers of the needs of in-camp IDP households, out-of-camp IDP households, and returnee households in Iraq. For more detailed analysis on sectoral needs, please refer to the MCNA VIII dataset, interactive MCNA VIII dashboard, preliminary findings presentation for the inter-sectoral needs analysis workshop, or COVID-19 Context factsheet. This report continues with a methodology section, including the research questions, sampling strategy, and limitations. Next, the findings will be discussed, elaborating on the multi-sectoral needs, main drivers of needs by population group, pre-existing vulnerabilities, and the prevalence of coping strategies. The report will finish with a brief conclusion.

[29] World Bank Group, "Iraq Economic Monitor – Navigating the Perfect Storm" (2020).
[30] Rudaw, "Iraqi civil servants, retirees hard-hit by budget delays" (September 2020).
[31] World Bank, "Protecting Vulnerable Iraqis in the Time of a Pandemic, the Case for Urgent Stimulus and Economic Reforms" (November 2020).
[32] REACH, "COVID-19 Context" (September 2020).
[33] MCNA VIII data was used for the joint analysis informing the HNO, building on the JIAF methodology. In addition to this, MCNA VIII data was used for this report, although building on a REACH analysis (please refer to the Methodology: Analysis chapter).

METHODOLOGY

1. Specific objectives and research questions

The 2020 Iraq MCNA was conducted to provide up-to-date, crisis-wide information about affected populations in Iraq, to provide an evidence-base on the severity of multi-sectoral needs among crisis-affected populations, to inform the HNO and the Humanitarian Response Plan (HRP) for 2021, as well as to understand the potential impact of COVID-19 on humanitarian conditions in Iraq. To achieve this objective, the following research questions were formulated:

- To what extent do households have pre-existing vulnerabilities, and how do they differ by population group and geographic area?
- To what extent are households impacted by crisis, and how do they differ by population group and geographic area?
- What is the level of households' living standard gaps in Education, Food Security, Health, Livelihoods, Protection, Shelter and non-food items (NFI) and Water, Sanitation and Hygiene (WASH) among the crisis-affected population?
- What is the severity of humanitarian needs, and how do they differ by population group and geographic area?
- To what extent do households report using coping mechanisms to manage sectoral and cross-sectoral needs and gaps, and how do they differ by population group and geographic area?

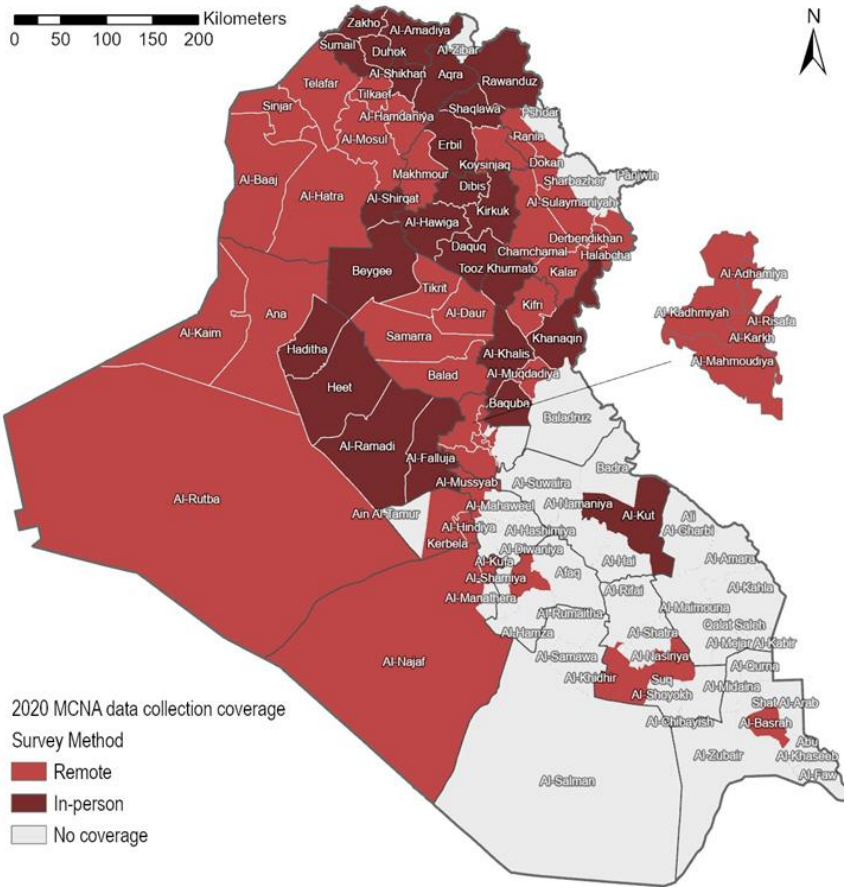
2. Scope

The MCNA is informed by a nationwide household-level survey, among several crisis-affected population groups in Iraq, as jointly agreed upon with UN OCHA, as well as the ICCG and AWG coordination mechanisms, and endorsed by the Humanitarian Country Team (HCT). A total of 9,634 households were interviewed, including 2,547 in-camp IDP households, 4,387 out-of-camp IDP households, and 2,700 returnee households. For the in-camp IDP population, household surveys were conducted in 40 formal camps throughout 10 governorates. All districts hosting at least 200 out-of-camp IDP households were covered (i.e. in 51 districts out of 120 districts in Iraq, in 16 different governorates).[34] All districts hosting at least 200 returnee households were equally covered (i.e. in 31 out of 120 districts, in six different governorates).[35]

MCNA findings on household needs and conditions can be categorised along the themes covered by the humanitarian Clusters. Note that the Protection component included questions relating to - as organised in the Iraq Cluster system - general protection, child protection, gender-based violence (GBV), mine action, and housing, land & property (HLP). In addition to the sectoral components, cross-sectoral themes were covered to gain a better understanding of the living conditions of the surveyed populations, including topics such as movement intentions, coping strategies, accountability to affected populations (AAP), and demographics. Next to directly informing the HNO analysis, MCNA VIII findings were disseminated with the humanitarian community in Iraq, in the format of factsheets, (sectoral and regional) presentations, and an interactive dashboard.

[34] Based on IOM-DTM data from 30 April 2020.
[35] *Ibid.*

Map i: Assessment coverage



3. Sampling strategy

The data collection method (i.e. face-to-face interviews or remote phone-based interviews) applied to a certain district informed the sampling methodology employed in the respective district. Considerations around access restrictions and health risks of conducting home visits and face-to-face interviews shaped the choice of the sampling and data collection methodology for each district. As such, and informed by a detailed contingency plan, data for the MCNA VIII had to be collected through a hybrid of face-to-face (in 24 out of 62 districts) and phone-based (in 38 out of 62 districts) interviews. A support request was sent through UN OCHA to Clusters to provide anonymised phone numbers for a select number of districts and population groups for which REACH did not have sufficient phone numbers

For **districts assessed through face-to-face interviews**, a two-staged stratified cluster sampling approach was employed to ensure that the findings for returnees and out-of-camp IDPs in these districts are statistically representative with a level of confidence of 90% and a margin of error of 10%. Only districts with at least 200 out-of-camp or returnee households were included in the sample frame. First, a cluster sample was drawn for each population group in the selected districts, with a minimum target sample size of six households per population group. Second, households were randomly selected at the location level through the generation of random geopoints.

For **districts assessed through remote phone interviews**, a non-probability purposive quota sampling approach with a minimum target of 60 surveys per population group per geographic location (i.e. per district or camp) was adopted. Due to the non-randomised sampling methodology, findings in these strata are not statistically representative with a known level of precision and are to be considered as indicative only. Wherever minimum quota targets could not be met through available phone numbers from previous REACH assessments, phone

numbers from partner organisations were used.[36] Additionally, snowball sampling was used to collect phone numbers from interviewees' referrals. Due to the specific health risks related to crowded camp settings, all in-camp data was collected remotely and is thus indicative only.

While indicators are consistent across population groups, some nuances were made between the in-person and remote tool to accommodate the different interview methods (e.g. phrasing of questions). Most questions were asked at the household level, while few questions were asked about each individual household member separately (e.g. on individuals' demographic profile, school attendance, employment status). All population groups were surveyed on AAP, Durable Solutions, Education, Food Security, Health, Livelihoods, Protection, Shelter and NFI, and WASH. However, IDP households were additionally asked about their movement intentions, and a few AAP questions were tailored to the different contexts of returnee and IDP households.

4. Data collection

A total of 9,634 households were interviewed between mid-July and mid-September 2020. The design and implementation of data collection activities for the MCNA VIII were contingent on the dynamic operational context in Iraq with regards to the spread of COVID-19. This support was kindly provided by BROB, COOPI, DRC, Humanity & Inclusion, Human Appeal, UNFPA, and UNHCR.

Prior to the start of data collection, field coordinators and enumerators were trained on the specifics of the MCNA VIII tool, with an emphasis on changes since the MCNA VII, lessons learned, and the hybrid data collection method. The kick-off meeting included presentations from United Nations Office for Project Services (UNOPS) on the referral mechanisms of the Iraq Information Centre (IIC), from Humanity & Inclusion on disability, as well as from the Shelter and Food Security Clusters. Next to this, a training on AAP and on the principles of Protection against Sexual Exploitation and Abuse (PSEA) in the context of the MCNA data collection was provided[37]. Prior to the start of data collection, REACH conducted a pilot of the remote phone-based data collection, which allowed field coordinators and enumerators to test the tool, estimate the response rate and raise any concerns over sensitive questions. Piloting the tool also allowed additional review of the translated tool, and subsequent revisions of Arabic phrasing if needed. For the period of data collection, a tracking dashboard was deployed to allow the assessment and field teams to monitor the progress of the data collection. The collected data was further monitored and cleaned daily, to provide feedback to the field teams. A secure phone number sharing mechanism was implemented, safeguarding personal data, and minimising data protection risks.

5. Analysis

Three rounds of analysis were conducted on MCNA VIII data, based on the indicators as informed by bilateral consultations with (sub-)Clusters, selected by the AWG, and endorsed by the ICCG during the research design phase. First, a preliminary analysis provided descriptive findings for each indicator, disaggregated by district, by population group, as well as findings across population groups and districts. Second, through the AWG, the HNO People in Need (PiN) analysis was conducted, supported by a few indicators from IOM-DTM ILA V, as guided by the Joint Intersectoral Analysis Framework (JIAF).[38] Third, and the focus of this report, the global Multi-Sectoral Needs Index (MSNI) analysis was conducted by REACH, to estimate the severity of household's needs and allow for a cross-country comparison.[39] The severity scale is inspired by the draft JIAF, an analytical framework being developed at the global level aiming to enhance understanding of intersectoral needs of affected populations. The framework measures a progressive deterioration of a household's situation.

[36] Partners included the Bent Al-Rafedain Organization (BROB), Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), Humanity & Inclusion, Human Appeal, United Nations Population Fund (UNFPA), and United Nations High Commissioner for Refugees (UNHCR).
[37] See annex IV for further details on trainings.
[38] Refer to the JIAF Guidance for further details on the rationale and methodological framework.
[39] Due to methodological adjustments of the 2020 MSNI analysis, comparability with 2019 findings is limited and can only be considered as indicative of broader trends.

The MSNI analysis calculates the sectoral and multi-sectoral severity of needs, based on a set of aggregated indicators per sector, and provides insight into the level of households' pre-existing vulnerabilities and use of coping strategies (see Annex VI-VIII for further details on the calculation and visualizations of these concepts). The sectoral **Living Standard Gap (LSG)** signifies that there are sectoral needs in a sector once the severity score attributed to a household in a given sector is three or higher. **Severity** is understood as the "intensity" of needs, measuring using a scale from 1 (minimal or no need) to 4 (extreme needs).[40] The **MSNI** measures a household's overall severity of humanitarian needs across sectors, based on the highest level of severity of the sectoral LSGs score identified for the respective household. **Pre-existing vulnerabilities** refer to household characteristics that are likely to influence their ability to respond to a crisis or shock, and subsequently may exacerbate the impact of a crisis on a household's well-being. The **Capacity Gap (CG)** signifies households' use of negative coping strategies to sustain themselves, indicating that even if households do not currently have any LSG this may be due to unsustainable or harmful measures (e.g. taking on debt).

Note that the MSNI approaches multi-sectoral needs from a big-picture perspective. Regardless of whether a household has a very severe LSG in just one sector or co-occurring severe LSGs across multiple sectors, their final MSNI score will be the same. While this approach makes sense from a response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude and severity of needs between households.

6. Secondary data

Throughout the research cycle, the assessment team monitored secondary data sources (e.g. Cluster reports, IOM-DTM population tracking information) to inform the design and content of the questionnaires, inform the categorisation of areas and target population groups, and to ensure proper contextualisation and triangulation of findings for the final outputs.

7. Ethical considerations

Conducting a large-scale assessment among a crisis-affected population in a humanitarian setting and during a global health pandemic raises ethical considerations. These include, but are not limited to, mitigating COVID-19 related health risks to both enumerators and respondents, seeking informed consent, avoiding raising expectations of respondents (i.e. assessing their living conditions without direct follow-up in aid delivery), and avoiding sensitive questions. To accommodate such concerns, a Do No Harm analysis was conducted and discussed with relevant stakeholders, the data collection methodology was adjusted, a tailored training was provided to enumerators, tool and translation revisions were repeatedly made prior and after the pilot, and gender specific considerations were discussed.

8. Challenges and limitations

A series of challenges and limitations were encountered throughout this research cycle, of which a few are listed here and should be considered when engaging with MCNA VIII data.

- Data collected remotely is not representative, given the reliance on (limited) phone numbers from REACH and partner organisations, and the subsequent inability to apply a randomised sampling approach.
- Phone-based interviews raise challenges in terms of data quality, as the physical distance between enumerators and respondents, and subsequent limited ability to build a certain level of trust, tends to make it more difficult to ensure comprehensive communication and ask sensitive or technical questions.
- Findings related to a subset of the overall population may have a wider margin of error, potentially yielding results with lower precision. Any findings related to subsets are indicated as such throughout the report.

[40] The Health indicators included in the MCNA VIII do not provide insight into "extreme" household needs. As such, the maximum severity scale used in this analysis framework for Health is severity score 3 ("severe"). Note that this does not imply that there are no extreme Health needs in Iraq. For Education, REACH Global decided that the maximum severity scale possible is severity score 3 ("severe").

- Certain indicators (e.g. on GBV, government services, or safety concerns) may be under- or over-reported due to the perceptions or demographic characteristics (e.g. gender) of respondents. Respondents might also have a tendency to provide what they perceive to be the "right" answers to certain questions (i.e. social desirability bias).
- Data collection took place from mid-July to mid-September 2020, and indicators may have to be interpreted as a snapshot of this specific period, especially those related to COVID-19 given the dynamic context resulting from the global health pandemic.
- Finally, while household-level quantitative surveys seek to provide quantifiable information that can be generalised to represent the populations of interest, the methodology is less well suited to provide in-depth explanations of complex issues.

Discrepancies with the 2021 HNO

Throughout this report there are some discrepancies between the findings presented in the 2021 HNO, even though the HNO builds on the MCNA VIII as a primary data source. These differences can largely be explained by a variety of methodological elements.

First, the HNO builds on the JIAF to estimate the number of PiN and the severity of needs, which includes a five-point severity scale for each indicator. Findings in this report, however, are shaped by the MSNA Analysis Framework as developed by REACH, which builds on an aggregation methodology that categorises each indicator included in the sectoral LSG calculation on a binary scale. Second, there are slight differences in the indicators selected for the sectoral analysis in the HNO and those used for the LSG calculations, including minor deviations in the severity thresholds used. Third, the HNO also builds on other data sources (e.g. ILA V) for a select number of indicators.

As such, the number of people affected by the crisis in Iraq at times differ, with sectoral LSG findings at times being more aligned to the *overall* PiN figures (e.g. Livelihoods, Protection), and at times more aligned to the *acute* PiN figures (e.g Health, Shelter, Education) in the HNO. The discrepancies between the sectoral findings for Food Security and WASH are briefly discussed here.

Food Security: The Livelihood Coping Strategy indicator - which assesses households' use of negative coping strategies in response to a lack of food or resources to buy it in the 30 days prior to data collection – informs the sectoral Food Security PIN and severity in the HNO. This report, however, does not include the Livelihood Coping Strategy indicator in the sectoral LSG analysis for Food Security, but instead includes it in the Capacity Gap analysis. Furthermore, the HNO analysis relies on the Comprehensive Food Security and Vulnerability Assessment (CFSVA) 2016 as complementary data source. This results in a higher number of PiN in the HNO. When only considering the proportion of households classified with a LSG in Food Security this report reflects a different urgency by population group (e.g. in-camp IDPs classified as most food insecure in the HNO, versus out of-camp IDP households in this report). However, when considering households classified as facing stress conditions (severity score 2), the analysis of needs across population groups is more aligned to the HNO (i.e. 60% of in-camp IDP, 22% of out of-camp IDP, and 62% of returnee households).

WASH: This report does not include the indicator on access to soap and practicing handwashing in the sectoral analysis for WASH, as it was included in the analysis on households with pre-existing vulnerabilities, in light of the COVID-19 context. Furthermore, due to a different answer type in the survey tool for the in-camp IDP population, this report excludes data on access to sufficient water for the in-camp population resulting in lower proportions of in-camp IDPs having a LSG in WASH compared to the HNO.

FINDINGS

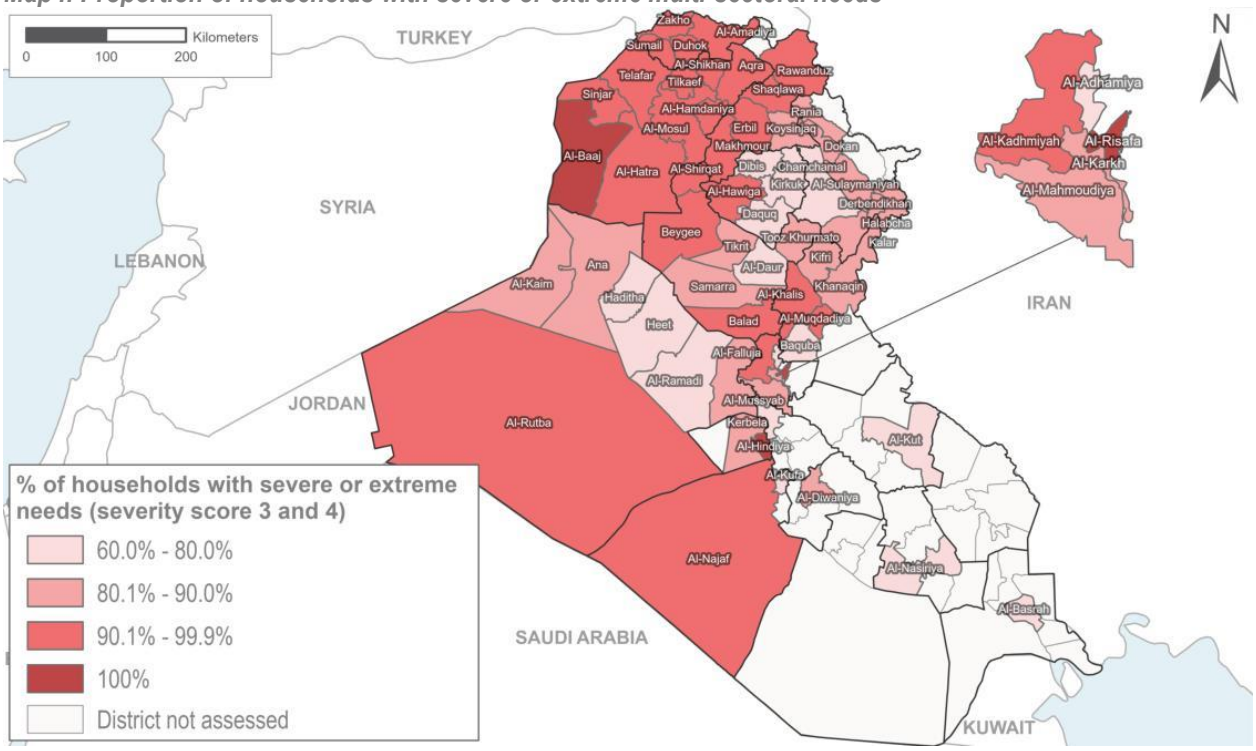
1. Overview of multi-sectoral needs

Amongst households surveyed in 2020, 89% were found to have multi-sectoral needs. Nearly all (99%) in-camp IDP households, 90% of out of-camp IDP households, and 88% of returnee households were found to have multi-sectoral needs, indicating that they have severe or extreme sectoral needs in at least one sector. Across all three population groups, 68% of households were found to have a severity score of 4 indicating extreme multi-sectoral needs, while 21% have a severity score of 3 indicating severe multi-sectoral needs. In-camp IDP households were most likely to have sectoral needs – classified in this report as having sectoral LSGs - in three or four sectors simultaneously, while out of-camp IDP and returnee households were more likely to have LSGs in one or two sectors at the time of data collection. The highest proportion of households with extreme multi-sectoral needs (severity score 4) were concentrated in Baghdad (Al Risafa), Kerbala (Al Hindiya), Ninewa (Al Baaj, Al Hatra and Al Shikhan), and Dohuk (Sumail and Al Amadiya). Additional districts in Duhok (Zakho), Ninewa (Sinjar, Al Mosul, and Telafar), Salah Al Din (Beygee and Al Shirqat), and Erbil (Makhmour and Shaqlawa) stood out with a high proportion of households with severe multi-sectoral needs (severity score 3).[41]

Figure i: Proportion of households per MSNI severity score, per population group

	1	2	3	4
IDP in camp	0%	0%	1%	99%
IDP out-of-camp	0%	10%	14%	76%
Returnee	0%	12%	24%	64%

Map i: Proportion of households with severe or extreme multi-sectoral needs



Across population groups, the three most common profiles of one or more sectoral LSGs among households with multi-sectoral needs are sectoral needs in Livelihoods (17%), a combination of sectoral needs in both Livelihoods and Protection (15%), and sectoral needs only in Protection (10%). In-camp IDP households are most likely to have LSGs simultaneously in Shelter and Livelihoods (16%), or simultaneously in Shelter, Livelihoods, Protection and WASH (13%). The high percentage of in-camp IDP households with a LSG in Shelter is driven by 97% of households who reported to live under critical shelter conditions in camps. For out of-camp IDP and returnee households the most typical LSG profile was Livelihoods (25% and 16% respectively), simultaneously in Livelihoods and Protection (12% and 17% respectively), and only in Protection (5% and 12% respectively). LSGs in Livelihoods are common among all population groups, reflecting the limited financial

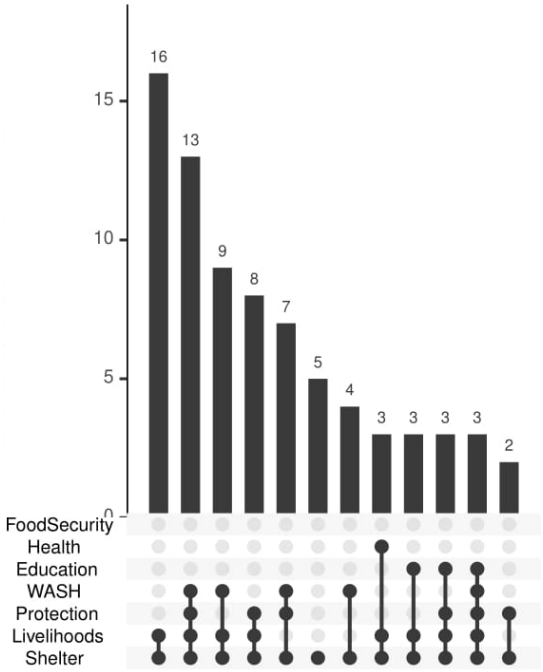
[41] Please refer to Annex IX for maps on the proportion of households reporting sectoral LSG.

household stability and precarious economic conditions in Iraq. Next to this, and interrelated with sectoral needs in Livelihoods, there is a wide prevalence of Protection needs, including for 58% of in-camp IDP households who were found to have a LSG in Protection.

In-Camp IDP Households

Nearly all (99%) in-camp IDP households were classified as having extreme multi-sectoral needs (severity score 4), which is largely shaped by the high proportion of in-camp IDP households with a LSG in Shelter, as camp conditions automatically imply that households live under critical shelter conditions.[42] In-camp IDP households were found most likely to have three LSGs at once (36%), followed by a quarter having either two or four LSGs. **Approximately three quarter of households living in IDP camps were found to have sectoral needs in Livelihoods, shaped in part by the large proportion (68%) of households who indicated to be unable to meet basic needs and having to take on debt to afford food, education, healthcare, or basic household expenditures**. Camp settings tend to obstruct household members in finding sustainable employment and a reduced economic activity due to COVID-19 likely had a particularly negative effect on day labourers and low-income workers.[43] In-camp IDP households reported the highest degree of unemployment, with almost one third of the in-camp IDP households (29%) reporting that at least one household member is unemployed and seeking work. Relatedly, a large majority (84%) is reportedly relying on a monthly income (from employment and pension) of less than 90,000 Iraqi Dinar (IQD) (62 USD) per person.[44] Sectoral needs in Livelihoods tend to have a direct implication on other living conditions as they likely restrict access to basic services and infrastructure with cross-cutting implications. Next to this, sectoral needs in Livelihood also imply a reduced ability to pay for basic household expenditures. As such, nearly two thirds (60%) of in-camp IDP households were found to face stress conditions (severity score 2) in Food Security due to their average monthly expenditure of food exceeding 65% of their total monthly expenditure. **This indicates that 60% of in-camp IDP households are at risk of developing a Food Security LSG if conditions deteriorate, adding to the five percent of in-camp IDP households who are already classified as having a LSG in Food Security.**

Figure ii: Proportion of in-camp IDP households by the most common combinations of one or more LSGs (in percentages)



Nearly a quarter of in-camp IDP households (24%) have a LSG in Education.[45] To illustrate the above-mentioned impact of precarious livelihood conditions on other areas of life, among the 24% of in-camp IDP households who reported that at least one child in their household is not attending informal or formal education regularly[46], the high cost of education and children contributing to the household income through working were cited as key barriers to education (28% and 10% respectively). In-camp IDP households cited physical limitations, including the disability, disease or traumatisation of children, as well as lack of transport to schools (16%) more often than out of-camp IDP (12%) and returnee (9%) households. This indicates specific needs among school-aged children in camps. Given the restricted and unsustainable living conditions in camps, education is a critical element

[42] Critical shelter conditions include residence in tents, and other non-residential buildings. Consult the Technical guidance on Informal Site definition (CCCM Cluster Iraq, September 2020) for further details.
[43] UN OCHA, "Iraq: COVID-19, Situation Report No 10" (April 2020).
[44] 1 USD = 1,459 IQD on 23/03/21 at www.xe.com.
[45] For Education, REACH Global decided that the maximum severity scale possible is severity score 3 ("severe"). Note that the HNO projects 718,000 people to be in acute need of humanitarian assistance.
[46] At least 4 days a week.

for children living in camps to develop, as well as to secure a better chance of (re-)integration in out of-camp settings.

In-camp IDP households face specific barriers to access basic services beyond those services that are provided within the camp premises, especially in the context of COVID-19 movement restrictions which limited freedom of movement significantly. Regardless of COVID-19, however, more than one third (34%) of in-camp IDP households reported experiencing daytime movement restrictions, such as needing security clearance or (partial) curfews. **More than half (58%) of in-camp IDP households were classified as having a LSG in Protection, shaped to a large degree by households reporting that they are missing key individual or household documentation which serves as a further obstacle to accessing basic services**. Related to this, in-camp IDP households were most likely to report that their property is under any kind of dispute (11%), potentially posing an additional barrier to (re-)integration in their area of origin. Finally, although not directly reflected in MCNA VIII data, it is worth noting that camp settings, such as the typically confined spaces, have repeatedly been highlighted as aggravating Protection risks related to gender-based and domestic violence.[47] The COVID-19 pandemic, subsequent movement restrictions and impact on households' income generating activities have been noted as additional factors aggravating such Protection risks.

Next to this, compared to the out of-camp populations, in-camp IDP households were more likely to have sectoral needs in Health (15% of in-camp IDP households versus 14% of out of-camp and 13% of returnee households), with nearly half (47%) of the households having reported that they faced difficulties when trying to access health services in the three months prior to data collection.[48] Among these households, three quarters (75%) reported that the costs of the health service and/or medication was too high, and just over one in five (21%) reported transportation constraints and/or distance to the health facility as reasons for difficulties in accessing healthcare. On average, in-camp IDP households were found to spend nearly a quarter (24%) of their total monthly household income on medical expenses, compared to out of-camp IDP and returnee households spending 14% and 16% respectively. These barriers reiterate the precarious livelihood conditions as well as the specific camp conditions reducing access to basic services (in-camp IDP households were also found to be least likely to have access to a hospital within one hour's walk from their homes).

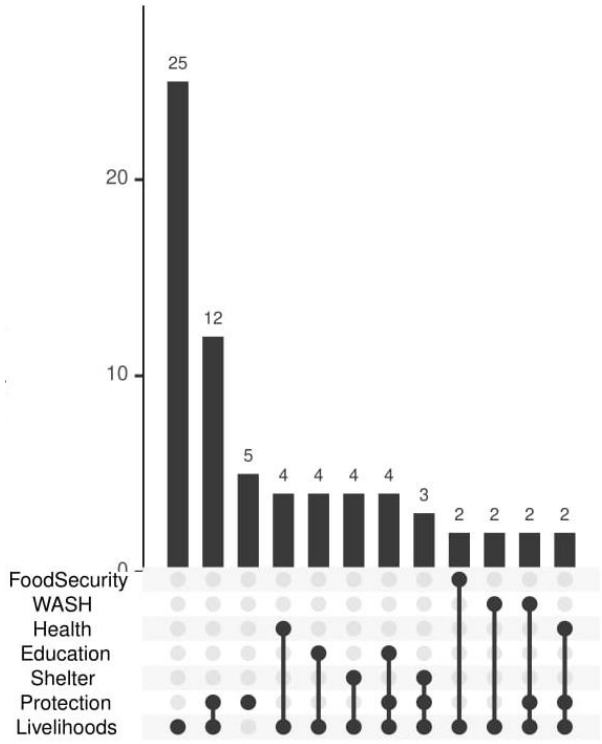
Nearly half of in-camp IDP households (47%) were classified as having a LSG in WASH, largely shaped by households' limited access to improved functional sanitation facilities. Three per cent of in-camp IDP households reported not having access to an improved water source for drinking, despite the provision of WASH services by aid actors in camps. Most basic services (e.g. sanitation facilities) in camps are understood as temporary and subsequently unlikely to guarantee sufficient quality to households more than six years after the onset of the crisis, even if not faced with additional challenges linked to the lack of required resources for maintenance. Finally, despite substandard and/or unsustainable living conditions in camps, 73% of in-camp IDP households persisted that they intend to remain in their area of displacement in the 12 months following data collection (mostly reporting damaged or destroyed housing in area of origin fear and trauma associated with area of origin, and a perceived lack of livelihood opportunities in AoO as reasons to not return). Nearly one in ten in-camp IDP households additionally reported to not know what their movement intentions are. **This raises substantial concerns about the durable solutions for in-camp IDPs, not least because camps were not designed to meet the needs of people in situations of protracted displacement.**

[47] National Protection Cluster, "Protection monitoring in response to COVID-19" (July 2020).
[48] The Health indicators included in the MCNA VIII do not provide insight into "extreme" household needs. As such, the maximum severity scale used in this analysis framework for Health is severity score 3 ("severe"). Note that this does not imply that there are no extreme Health needs in Iraq. The HNO projects that 646,000 people are in acute need of humanitarian assistance.

Out of-camp IDP Households

Among IDP households living outside of camps, 90% were classified as having multi-sectoral needs, among which 76% were reported to have extreme needs (severity score 4). The proportion of households classified with extreme multi-sectoral needs (severity score 4) is largely shaped by unmet Livelihood needs. Namely, out-of-camp IDP households were found to be the population group most likely to have a LSG in Livelihoods (78%), reflecting amongst others drivers the high proportion of households with a monthly income below 90,000 IQD per person. More than two thirds (68%) of out of-camp IDP households were classified as having extreme Livelihoods needs, shaped by their inability to afford basic needs and debt accumulation due to healthcare, food, education, or basic household expenditures. Compared to other population groups, out of-camp IDP households reported to have the highest average debt value of 1.7 million IQD (1,165 US dollar).[49] Rent expenditure as a share of total monthly household expenditures was found with the highest among out of-camp IDP households. Out of-camp IDP households also reported a higher prevalence of temporary or permanent unemployment as a direct result from the COVID-19 pandemic (33%), compared to in-camp IDP and returnee households. These Livelihood needs indicate that many out of-camp IDP households are insufficiently integrated in the economic fabric of host communities that would allow them to build a better life, be it due to the impacts of (secondary) displacement, residence in critical shelter (11%), or insufficient livelihood opportunities in their areas of displacement.

Figure iii: Proportion of out of-camp IDP households by the most common combinations of one or more LSGs (in percentages)



Nearly half (47%) of out of-camp IDP households have a LSG in Protection, largely shaped by households reportedly missing at least one key individual or household document. The lack of key documentation has significant implications for households' ability to exercise their civil rights, as well as to access basic services. Next to this, more than half of out of-camp IDP households were found to lack secure tenure, as they reported not having valid HLP documentation and/or their property being under dispute. Out of-camp IDP households more often reported that their housing, land or property was damaged or destroyed since 2014 (76%), compared to 64% of returnee households. Similarly, out of-camp IDP households were more likely to report a risk of eviction, for which the main reasons were property owners requesting households to leave and households lacking the funds to pay rental costs (5%), compared to 1% of returnee households. Combined, these Protection needs are likely to contribute to the challenges faced by out of-camp IDP households to either return to their areas of origin or integrate locally.

Out of-camp IDP households were found to have the highest degree of severe sectoral needs in Education, with 26% of households having a LSG in Education.[50] An additional 14% of households were classified with a severity score 2, indicating that these households are at risk of moving from stress conditions to severe conditions with regards to Education, if their situation does not improve. Especially in the context of the COVID-19 pandemic and subsequent school closures, a further deterioration in education conditions may be expected. Already prior to the COVID-19 outbreak, 9% of out-of-camp IDP households reported that none of their children attended formal or informal education, and 26% reported that at least one child in their household did not attend formal or informal education. Among these households, more than one third (35%) cited high costs as a main barrier to receiving education, highlighting the potentially cross-cutting implications that unsustainable and/or insufficient livelihoods

[49] 1 USD = 1,459 IQD on 23/03/21 at www.xe.com.
[50] For Education, REACH Global decided that the maximum severity scale possible is severity score 3 ("severe"). Note that the HNO projects 718,000 people to be in acute need of humanitarian assistance.

can have on children's ability to develop. Given the dual function of schools to provide both a learning environment as well as a protective environment in conflict affected places, a drop in school attendance can have significant child protection implications as it may increase children's exposure to risks and harmful activities (e.g. exploitative labour). Out of-camp IDP households were most likely to report that they do not have access to a functional primary and secondary school within five kilometres of their dwellings (11%). This relates to physical limitations (which includes both physical limitations of children such as disability or disease, as well as physical limitations related to distance such as a lack of transportation), as well as schools being dysfunctional or closed being reported as main reasons to not attend education regularly, cited each by 12% of out of-camp IDP households with at least one child not attending education. Indeed, war-induced damages to school infrastructure, in combination with slow or limited rehabilitation, have been highlighted as negatively impacting education attendance in Iraq.[51]

Eight percent (8%) of out of-camp IDP households were found to have a LSG in Food Security, of which 7% were reported as having extreme Food Security needs (severity score 4). Extreme needs were shaped by households with a moderate to severe Household Hunger Scale, indicating insecure food conditions for these households.[52] Next to this, households reportedly spend more than 65% of their total expenditure on food, which leaves little household budget for out of-camp IDP households to spend on non-food costs such as rent, education, and healthcare. Compared to other population groups, a lower proportion of households were classified as facing stress conditions (20% of out of-camp IDP households versus 60% and 62% for in-camp and returnee households respectively).

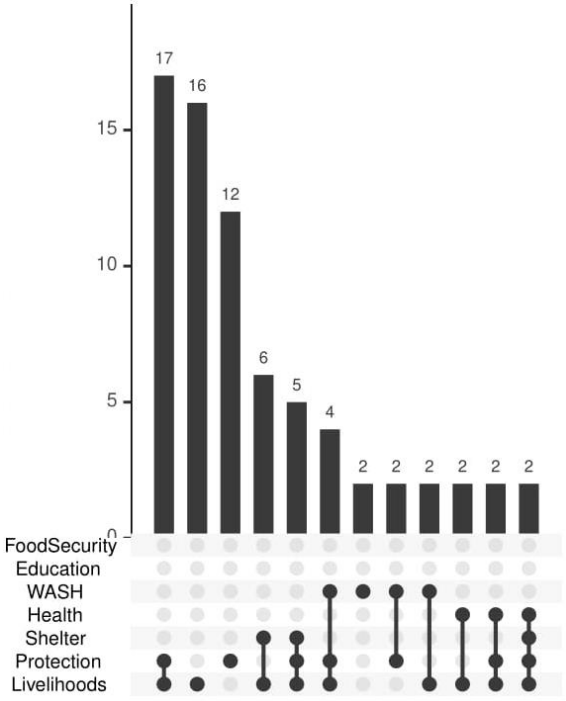
Returnee Households

Among returnee households, 88% of households were classified as having multi-sectoral needs; 64% of these households have extreme needs (severity score 4). Similar to out of-camp IDP households, returnee households are most likely to have one (32%) or two (33%) sectoral LSGs at once, while 16% of returnee households have a LSG in three sectors simultaneously. **Returnee households have the highest proportion of households (61%) with a LSG in Protection.** This is largely shaped by the reported lack of key individual or household documents (i.e. identification (ID) card, nationality card and/or unified IDs, and birth certificates). A lack of documentation severely limits households' access to basic services, and thus to fully (re-)integrate in their area of return. Related to this, nearly one third (31%) of returnee households reported missing valid HLP documentation, posing potential challenges to the sustainability of their residence. Among out of camp households, a higher proprotion of returnee households reported experiencing daytime movement restrictions unrelated to COVID-19 in the 30 days prior to data collection, reported by 20% of returnee households compared to 10% of out of-camp IDP households. Restrictions reportedly included having to show ID documents to civilian or security actors (which is particularly problematic given the reported lack thereof by 57% of households) and by needing to provide a justification for their movement.

[51] United Nations Development Programme (UNDP), "Education will help us build a future" (February 2021).
[52] Surveyed in line with the Household Hunger Scale approach, as developed by the global Food Security Cluster.

Nearly two thirds (65%) of returnee households have a LSG in Livelihoods, reflecting precarious economic conditions in many areas of return. Taking on debt to afford food, basic household expenditures, and healthcare was reported by 57% of returnee households, indicating that they were unable to meet basic needs. Among returnee households with at least one adult unemployed and seeking work (18%), the most cited barriers to employment were the lack of sufficient jobs, lack of personal connections, and the lack of employment options for women. More than half (56%) of returnee households were found to have a debt value above 505,000 IQD (346 USD), whilst debt was reported less frequently among in-camp (45%) and out of-camp (51%) IDP households.[53] One in five (20%) returnee households reported taking on debt to reconstruct or rehabilitate their homes (compared to 5% of out of-camp IDP households reporting this), reflecting an additional strain on returnees' resources as a condition to rebuild their lives in their areas of return. Returnee households were found to spend 70% of their average monthly household income on food, which is the largest food expenditure share across population groups and suggests that returnee households' income is insufficient to spend on basic non-food related expenses. **Indeed, nearly two thirds (62%) of returnee households were found to face stress conditions (severity score 2) in Food Security, indicating that they are at risk of developing a Food Security LSG if conditions deteriorate**, adding to the two percent of returnee households who are already classified as having a LSG in Food Security.

Figure iv: Proportion of returnee households by the most common combinations of one or more LSGs, (in percentages)



While a higher proportion of returnee households reported that all children attended formal or informal education prior to the COVID-19 outbreak (90%), compared to 76% of in-camp and 74% of out of-camp IDP households. **Conversely, the 10% of returned households who reported that at least one child was not attending formal or informal education prior to the COVID-19 outbreak could still represent up to almost half a million returnee households. Almost half a million returnee households reported to have at least one child without access to education**.[54][15] Returnee households were most likely to cite the closure and/or dysfunctionality of schools as a barrier to education (31%), suggesting that the school infrastructure in the areas of return is inadequate to include the increasing number of school-aged children of returnee households. **Almost one in five (19%) returnee households have a LSG in Shelte**r, among which four per cent of households have extreme needs (severity score 4) because they live under critical shelter conditions. Among the out of-camp population, returnee households were most likely to report that they are in need of basic NFIs, including blankets, fuel, and heaters. Nearly one in five (18%) returnee households reported needing at least two shelter improvements, such as protection from climatic conditions, improving the safety, or enhancing the privacy of shelter.

Among the out of-camp population, returnee households were found most likely to have a LSG in WASH (14%); 6% of these households have extreme needs (severity score 4) because of their reported lack of access to an improved water source. Nearly one in ten returnee households (8%) reported not having access to improved sanitation facilities, indicating that the WASH infrastructure in areas of return is substandard for many households. **Similarly, 13% of returnee households were found to have a LSG in Health,** in part due to nearly two in five households (37%) who reported having faced barriers when they tried to access healthcare in the three months prior to data collection.[55] Among returnee households reporting barriers to accessing healthcare, the most commonly reported barriers were the cost of health services (52%), the lack of medication (29%), and the lack of

[53] 1 USD = 1,459 IQD on 23/03/21 at www.xe.com.
[54] For Education, REACH Global decided that the maximum severity scale possible is severity score 3 ("severe"). Note that the HNO projects 718,000 people to be in acute need of humanitarian assistance.
[55] The Health indicators included in the MCNA VIII do not provide insight into "extreme" household needs. As such, the maximum severity scale used in this analysis framework for Health is severity score 3 ("severe"). Note that this does not imply that there are no extreme Health needs in Iraq. The HNO projects that 646,000 people are in acute need of humanitarian assistance.

available treatment (17%). Next to this, a lack of civil documentation among most returnee households (57%), as well as delayed rehabilitation of and investment in public health facilities in areas of return further limit households' access to public healthcare.[56] Returnee households were found most likely to report that at least one member was injured or killed by an explosive ordnance (9%), compared to 7% among in-camp IDP households and 8% of out of-camp IDP households.

Given the slow post-conflict reconstruction and rehabilitation of basic services and infrastructure, households often find damaged, substandard, and overburdened public facilities upon their return to their areas of origin. The increase in returnees, especially in light of recent camp closures, puts an additional strain to already stretched services, resulting in fragmented access among returnee households. Returnee households currently categorised with a LSG severity score of 2 (e.g. 62% in Food Security, 46% in Shelter, 31% in WASH, 39% in Health), are at risk of moving from stress conditions to severe conditions (severity score 3), if the rehabilitation of basic service delivery and infrastructure is further delayed and/or if the number of returnees increases suddenly beyond the local capacity.

2. Pre-existing vulnerabilities:

Pre-existing vulnerabilities can be defined as the underlying processes or conditions that influence the degree and severity of exposure to a shock, which subsequently tend to exacerbate the impact of a crisis on households affected by vulnerabilities.[57] **One in five households classified as having at least one LSG were also found to be vulnerable, among which in-camp IDP households were found to be most likely to have at least one LSG and to be vulnerable (33%), followed by out of-camp IDP (28%), and returnee households (18%).** With a few exceptions, households who were found to have pre-existing vulnerabilities were more likely to have sectoral LSGs, compared to households without reported pre-existing vulnerabilities, confirming their increased exposure to the impact of the crisis. For example, single female-headed households were found to be more likely to have a LSG in Education (17%) compared to male-headed households (13%). This adds to the already existing vulnerabilities for a (single, divorced, widowed) woman in a patriarchal society, and eventually, for their children – including specific challenges in accessing economic, physical and social protection.[58] [59] In-camp IDP households were found to be most likely headed by females (14%), compared to out of-camp IDP (12%) and returnee households (9%). Overall, female-headed households were also found to be more likely to be food insecure, as well as households with a member reporting a physical or cognitive disability, indicating a possible need for targeted assistance. Households with pre-existing vulnerabilities tend to have cross-cutting difficulties in accessing services, sustaining decent living conditions, and progressing beyond meeting basic needs.

Households who reported that at least one member has a lot of difficulties or is unable to see, hear, walk, remember or concentrate, care for him/herself, and/or communicate, indicating a physical and/or cognitive disability, were classified as having extreme pre-existing vulnerabilities (severity score 4) due to the cross-cutting impact that disabilities can have on household's access to basic goods and services, as well as potential to sustain acceptable living conditions.[60] **The proportion of households with at least one member with a physical and/or mental disability was highest among in-camp IDP households (13%), followed by out of-camp IDP (12%), and returnee (8%) households. Among these households, more than one third (38%) reported that access to basic services is restricted due to the presence of at least one person with a disability.** Furthermore, households with at least one member with a disability were, for example, found to be more likely to have a debt value above 505,000 IQD (346 USD) (71%), compared to the general percentage being calculated nationwide for

[56] Reuters, "The medical crisis that's aggravating Iraq's unrest" (March 2020).
[57] The following reported characteristics were considered to indicate pre-existing vulnerabilities: households reporting at least one member with a disability; single female-headed households; households reporting at least one member with a chronic health condition; households reporting to miss at least one key household or individual document; households reporting not intending to return to their AoO due to safety/security concerns; households reporting to not have access to soap; households reporting at least one member above the age of 60.
[58] Humanitarian Practice Network, ''Supporting women in a difficult security environment: the ICRC's programmes for women-headed households in Iraq'', 2011; ''Overview of the status of women living without a safety net in Iraq'', Country Information Service – Finnish Immigration Service, May 2018.
[59] Visit the MCNA VIII Dashboard for multi-sectoral findings disaggregated by the gender of the head of household.
[60] Physical and/or cognitive disabilities were defined as per Washington Group guidance, this included individuals that reported having "lots of difficulty" or "could not do at all" one of the following activities: seeing, hearing, walking/climbing steps, remembering / concentrating, self-care, communicating.

all households (55%).[61] Households with at least one member with a disability were found to be twice as likely to report healthcare as primary reason for taking on debt compared to other households (26% versus 13%).

Not least due to the outbreak of the COVID-19 pandemic in 2020 and elderly people and people with pre-existing health conditions being especially at risk of suffering severe health impacts of the virus, households with members above the age of 60 and households with members with a chronic health condition (e.g. heart disease, diabetes, high blood pressure, cancer) were considered to be vulnerable. **Nearly half (47%) of out of-camp IDP households reported that at least one household member suffered from a chronic health condition, followed by 42% of in-camp IDP, and 40% of returnee households.** Next to this, households without access to soap were classified as vulnerable, considering the importance of handwashing as a key prevention measure against contracting COVID-19. **Almost one in ten (9%) of households were found to not have access to soap and therefore unable to practice effective and safe handwashing** (ranging from 8% of in-camp IDP households to 11% of out of-camp IDP households), indicating that approximately half a million households are unable to comply with the most basic COVID-19 prevention measure and are subsequently more vulnerable to contracting the virus 15.

Figure v: Proportion of households with at least one LSG, per LSG and vulnerability profile

% of households...*	Education *13%*	Livelihoods *67%*	Food Security *3%*	Health *14%*	Protection *59%*	Shelter & NFI *24%*	WASH *15%*	At least one LSG *89%*	Capacity Gap *64%*
...with a single female head of household	17%	71%	5%	12%	60%	22%	12%	89%	67%
...with at least one member above the age of 60	17%	63%	3%	24%	51%	19%	15%	85%	58%
...with at least one member reporting a disability	26%	73%	6%	44%	65%	27%	15%	96%	71%
...with at least one individual with a chronic health condition	16%	67%	4%	19%	58%	21%	17%	88%	62%
...missing at least one key household or individual document	12%	66%	3%	15%	100%	22%	17%	96%	64%
...not intending to return to their area of origin because of security/safety concerns	28%	80%	8%	16%	40%	41%	13%	94%	80%
...without access to soap	17%	76%	7%	14%	35%	21%	19%	95%	73%

* Percentages in the column headers refer to the % of households with a LSG in the respective sectors, regardless of pre-existing vulnerabilities

3. Prevalence of negative coping strategies

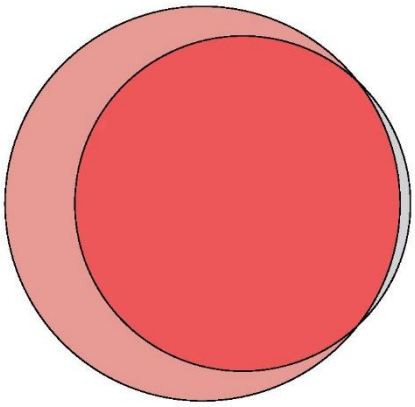
Households with a CG are understood to be at risk of being classified as having multi-sectoral needs once they cannot (continue to) resort to negative coping strategies, such as taking on debt, and subsequently are not able to sustain themselves anymore. **Among the 11% of households who were classified as not having any sectoral LSGs, one percent was found to have a CG, which means that 59,000 households may only be able to meet their basic needs by employing negative and/or unsustainable coping strategies 15.** The highest proportion of households without any sectoral LSG but with a CG was found in the districts of Kalar and Al Kufa (9% in each), as well as Al Mussyab and Derbendikhan (8% in each). **In-camp IDP households were classified as most likely to have at least one LSG and a CG (80%), followed by out of-camp IDP (73%), and returnee households (59%), indicating that despite employing negative coping mechanisms these households still have sectoral needs in at least one sector.**

More than two thirds of IDP households (68%) and more than half of returnee households (56%) reported being unable to meet their basic needs and taking on debt in order to pay for healthcare, food, education,

[61] 1 USD = 1,459 IQD on 23/03/21 at www.xe.com.

or basic household expenditures.[62] Given the unsustainable character of relying on humanitarian aid, households relying on humanitarian assistance as a primary source of income were also classified as having a CG. This is especially applicable to in-camp IDPs, as **almost one third of in-camp IDP households (29%) reported relying on humanitarian assistance as primary source of income**, compared to only 2% of out of-camp IDP households and no returnee households. Finally, households employing "crisis" or "emergency" coping strategies to cope with a lack of food or money to buy food were classified as having a CG.[63] Out-of-camp IDP households were found most likely to rely on "crisis" (23%) and "emergency" (13%) strategies, compared to in-camp IDP and returnee households (8% and 9% respectively for each population group). **The percentage of households relying on negative coping strategies has increased across all three population groups since 2019, which could be an indication of the impact that COVID-19 had (and is still having) on people's livelihoods and food security.**[64]

Figure vi: Households with multi-sectoral needs and/or a Capacity Gap



63% of households reporting both at least one LSG and a Capacity Gap
26% of households reporting at least one LSG but no Capacity Gap
1% of households reporting no LSG but a Capacity Gap
10% of households reporting no LSG and no Capacity Gap

Without employing such coping strategies, households would likely have a higher severity of needs and/or be faced with a wider variety of unmet sectoral needs. If the living conditions for IDP and returnee households deteriorate or do not improve in Iraq's near future, households currently categorised as living under stress conditions (sectoral needs with severity score 2) risk not being able to meet all their needs, and subsequently may have to resort to negative coping strategies and/or be directly unable to meet their needs and in turn be classified as having LSGs (severity score 3 or 4). This would imply, for example, that approximately an additional 472,652 households are at risk of having a LSG in Livelihood, an additional 1,831,526 households are at risk of having a LSG in WASH, and an additional 2,245,096 households are at risk of having a LSG in Health.[65]

[62] Binary thresholds were set for the three Capacity Gap indicators of % of households unable to afford basic needs; % of households relying on humanitarian aid as primary source of income; and % of households employing crisis or emergency strategies to cope with a lack of food or money to buy food. If any of the selected Capacity Gap indicators has a score of "1", the household is categorised as having a Capacity Gap.
[63] Categorised in line with the Livelihood Coping Strategies Index as a standardized tool to measure behavioral responses to food insecurity. Strategies including reducing expenditure of non-food items such as health and education, and children dropping out of school were classified as "crisis" strategies, while children engaging in labour to contribute to the household income, and adults engaging in high-risk behaviour were classified as "emergency" strategies.
[64] Due to methodological adjustments of the 2020 MSNI analysis, comparability with 2019 findings is limited and can only be considered as indicative of broader trends.
[65] Figure obtained by applying the percentage on population figure from IOM Displacement Tracker (October 2020) and CCCM Formal Camp Masterlist (September 2020).

Zoom-in on COVID-19 related findings and accountability to affected populations

Zoom-in COVID-19 impact

COVID-19 and its social and economic impact has exposed people to new risks, perpetuated existing vulnerabilities and has put additional strain on an already fragile public sector. With petroleum accounting for 92% of the country's exports, declining oil prices have plummeted the country into a financial and economic crisis, with the World Bank projecting a contraction of the Iraqi Gross Domestic Product (GDP) by 9.7% in 2020.[66] This contraction limits the government's ability to make much needed public investments in infrastructure, service provision, reconstruction programs, as well as their ability to pay public sector salaries. In addition, the government-led restrictions to curb the spread of the virus, such as curfews and movement restrictions, have impacted Iraq's economic activity and labor market. The Iraqi Ministry of Planning projects that 4.5 million (12%) Iraqis are at risk of falling into poverty as a result of the COVID-19 pandemic, adding to the 20% of the Iraqi population who have already been living below the poverty line prior to the pandemic.[67]

Next to the already existing widespread unemployment in Iraq, more than one third (34%) of out of-camp IDP households reported that at least one member temporarily or permanently lost his/her employment as a direct result of the COVID-19 outbreak, followed by 28% of in-camp IDP and 13% or returnee households.[68] Reduced income due to the economic contraction caused by the COVID-19 pandemic likely negatively impacted households' access to food and may in part explain the increase of households across population groups who were forced to resort to negative coping strategies to cope with a lack of food or money to buy it.[69] The proportion of households who reported spending more than 40% of their total monthly expenditure on food increased across population group, compared to 2019.

Similarly, the proportion of households who reported spending more than 20% of their total monthly income on healthcare or medicine increased across population groups since 2019. Although this increase is not necessarily exclusively related to the COVID-19 pandemic, these increases do indicate the substantial pressure of health-related expenditures on households' budgets (i.e. for in-camp IDP households this increased from 18% to 56%, for out of-camp IDP households this increased from 12% to 29%, and for returnee households this increased from 5% to 38%).[70] According to the Protection Cluster, the COVID-19 pandemic was found to have a variety of Protection implications, with the majority of both in-camp IDP households (85%) and of conflict-affected and displaced people residing in informal sites, out of camp settings and return areas (67%) reporting a significant increase of protection issues (e.g. increase in GBV and prevalence of people with psychosocial distress).[71] As part of the lockdown measures to curb the spread of COVID-19, government offices were closed, including civil courts and civil affairs directorates which impacted people's access to legal services. Almost one third of households (28%) reported needing more information about COVID-19, especially about prevention measures, symptoms, treatment options and causes. People's confidence in the government's ability to adequately respond to COVID-19 related challenges was found to be limited, and fear of contracting the virus is reducing people's willingness to seek access to healthcare services.[72] Remaining knowledge gaps about COVID-19, as well as limited trust in authorities' ability to limit the negative impacts of the pandemic, may continue to pose challenges in containing the virus and in mitigating its socio-economic implications.

[66] World Bank Group, "Iraq Economic Monitor – Navigating the Perfect Storm" (2020). & World Bank, "Iraq: Structural Reforms Critically Needed to Manage a Multi-faceted Crisis" (2020).
[67] UNICEF and World Bank, "Assessment of COVID-19 Impact on Poverty and Vulnerability in Iraq" (July 2020).
[68] MNCA VIII Findings.
[69] Food and Agriculture Organization, International Fund for Agricultural Development, World Bank and World Food Programme, "Food Security in Iraq – Impact of COVID-19" (June 2020).
[70] MCNA VII and MCNA VIII Findings – comparison indicative only.
[71] Protection Cluster Iraq, "Protection Monitoring in Response to COVID-19" (July 2020).
[72] Ground Truth Solutions, "Nearing a Year of Restrictions, Iraq's Vulnerable are Running out of Options – and Trust" (January 2021).

Zoom-in on accountability to affected populations

In-camp IDP households were most likely to report that they received aid in the 30 days prior to data collection (87%), followed by 7% of out of-camp IDP and 6% of returnee households. Compared to 2019, the proportion of out of-camp IDP households who reported that they received aid in the 30 days prior to data collection almost halved, from 13% to 7%, potentially in part reflecting challenges in the operational environment for aid providers due to COVID-19 related movement restrictions.[73] Among households who reported that they received aid in the 30 days prior to data collection, the most commonly reported types of aid received across population groups were food (90%), cash (28%), NFIs (21%), and health services (19%). In-camp IDP and returnee households more frequently reported receiving health services (22% and 18% respectively), compared to out of-camp IDP households (10%), despite similar proportions of households across population groups who were classified as having a LSG in Health (ranging from 13% to 15%).

Among households having received aid, more than one third (34%) of out of-camp IDPs reported that they were not satisfied with the aid received, compared to 24% of in-camp IDP and 3% of returnee households. Across population groups, **households who reported having received food aid and other NFI items were mainly unsatisfied with the quantity of the aid, while households who received cash were mainly unsatisfied with the delays in aid delivery and households who received health services were mainly unsatisfied with the quality of the aid**. Almost one third of in-camp IDP households (29%) reported relying on humanitarian assistance as primary source of income, compared to only 2% of out of-camp and no returnee households. This dependence on humanitarian assistance among in-camp IDPs raises concerns about their ability to make ends meet in the context of a reduced aid response as well as anticipated camp closures.

Compared to 2019, the proportion of households who reported having access to and/or knowledge of complaint mechanisms decreased across all three population groups.[74] Access to and/or knowledge of complaint mechanisms among households who received aid in the 30 days prior to data collection was most common among in-camp IDP households (74%), likely reflecting the closer proximity to aid actors in camp settings, followed by approximately half of out of-camp IDP (51%) and returnee households (52%). Moreover, 8% of IDP and 20% of returnee households reported currently receiving information from aid actors. IDP households reported receiving information primarily from friends and family living in their area of origin (74%), from friends and family who have visited their area of origin in the past 30 days (43%), and from local authorities (34%)[75]. Returnee households reported receiving information primarily from friends and family (79%), local authorities (59%), and mukhtars (42%). **Across population groups, the four most preferred means of receiving information from aid actors were cited as television (55%), face-to-face communication (50%), phone calls (48%), and direct observation (48%).** The preferred way of receiving information among returnee households was reported to be through television (57%), while in- and out of-camp IDP households (61% and 55% respectively) reported to prefer phone calls.

More than two thirds of households (67%) across population groups reported livelihoods as a main information need from aid providers, which is in line with the large proportion of households across population groups with a LSG in Livelihoods (67%). Next to this, out of-camp IDP and returnee households reported a greater interest in receiving information about humanitarian assistance (54% and 44% respectively) and healthcare services (35% each), compared to in-camp IDP households (40% and 25% respectively). This may indicate that information on aid and basic service delivery did not sufficiently reach out of-camp populations. In-camp IDP households were most likely to report information on safety and security as a need (41%), compared to out of-camp IDP (29%) and returnee households (22%), potentially reflecting either an information gap due to the physical confinement in camp settings and/or a greater interest in safety conditions as a factor influencing their movement intentions. Indeed, perceptions on security conditions in IDPs' areas of origin were reported to shape their decisions to return (i.e. among IDP households who reported intending to return in the three or twelve months following data collection, 64% of IDP households cited the stabilization of the security situation in the area of origin as a main reason to return). Similarly, it shapes their decision to remain in their areas of displacement (i.e. among

[73] Due to methodological adjustments of the 2020 MSNI analysis, comparability with 2019 findings is limited and can only be considered as indicative of broader trends.
[74] Ibid.
[75] Multiple answers could be selected for these questions and thus findings might exceed 100%.

IDP households who reported not intending to return in the three or twelve months following data collection, 41% of households cited that the fear and trauma associated with their area of origin is a main reason to not return). In-camp IDP and returnee households more often reported status of housing (31% and 29% respectively) and electricity services (20% and 30% respectively) as priority information needs, compared to out of-camp IDP households (22% and 11% respectively).

CONCLUSION

As Iraq continues to be faced with a protracted displacement crisis and volatile humanitarian, political and economic conditions, aggravated by the COVID-19 pandemic, this report aimed to support the evidence-based decision-making of key humanitarian actors by providing crisis-wide information about affected populations. This was done through a collaborative exercise with the AWG, UN OCHA, and the ICCG. The MCNA VIII was informed by a nationwide household-level survey, for which 9,634 returnee, out of-camp IDP and in-camp IDP households were interviewed between mid-July and mid-September 2020. This includes 2,547 interviews with IDP households in 40 formal camps throughout Iraq, of which only 29 remained open by mid-January 2021.[76] Due to the COVID-19 context, data for the MCNA VIII had to be collected through a hybrid of face-to-face and phone-based interviews.

Nearly all households (89%) were found to have multi-sectoral needs, among which most households were classified as having a LSG in more than one sector. This highlights the prevailing humanitarian needs for the conflict-affected population in Iraq, as well as the interaction of needs beyond sectoral boundaries. Sectoral needs in Livelihood and Protection stand out across population groups, with in-camp IDP households by default faced with additional sectoral needs in Shelter given the unsustainable character of camp settings. More than half (63%) of households with at least one LSG were found to have a Capacity Gap, indicating that despite employing negative coping mechanisms these households are unable to meet their basic needs. Many of the reported household sectoral needs, including unemployment, debt accrual, missing key documentation, and lacking access to education, pose significant obstacles to achieving durable solutions for IDP and returnee households.

If the living conditions for IDP and returnee households do not improve or even deteriorate in the near future, households currently categorised as living under stress conditions (LSG severity score 2) risk not being able to further meet their sectoral needs, and subsequently will have to resort to negative coping strategies and/or be directly faced with unmet multi-sectoral needs. This would imply, for example, that approximately an additional 472,652 households may be at risk of having a LSG in Livelihood, an additional 1,831,526 households may be at risk of getting a LSG in WASH, and an additional 2,245,096 households may be at risk of having a LSG in Health.[77]

The outbreak of the COVID-19 pandemic and the government-led prevention measures further aggravated humanitarian conditions and exacerbated previously existing vulnerabilities for large parts of the Iraqi population. Insufficient investment in war damaged health infrastructure made Iraq ill-prepared to respond to a sudden-onset public health emergency, resulting also in reduced access to non-COVID-19 related healthcare. Depleted state finances, as well as the disruption of the domestic economy, have pushed the country further into an economic crisis, aggravating livelihood concerns. Furthermore, the closure of schools and partial transition of education outside school environments, further disrupted children's educational development and risks having significant long-term effects on their future. While households who were not forced to displace during the recent conflict(s) were not included in the MCNA VIII assessment, it is likely that their living conditions were also negatively affected and their (humanitarian) needs may also increase throughout 2021.

The camp consolidations that took place late 2020 and early 2021 resulted in significant population movements, including additional returns and the reclassification of camps into informal sites. Although these developments took place after the MCNA VIII data collection and this report subsequently does not reflect the development in needs of the affected in-camp population, the findings do indicate that in-camp populations are likely to face significant challenges in rebuilding their lives in their areas or origin or in areas of secondary displacement. Data on out of-camp and returnee households may provide insight in the future challenges of IDPs currently still residing in camps. Future assessments would benefit from capturing the needs of populations in all areas (i.e. including in hard-to-reach areas) in a statistically representative manner, as well as to include non-displaced population groups to strengthen evidence-based planning across districts and population groups.

[76] MCNA VIII data was collected prior to the camp closures in Federal Iraq.
[77] Figure obtained by applying the percentage on population figure from IOM Displacement Tracker (October 2020) and CCCM Formal Camp Masterlist (September 2020).

ANNEXES

Annex I: Links to Available Technical Documentation and Outputs

Available documentation and outputs

- MCNA VIII dataset available on the REACH Resource Center.
- MCNA VIII Terms of Reference available on the REACH Resource Center.
- MCNA VIII Dashboard
- Presentation on Cross-Cutting Findings available on the REACH Resource Center.
- COVID-19 Context Factsheet available on the REACH Resource Center.

Forthcoming outputs

- MCNA Sectoral and Inter-Sectoral Factsheets
- MCNA VIII Dashboard presenting nationwide sectoral findings, COVID-19 context findings, and MSNI analysis.

Annex II: Summary of Partners

The following partners were involved with REACH Initiative in the MCNA during different phases of the assessment:

Research Design (endorsed by ICCG and AWG):

- UN OCHA
- Clusters and sub-clusters: WASH, Education, General Protection (GBV, Child Protection (CP), Mine Action, HLP), Health, CCCM, Shelter and NFIs, Food Security, and Emergency Livelihoods.
- Cash Working Group (CWG)
- Durable Solutions Working Group (IOM, Protection Cluster, CCCM cluster, UN OCHA, REACH)

Data collection (support request via AWG):

Anonymized phone numbers for a select number of districts and population groups were provided to support the remote data collection.

- BROB
- COOPI
- DRC
- Humanity & Inclusion
- Human Appeal
- UNFPA
- UNHCR

Data analysis to prepare for the HNO (endorsed by AWG and ICCG):

- Clusters and sub-Clusters (same as during the research design)

Annex III: Sampling Frame

Table i: Sampling frame and target sample for IDP out-of-camp and returnees per district.

		Targets for probability two-stage stratified cluster sampling		Targets for purposive quota sampling	
Governorate	Districts	IDPs out of camp	Returnees	IDPs 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	Shaqlawa	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-Shirqat		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 ii: Sampling frame and target sample for in-camp IDPs 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 IV: Data Collection Training Agenda

The below outlines the content of the training provided to the MCNA field teams.

1) **Introduction to the MCNA**
   - Institutional background and objectives
   - Scope and coverage
   - Timeline
2) **COVID-19 Context and Implications**
   - Situation overview and health risks in Iraq
   - Rationale for hybrid data collection methodology
   - Data collection strategy (i.e., scenario planning and scoring)
3) **Methodology**
   - In-person data collection (e.g, sampling methodology, precautionary measures)
   - Remote data collection (e.g, sampling methodology, phone number sharing method)
   - Partner support
   - Introduction to Data Collection Progress Tracker (incl. automated checks)
   - Communication processes
4) **MCNA Tool**
   - Informed consent
   - MCNA definitions
   - Changes from 2019 tool
   - Differences remote and in-person tools

     The complete tool and translations were jointly reviewed (allowing for immediate adjustments and feedback)
5) **Topical trainings**
   - PSEA
   - Referral mechanisms of the IIC by UNOPS
   - Disability based on Washington Group Questions by Humanity & Inclusion
   - Discussion of MCNA Shelter questions by the Shelter cluster
   - Discussion of MCNA Food Security questions by the Food Security cluster

Handouts on MCNA definitions, Field Manual, ODK and Maps.me Manual, and Pictionary of shelter types were provided.

Annex V: Do No Harm Checklist

In preparation of and during the MCNA VIII research process, the assessment team reviewed the below Do No Harm questions, in order to anticipate and mitigate ethical considerations and risks:

Does the research design and data collection put participants at risk in any way?

a) What could be the consequences for the participants if the information they have provided (including anonymised information) becomes available to a wider, unintended audience?
b) What could be the repercussions of conducting the research on certain audiences or groups of participants?

Does the research design and data collection put data collectors at risk in any way?

a) Is it safe for data collection teams to travel to the intended areas to identify and interview research participants face-to-face?
b) Are there specific areas included in the sampling frame which could be insecure for data collection teams to visit?
c) Does the survey or interview guide include particularly sensitive topics of investigation which could impact the perceptions of data collectors by the research participants or their communities?
d) Does the survey or interview guide include particularly sensitive topics of investigation which could impact the perceptions of data collectors by the local authorities of the areas visited?
e) Have all required authorisations been sought for the data collection teams before they are sent out to the field?

Are there any specific topics being discussed during the interview or group discussion which may be stressful and/ or re-traumatising for the participants (both respondents and data collectors)?

a) Reconsider why and how you are collecting such information through the data collection tool/ questionnaire and if it is appropriate to do so.
b) For any topic discussed, enumerators should be trained:
    - To listen, be non-judgmental and create an atmosphere of trust and confidence for the participant(s);
    - To pay attention to participants' reactions during the data collection process, and take appropriate measures as needed;
    - To be aware off existing referral mechanisms and how and when they should be used.

Annex VI: Composite Capacity Gap, Pre-existing Vulnerability, and Living Standard Gap Indicators

Composite Indicator	Indicator	Critical Indicator
Capacity Gap	% of households unable to afford basic needs (% of households taking on debt due to healthcare, food, education, or basic household expenditures)	x
	% of households relying on humanitarian assistance as their main source of income	x
	% of households employing 'crisis' or 'emergency' coping strategies to cope with a lack of food or money to buy food (Livelihoods Coping Strategy (LCS))	x
Pre-existing Vulnerability	% of household members with disability (i.e. experiencing a lot of difficulties or unable to see, hear, walk/climb steps, remember/concentrate, conduct self-care, and/or communicate)	Yes, score 4
	% of single female-headed households (separated, divorced, widowed)	Yes, score 3
	% of households with at least one individual with a chronic health condition	x
	% of households missing at least one key household or individual document	x
	% of households not intending to return to their area of origin because of security/safety-related concerns	x
	% of households without access to soap	x
	% of household with at least one member above the age of 60	x
LSG - Education	% of households reporting barriers to education related to lack of household resources	x
	% of households with at least one child not attending formal or informal education regularly (at least 4 days a week) prior to the COVID-19 outbreak	Yes, score 3
	% of households with no child attending formal or informal education regularly (at least 4 days a week) prior to the COVID-19 outbreak	Yes, score 4
	% of households without a functioning primary or secondary school within 2km of dwellings	x
LSG - Livelihoods	% of households with at least one member in unstable or temporary employment	x
	% of household with at least one adult (18+) unemployed and seeking work	Yes, score 3
	% of households whose average monthly income [from employment and pension] was less than 90,000 IQD per person a month	x
	% of households with a debt value above 505,000 IQD	x
	% of households where at least one member has lost their job permanently or temporarily as a result of covid	x
	% of households unable to afford basic needs (% of household taking on debt due to healthcare, food, education, or basic household expenditure)	Yes, score 4
LSG - Food Security	% of households with a 'borderline' or 'poor' Food Consumption Score (FCS)	x
	% of households spending more than 65% of their total expenditure on food	x
	% of households with a 'moderate' to 'severe' (2-6) Household Hunger Scale.	Yes, score 4
LSG - Protection	% of households with at least one person under 18 years old working	Yes, score 4

	% of households with presence of child marriage	Yes, score 4
	% of households reporting at least one member with psychosocial distress (proxy data with behaviour change)	x
	% women and girls who avoid areas because they feel unsafe	x
	% of households missing at least one key household or individual document	Yes, score 3
	% of households lacking secure tenure	x
	% of households reporting a risk of eviction	x
	% of children under 18 currently not residing in the of household	x
	% of households that have suffered incidents affecting household members in the 30 days prior to data collection	x
LSG - Health	% of households that cannot access primary healthcare within one hour's walk from dwellings	Yes, score 3
	% women of reproductive age (12-49) with access to specialized reproductive health services	x
	% of households spending more than 20% of their total expenditure on healthcare	x
	% of households experiencing difficulties when accessing health services in the 3 months prior to data collection	Yes, score 3
LSG - Shelter & NFI	% of households reporting at least two shelter improvements	x
	% of households needing basic NFI items	x
	% of households living under critical shelter conditions (aggregated indicator)	Yes, score 4
LSG - WASH	% of households without access to an improved water source	Yes, score 4
	% of households without access to a sufficient quantity of water for drinking and domestic purposes	x
	% of households without access to improved functional sanitation facilities	Yes, score 3
	% of households treating their water prior to drinking	x

Annex VII: Identification of Living Standard Gap and Capacity Gap

The LSG for a given sector is produced by aggregating sectoral needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household in Iraq) is assigned "severity score" according to its number and severity of sectoral needs. The "severity score" of each household is obtained by calculating the percentage of the indicators signifying sectoral needs that are applicable to a household, so that the severity score for each household lies between 0 and 100. The method relies on the categorisation of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The 2020 MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines **guidance on how to produce the aggregation using household-level data.**

1) Identify indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;

2) Identify critical indicators that, on their own, indicate a gap in the sector overall;

3) Identify individual indicator scores (0 or 1) for each household, once data had been collected;

4) Calculate the severity score for each household, based on the following decision tree (tailored to each sector);

   a. "Super" critical indicator(s): could lead to a 4 if an extreme situation is found for the household;

   b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) depending on the scores of each of the critical indicators;

   c. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity class;

   d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure 7 below;

5) Calculate the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a LSG in that sector;

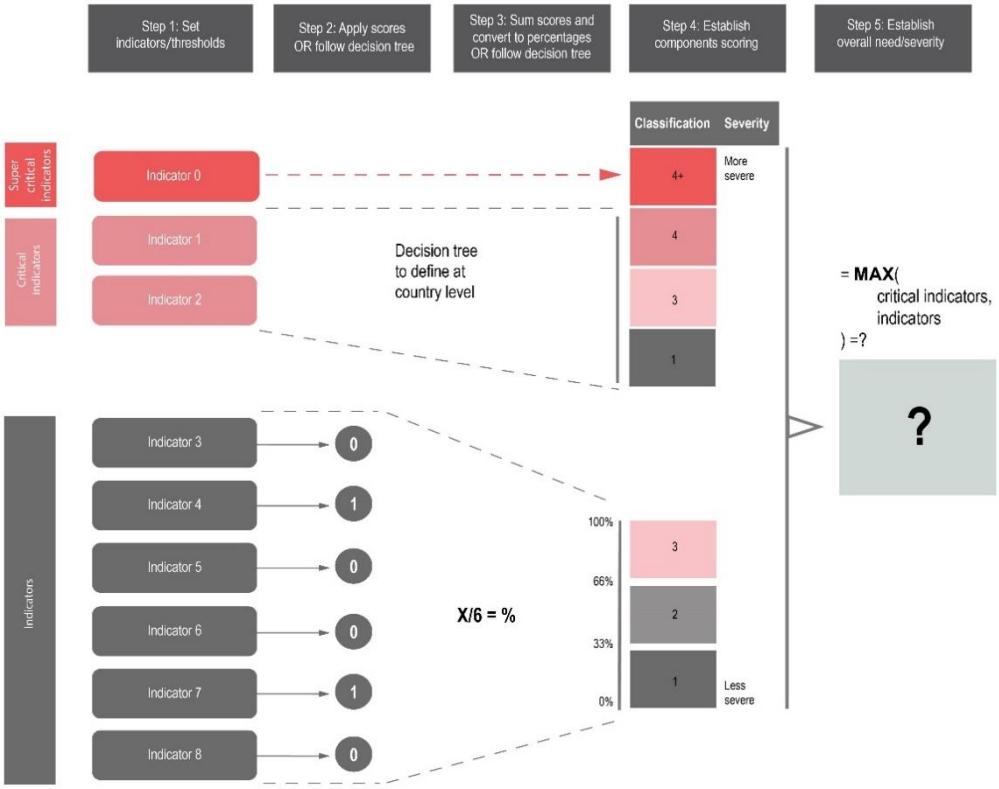
6) Identify households that do not have a LSG but that do have a Capacity Gap (CG);

   a. Identify individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;

   b. If any CG indicator has a score of 1, the household is categorised as having a CG;

7) Project the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure the highest possible representativeness.

Figure vii: Example on how to identify a LSG per sector with a scoring approach



Annex VIII: Estimating overall severity of needs

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4 in Iraq), based on the highest severity of sectoral LSG severity scores identified in each household.

The MSNI is determined through the following steps:

1) First, the severity of each of the sectoral LSGs is calculated per household, as outlined in the Annex III.
2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each household.

- As shown in the example in Figure viii below, household (HH) 1 has a final MSNI of 4 because that is the highest severity score, across all LSGs within that household.

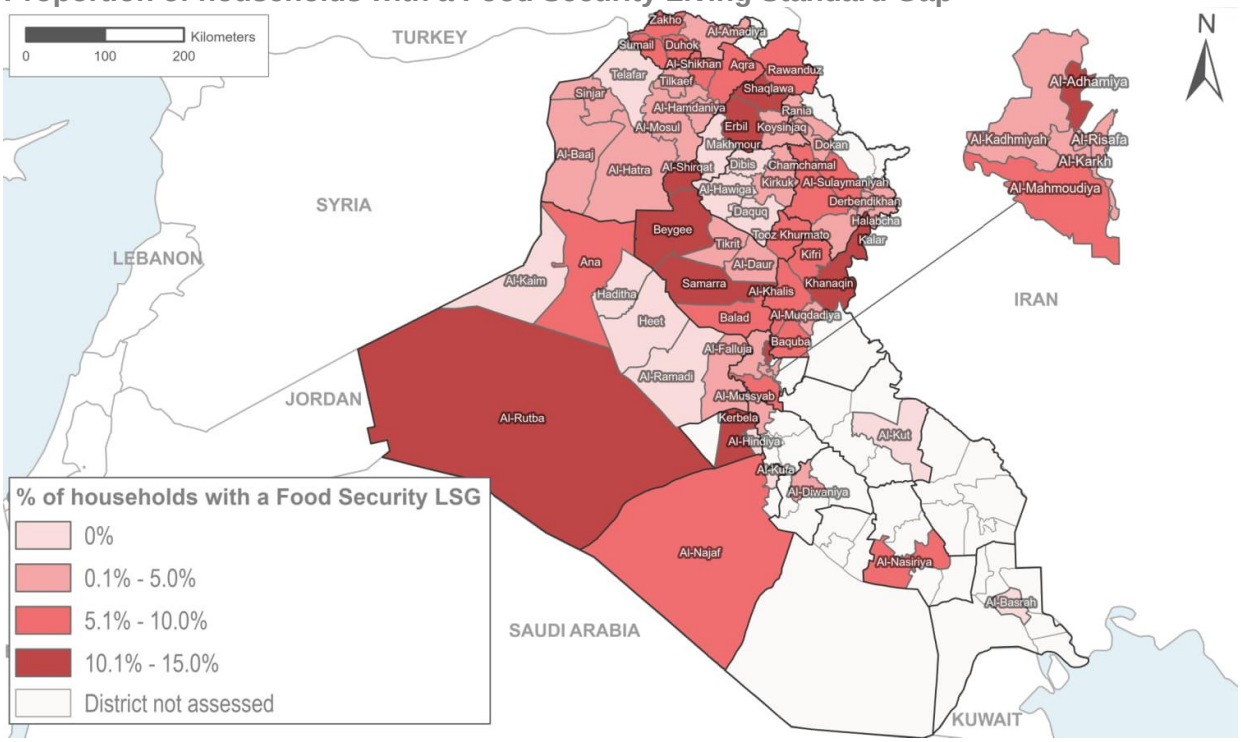
Key limitation: regardless of whether a household has a very severe LSG in just one sector (e.g. WASH for HH 2 above) OR co-occurring severe LSGs across multiple sectors (e.g. Food security, Health, WASH, and Protection for HH1 above), their final MSNI score will be the same (4). While this might make sense from a "big picture" response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis may need to be done to understand such differences in magnitude of severity between households.

Figure viii: Examples of MSNI scores per household based on sectoral analysis findings

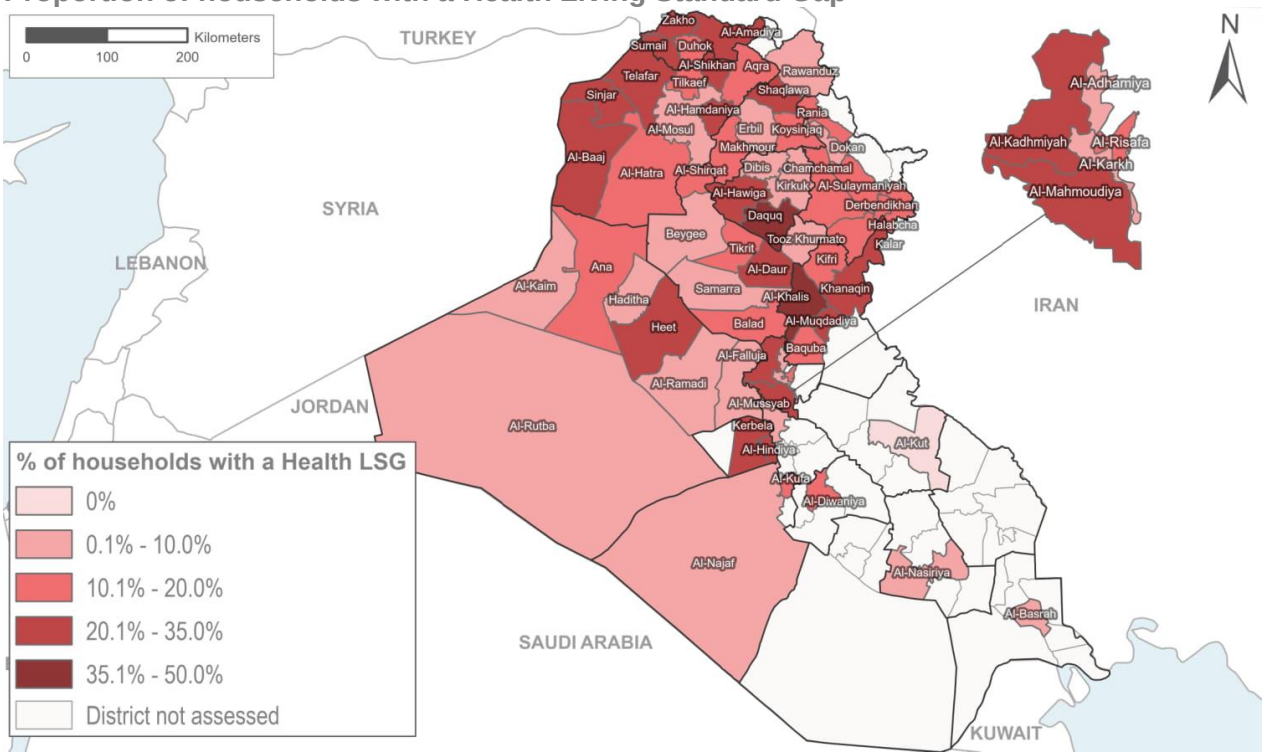
	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	**4**	**4**	**4**	**4**	3	3	**4**
HH 2	2	2	**4**	2	1	1	**4**
HH 3	3	3	3	**4+**	2	1	**4+**
Etc.	2	**3**	1	1	2	1	**3**

Annex IX: Maps of Sectoral Living Standard Gaps and Capacity Gaps

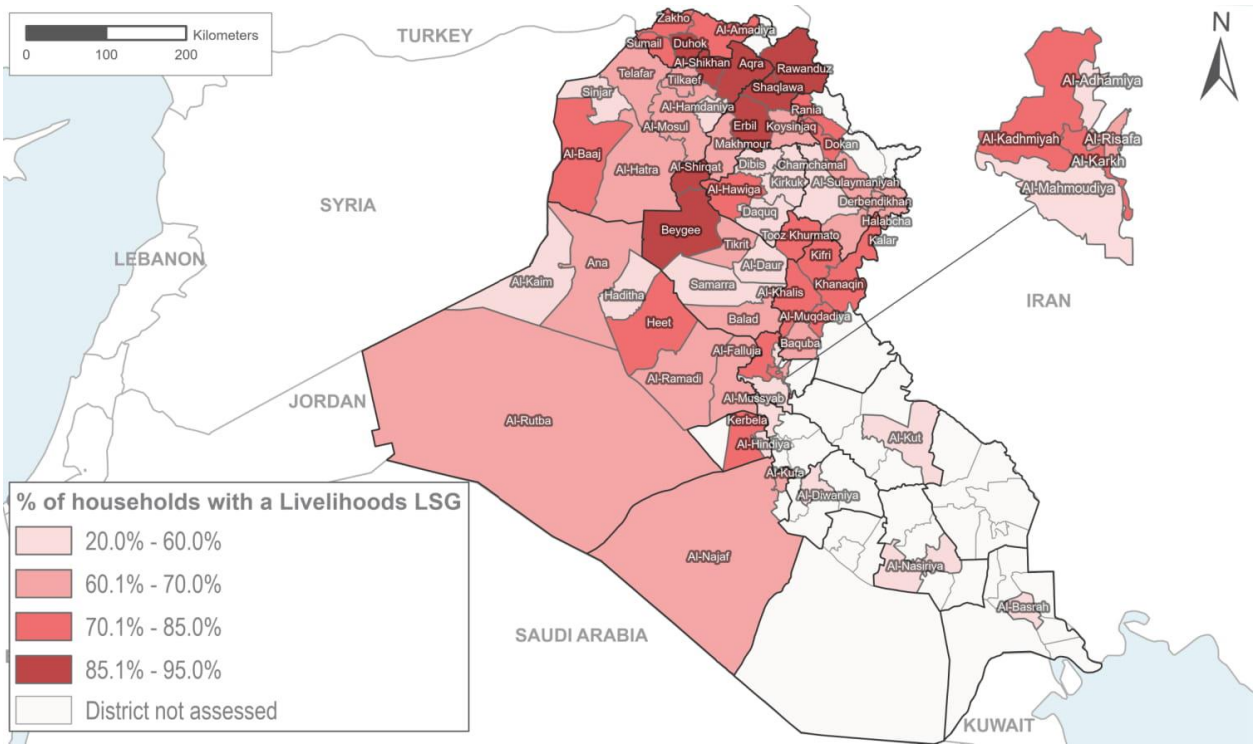
Proportion of households with a Food Security Living Standard Gap



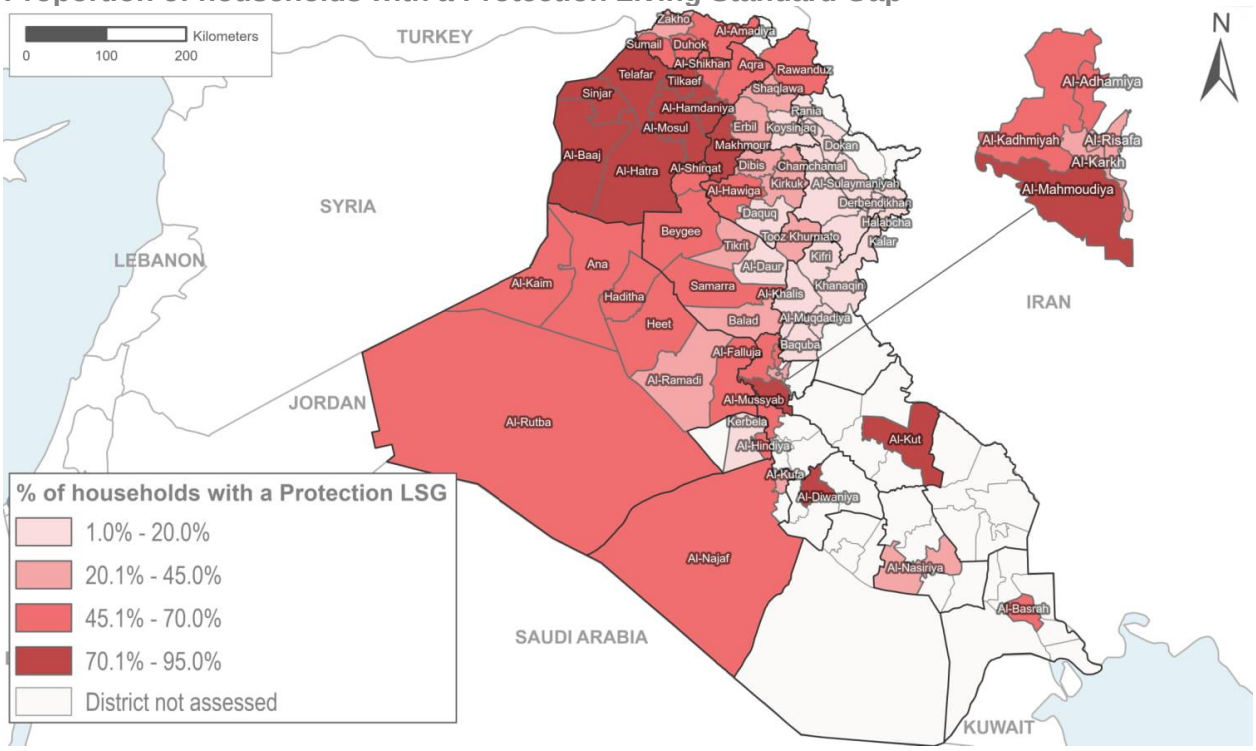
Proportion of households with a Health Living Standard Gap



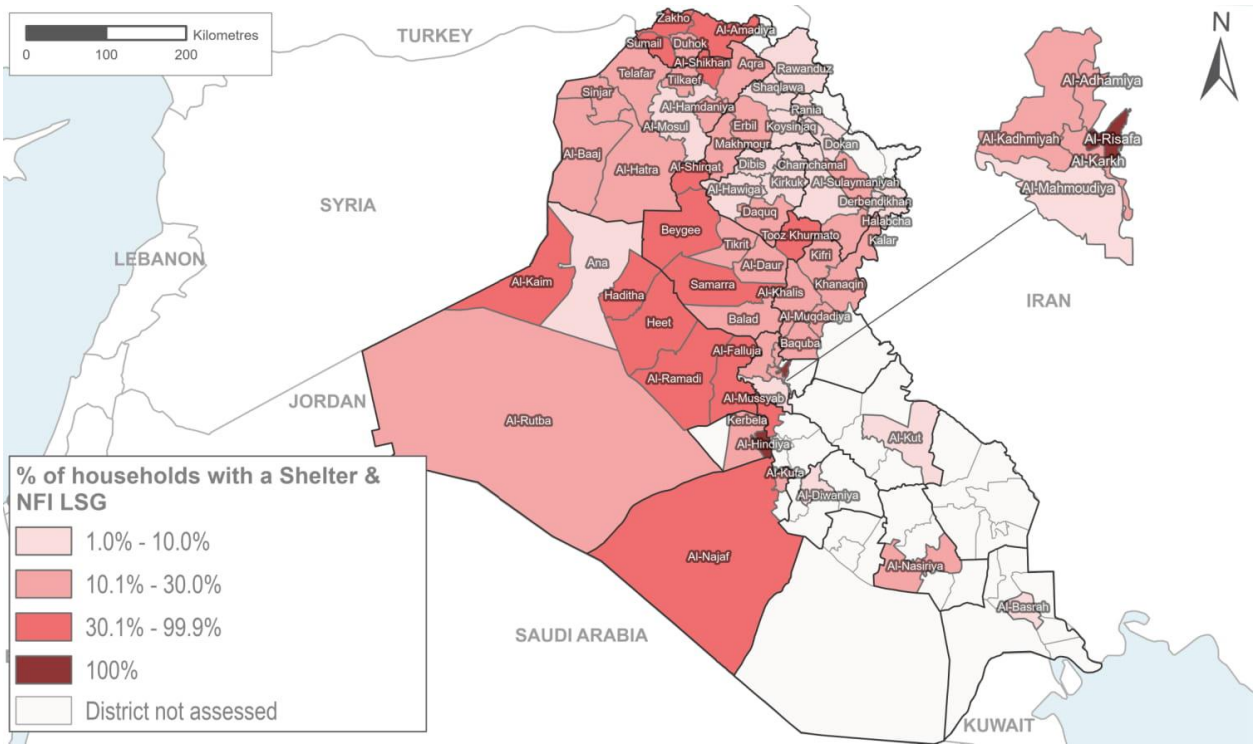
Proportion of households with a Livelihoods Living Standard Gap



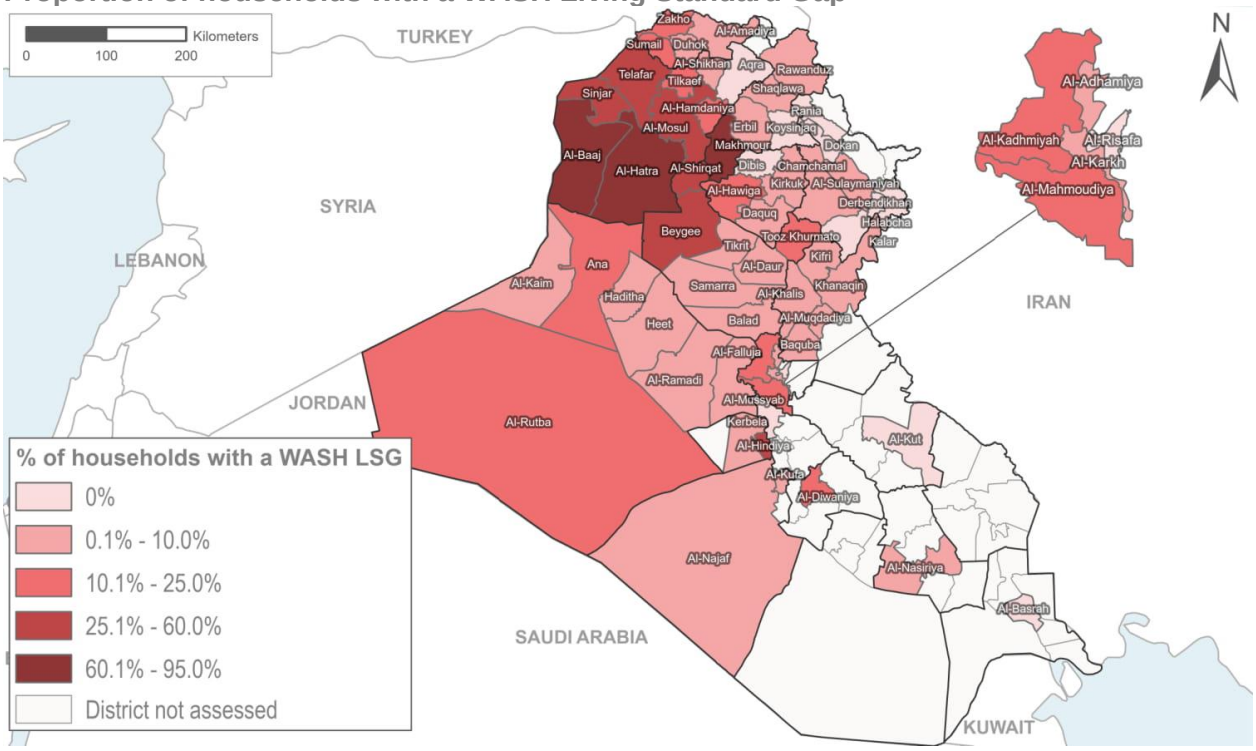
Proportion of households with a Protection Living Standard Gap



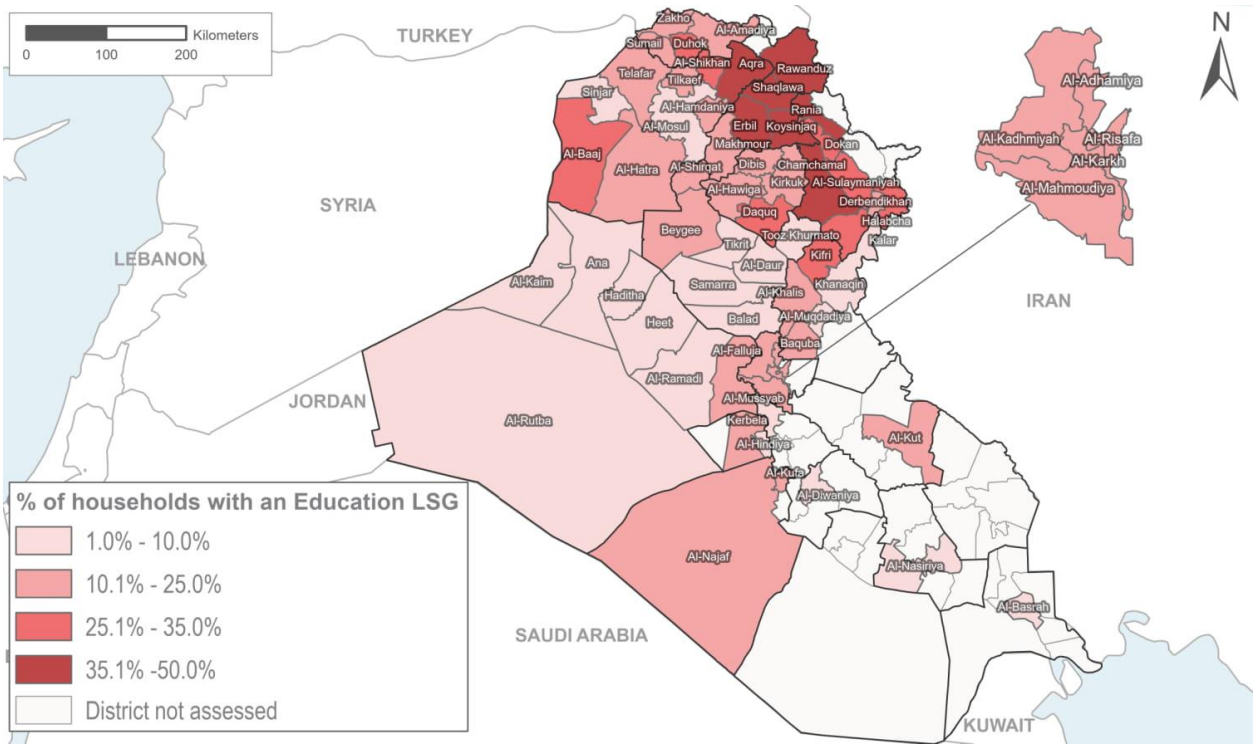
Proportion of households with a Shelter & NFI Living Standard Gap



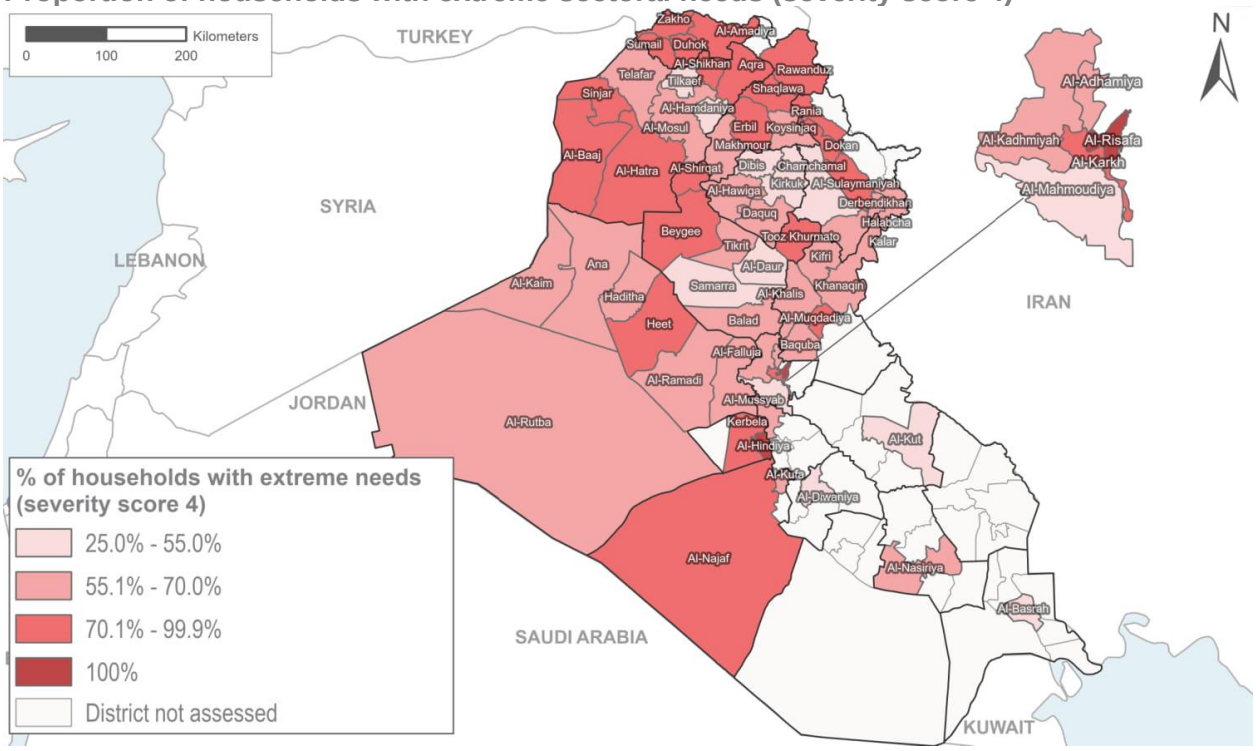
Proportion of households with a WASH Living Standard Gap



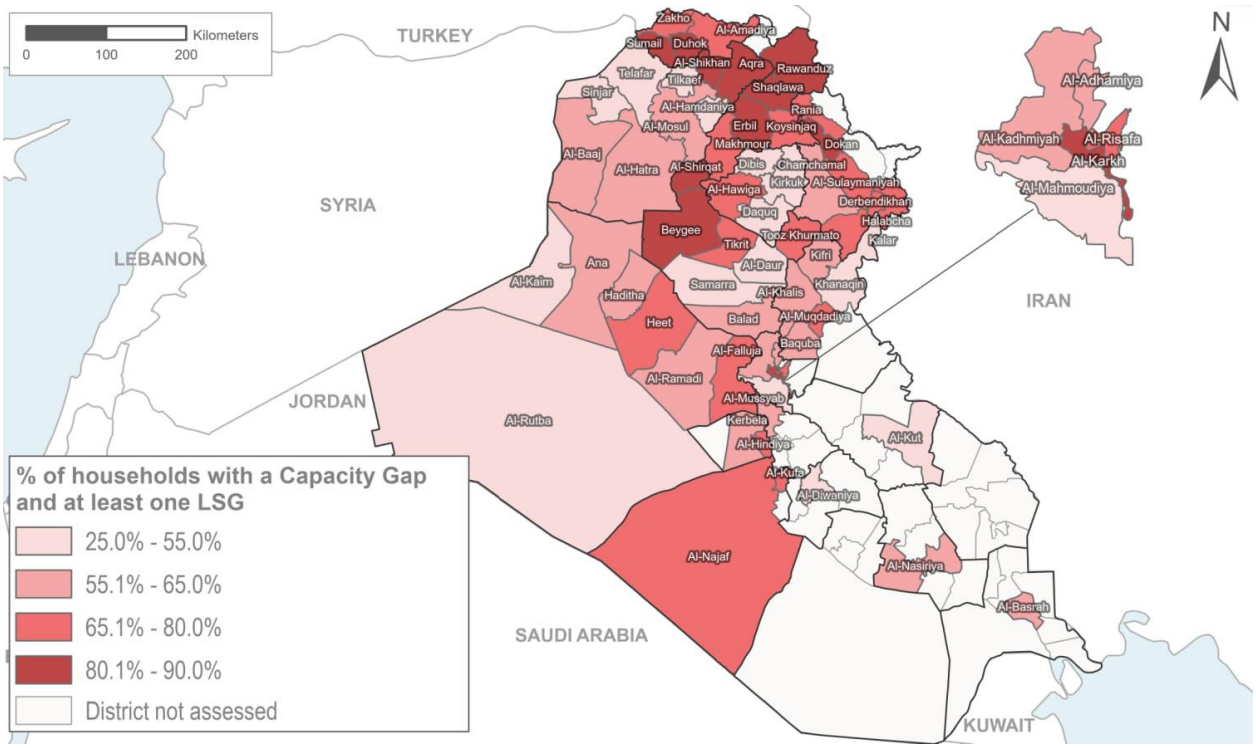
Proportion of households with an Education Living Standard Gap



Proportion of households with extreme sectoral needs (severity score 4)



Proportion of households with a Capacity Gap and at least one Living Standard Gap


Kilometers
0
100
200
N
TURKEY
SYRIA
LEBANON
JORDAN
SAUDI ARABIA
IRAN
KUWAIT
Zakho
Al-Amadiya
Sumail
Duhok
Al-Shikhan
Aqra
Rawanduz
Telafar
Tilkaef
Shaqlawa
Sinjar
Al-Hamdaniya
Rania
Al-Mosul
Erbil
Koysinjaq
Makhmour
Dokan
Al-Baaj
Al-Hatra
Al-Shirqat
Dibis
Chamchamal
Al-Hawiga
Kirkuk
Al-Sulaymaniyah
Derbendikhan
Daquq
Halabcha
Beygee
Tooz Khurmato
Kalar
Tikrit
Kifri
Ana
Al-Daur
Al-Kaim
Samarra
Al-Khalis
Khanaqin
Haditha
Heet
Balad
Al-Muqdadiya
Baquba
Al-Falluja
Al-Ramadi
Al-Mussyab
Al-Rutba
Kerbela
Al-Hindiya
Al-Kut
Al-Kufa
Al-Diwaniya
Al-Najaf
Al-Nasiriya
Al-Basrah
Al-Adhamiya
Al-Kadhmiyah
Al-Risafa
Al-Karkh
Al-Mahmoudiya
% of households with a Capacity Gap and at least one LSG
25.0% - 55.0%
55.1% - 65.0%
65.1% - 80.0%
80.1% - 90.0%
District not assessed