



Persistent Needs and Vulnerabilities among IDPs and Returnees in Iraq

The violence and destruction caused by the Islamic State of Iraq and the Levant (ISIL), as well as the military operations against them, have caused the displacement of around 6 million people since 2014.¹ As of December 2021, 1.18 million people remain displaced throughout 18 governorates of Iraq, of whom 180,000 are living in 26 formal camps established for internally displaced persons (IDPs).² An estimated 4.94 million individuals have returned to their location of origin, but returns have slowed down since 2018.³ The 2022 Humanitarian Needs Overview estimates that 7 years after the onset of the crisis, 2.5 million people continue to face humanitarian needs, of which 0.96 million individuals are said to face acute needs that may become life-threatening if no immediate aid is provided.⁴ The Multi-Cluster Needs Assessment (MCNA) IX was conducted for the ninth time in Iraq to provide an evidence-base about the multi-sectoral needs and vulnerabilities of in-camp IDP, out-of-camp IDP, and returnee households.⁵ This brief addresses four key observations linked to the conflict experience, protracted displacement and slow rehabilitation that continue to shape the needs and vulnerabilities of these conflict-affected population groups.⁶

Displacement as a Mitigation Measure

Compared to 2020, MCNA IX data reflects a **decreased intention among IDP households to return to their area of origin (AoO), with only one percent of IDP households reportedly intending to return to their AoO in the year following data collection** (compared to nine percent who reported so in 2020). In 2021, 4% of households reported being unsure about their movement intentions in the short term (3 months following data collection), however, when asked about the long-term (12 months following data collection) this proportion increased to 13%. This may indicate a growing degree of uncertainty about how conditions in their AoO or area of displacement (AoD) will develop. In addition, a slightly higher proportion of out-of-camp IDP households (4%) reported an intention to move elsewhere in the 3- or 12-months following data collection, compared to one percent of in-camp IDPs. Therefore, assuming no wide-scale camp closures take place in the near future, few voluntary returns are expected throughout the first half of 2022.⁸

The **remaining barriers to return are complex and challenging to address through singular interventions, as they reflect households' lack of a place to return to, current and expected livelihood concerns, as well persistent security concerns.** Consistent with 2020 MCNA

findings, the most commonly reported barriers to return amongst IDP households were: damaged or destroyed housing in AoO (33%), fear and trauma associated with returning (32%), lack of livelihood opportunities in AoO (30%), lack of financial means to return and restart (28%), and a lack of security forces in AoO (24%).⁹ The low reported intention to return combined with these specific barriers to return indicates that IDPs who were able and willing to return to their AoO have probably already done so. Nearly four out of five out-of-camp IDP households (79%) reported intending to integrate into their AoD in the long term, indicating that displacement may be the mitigation measure of choice, in the absence of viable alternatives for many households.

Map 1: Proportion of households who reported intending to integrate into their AoD, by district

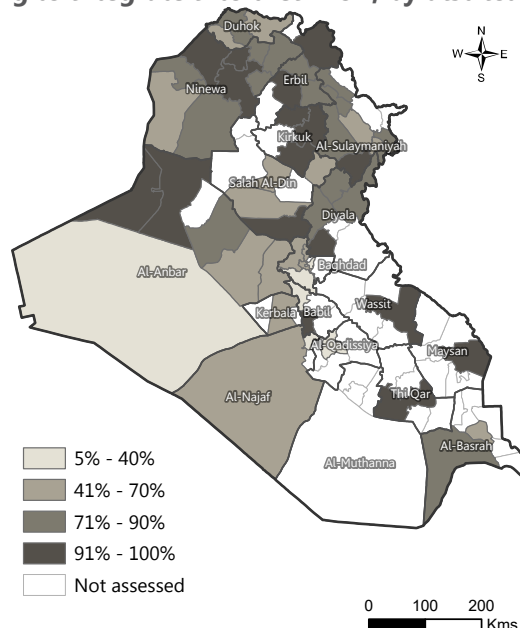
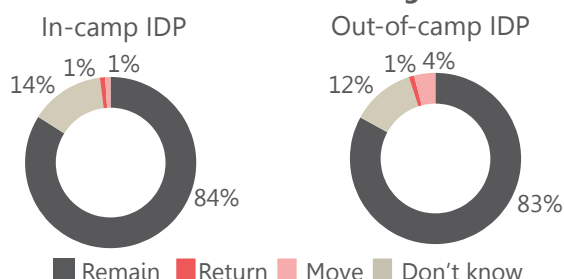


Figure 1: Proportion of IDP households by movement intentions in the 12 months following data collection



¹IOM-DTM, [Displacement Overview](#) (December 2021). ²IOM-DTM, [Displacement Overview](#) (December 2021) & CCCM Cluster Iraq, [Iraq Camp Master List and Population Flow](#) (December, 2021). ³IOM-DTM, [Returns Overview](#) (December 2021). ⁴OCHA, [Iraq HNO 2022 Intersectoral PIN & Severity Estimates](#) (December 2021). ⁵For further details about the MCNA methodology and scope, please refer to the methodology box on page 4. ⁶This brief does not present all MCNA findings, and instead provides overarching conclusions. To explore the indicators and data in depth, please see the [MCNA IX Dashboard](#). ⁷REACH Initiative, [MCNA VIII Findings](#) (October 2020). Please note that no statistical significance testing was conducted for comparisons of MCNA results across time. Any possible trends were still considered in the interpretation of results and, where relevant, are presented in this document as indicative. ⁸When asked what in-camp IDPs would do in case of camp closure, only 16% of households reported they would return to their AoO; with 35% indicating they would remain in the location of the camp or immediate vicinity, and a further 33% reporting they would return against their will indicating potential protection concerns for these households. ⁹REACH Initiative, [MCNA VIII Findings](#) (October 2020).



Furthermore, if pushed to return, the nature of the reported barriers to return indicate that IDPs' livelihood and protection needs would likely be exacerbated, potentially triggering re-displacement. Indeed, **households who have already returned to their AoOs do not consistently report better living conditions compared to households who remain in displacement**, and fragmented re-integration is illustrated by 34% of returnee households reportedly being able to play a role in local decision making, compared to 47% and 40% of in-camp and out-of-camp IDPs respectively.¹⁰ In some districts in Diyala, Ninewa and Kirkuk governorates, sub-standard living conditions led to more than a fifth of returnee households reporting that they do not intend to remain in their current location in the three months following data collection.¹¹ This highlights that **return movements are not always sustainable and that responding to households' priority needs in both their AoDs and AoO (e.g., livelihood support, food, shelter, and health care) will be critical for their well-being.**

Fragmented Access to Basic Services









Comparing several key indicators between the 2020 and 2021 MCNA, access to basic services reportedly stagnated or even deteriorated in some districts from 2020 to 2021.¹² For example, the proportion of households who reported lacking access to an improved water source increased amongst all population groups between 2020 and 2021 (see Table 1). While potentially reflective of

the drought conditions affecting Iraq in 2021, the reduced humanitarian assistance and incomplete rehabilitation of public infrastructure may also play a role. **Even if public infrastructure is functional and available, conflict-affected populations' access tends to be further limited by a lack of documentation and the costs of services posing a barrier.** Namely, regardless of displacement status, cost was the most commonly reported barrier to accessing health care (75% of households), education (26%), and reproductive health care (12%).¹³ The impact of such financial barriers is particularly concerning in light of overall precarious livelihood conditions, as reflected by 26% of households who reported that at least one person is unemployed and seeking work, 62% of households who reported relying on an income from employment and pensions of less than 480,000 IQD a month, and 77% of households who reported being unable to meet their basic needs. Next to this, 28% of in-camp IDP, 25% of out-of-camp IDP, and 16% of returnee households reported lacking at least one key household or individual document, which is said to both increase their vulnerability to protection risks and limit their access to basic services (e.g., health facilities, school enrolment, social protection schemes).¹⁵

Fragmented access to basic services may lead to a deterioration of additional acute and long-term household needs, requiring investment in public infrastructure and programmes to increase households' financial self-reliance. To illustrate, compared to 2020, the pro-

Table 1: Access to basic services

Colours indicate deterioration compared to 2020 findings.

		2020 (MCNA VIII)			2021 (MCNA IX)			Non-displaced ¹⁴
		In-camp IDP	Out-of-camp IDP	Returnee	In-camp IDP	Out-of-camp IDP	Returnee	
	% of HHs reporting lacking access to an improved water source	3%	4%	6%	16%	10%	16%	19%
	% of HHs reporting lacking access to sufficient water for drinking and domestic purposes	NA	12%	3%	23%	20%	15%	9%
	% of HHs reporting at least one adult unemployed and seeking work	29%	22%	18%	28%	30%	25%	9%
	% of HHs reporting at least one person under 18 years working	6%	6%	6%	8%	8%	5%	4%
	% of HHs classified as living in critical shelter.	100%	11%	4%	100%	14%	7%	2%
	% of HHs lacking valid Housing, Land and Property (HLP) documentation	65%	51%	31%	69%	57%	40%	49%
	% of HHs with at least one school-aged child not attending formal education regularly	25%	27%	10%	35%	35%	29%	19%
	% of individuals reporting an unmet health care need in the 3 months prior to data collection	NA	NA	NA	9%	12%	8%	6%

¹⁰MCNA IX findings show, for instance, that nationwide returnee households were, compared to IDP households, more likely to report at least one member in unemployed and seeking work; more likely to report lacking soap, more likely to report women and girls are avoiding areas because they feel unsafe; and more likely to report that a child dropped out of education in the previous academic year. ¹¹Proportion of returnee households reportedly not intending to remain in their areas of return in the 3 months following data collection: 36% in Al-Khalis, 21% in Sinjar, 20% in Al-Hawiga. ¹²Please note that no statistical significance testing was conducted for comparisons of MCNA results across time. Any possible trends were still considered in the interpretation of results and, where relevant, are presented in this document as indicative. ¹³Among the sub-set of households who reported experiencing at least one barrier to each of these services. Multiple barriers could be selected for each service. ¹⁴Non-displaced households were only interviewed in (Al-Falluja, Abu-Khaseeb, Al-Diwaniya, Al-Mosul) district. ¹⁵National Protection Cluster, Protection Analysis Report, Right to Identity and Civil Documentation (October 2021).

portion of households that can be classified as having an acceptable Food Consumption Score (FCS) decreased, especially amongst out-of-camp IDPs and to concerning levels in several IDP camps (see Table 2), highlighting acute needs and the precarious living conditions of these households.¹⁶ Next to this, in 2021, households were more likely to report that at least one child was not attending education regularly (30%), compared to 2020 (14%), and more than one third (37%) of households reported that at least one child was not attending distance learning while schools were closed.¹⁷ These out of school children will likely experience long-term ramifications to their inclusion in the labour market, whilst they are also currently being deprived of the protective environment that schools provide, and may be more vulnerable to child labour.¹⁸ Finally, fragmented access to basic services may be expected to increase household stress, which is reflected through the increased proportion of households who reported that at least one child or at least one adult shows signs of psychosocial distress, especially among out-of-camp IDPs.¹⁹ **Non-displaced households may be similarly affected by the fragmented access to basic services**, as illustrated by the 19% of non-displaced households in Al-Falluja in Al-Anbar, Al-Mosul in Ninewa, Al-Diwaniya in Al-Qadisiya, and Abu-Khaseeb in Al-Basrah who reported lacking access to an improved water source.

Table 2: IDP camps with the lowest Food Consumption Scores²⁰

Camp Name	Acceptable	Borderline	Poor
Khazer M1	68%	26%	5%
Hasansham U3	74%	24%	2%
Qayyarah 5	76%	15%	9%
Hasansham U2	79%	20%	1%
Harsham	82%	14%	4%
Baharka	82%	17%	1%
AAF	83%	18%	0%

Cross-Cutting Vulnerabilities

Indicative analysis of MCNA IX data suggests that **certain household characteristics tend to aggravate multi-sectoral needs, including acute needs, due to an increased exposure to risk and/or reduced coping capacity.**²¹ Female-headed households were more likely to report **problems with livelihoods**; for example a higher proportion of female headed households (78%) reported a monthly income from employment and pensions of less than 480,000 IQD, compared to 60% of male-headed

households. Female-headed households were also more likely to report food as an unmet priority need (66%), compared to male-headed households (53%), which suggests many are **struggling to meet their basic needs**. Similarly, households with at least one member with a physical and/or cognitive disability were more likely to report that at least one member is unemployed while seeking work (40%), compared to households without such disability (24%), potentially indicating limited inclusive employment opportunities.²²

Increased health needs were reported among households with at least one member with a disability, as they were more likely to report spending more than a quarter of their monthly expenditure on health (47%) and more likely to report at least one member showing signs of psychosocial distress (23%), compared to households without a disability (35% and 12% respectively), likely reflecting increased needs for (specialized) health care.

Households living in critical shelter and informal sites were similarly more likely to report spending more than a quarter of their monthly expenditure on health (55%), as well as more than 40% on food (81%), compared to households not living in informal sites (35% and 64% respectively). This indicates that their expenditure is shaped by more acute needs. Indeed, these households were also more likely to report access barriers to a functional marketplace (25%), as well as the lack of access to an improved water source (26%), compared to households not living in informal sites (15% and 11% respectively), reflecting access barriers to public goods and spaces.

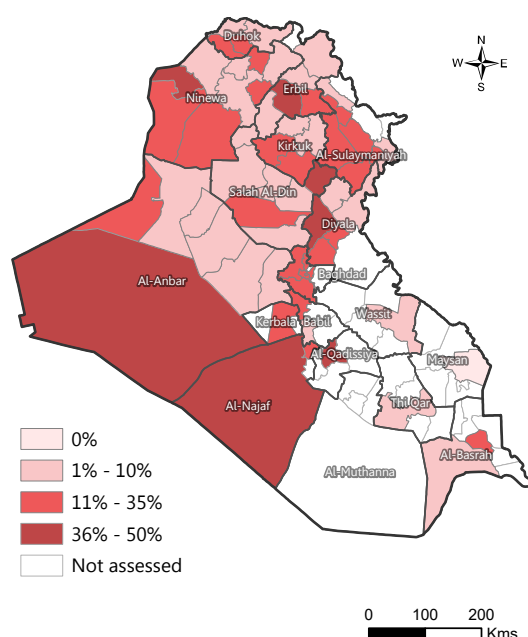
Reduced access to education was reported by female-headed households, households with at least one member with a disability, and households living in critical shelter and informal sites, as they were less likely to report that all children were attending school and more likely to report school drop-out, highlighting the inter-generational implications of such household vulnerabilities. Finally, **increased protection risks** were, for example, reported among households living in critical shelter and informal sites, as they were more likely to report on relying emergency coping strategies to cope with a lack of food (26%) and report safety concerns for women and girls (11%), compared to households not living in informal sites (19% and 4% respectively). Combined, this emphasizes the need to **target the most vulnerable and to anticipate the negative cross-cutting ramifications of household vulnerabilities in multi-sectoral programming.**

¹⁶MCNA VIII classified 95% of in-camp and out-of-camp, and 98% of returnee households as having an acceptable FCS; 5%, 4%, and 2% resp. as having a borderline FCS; and 1% of out-of-camp IDPs as having a poor FCS. MCNA IX classified 89% of in-camp, 82% of out-of-camp, and 91% of returnee households as having an acceptable FCS; 10%, 12%, and 6% resp. as having a borderline FCS; and 1%, 6%, and 3% resp. as having a poor FCS. ¹⁷REACH Initiative, [MCNA VIII Findings \(October 2020\)](#). ¹⁸[World Bank, Breaking out of Fragility, a country Economic Memorandum for Diversification and Growth in Iraq](#) (2020) & International Labour Organisation, [Iraq launches activities to combat child labour](#) (December, 2021). ¹⁹13% of in-camp IDP, 19% of out-of-camp IDP, and 12% of returnee households reported at least one adult showing signs of psychosocial distress; 5%, 11%, and 6% respectively reported at least one child with such signs. See also, IOM, [Mental Health and Psycho-Social Needs in Shirgat District](#) (September 2020). ²⁰The [Food Consumption Score](#) aggregates data on the diversity and frequency of food groups consumed in the seven days prior to data collection. ²¹Analysis is indicative as households were not sampled at the level of these household characteristics, no percentages are mentioned. ²²As per [Washington Group guidance](#), this includes individuals that had "lots of difficulty" or "could not do at all" one of the following activities: seeing, hearing, walking/climbing steps, remembering / concentrating, self-care, communicating.

Anticipating Shocks

Iraq has a **high exposure to shocks related to, amongst others, conflict and climate change, while the resilience of people and institutions have been repeatedly worn out over the past decades.** MCNA IX data suggests that households' capacity to cope with shocks is crumbling, not least reflected by a weakened financial resilience. Namely, the majority of households (64%) reported relying on unsustainable income sources (e.g., debt, irregular employment) and 58% of households reported having a debt value of more than 90,000 IQD per household member. Furthermore, the reliance on negative coping strategies to cope with a lack of food or resources to buy it in the 30 days prior to data collection increased across population group, when compared to 2020, often with severe protection implications (e.g., child labour, engaging in harmful activities).²³ Households' increased reliance on harmful mitigation measures, as well as their weakened financial buffers, suggests that they are **unable to cope with current conditions, and are likely ill-prepared to cope with additional shocks.** In this context, climate change induced droughts and rising temperatures are expected to deteriorate households' needs in WASH, Food Security, Livelihoods and Health.²⁴ In order to avoid a rapid backsliding of living conditions, it will be critical to **invest in the resilience of households, including those who have no recent displacement history but will likely be affected by future shocks.**

Map 2: Proportion of households who reported employing at least one emergency coping strategy to cope with a lack of food or resources to buy it in the 30 days prior to data collection, by district



Concluding Notes

To conclude, MCNA IX data suggests that households throughout Iraq continue to experience multi-sectoral needs, aggravated by certain household vulnerabilities. Substantial geographic variance is observed among needs indicators, with, for example, higher needs in some districts in Al-Anbar, Diyala, Ninewa, and Salah Al-Din.²⁵ Critically, data indicates that even when households in both areas of return and areas of displacement are not in acute need, many have low resilience, and their vulnerability to shocks is high. It is therefore possible that future shocks lead to a rapid backsliding of households' needs, including those who are currently not considered to be in acute need, and those who have not experienced displacement since 2014.

Methodology

The MCNA is informed by a nationwide household-level survey, for which 12,089 in-camp IDP, out-of-camp IDP, returnee, and a pilot of 444 non-displaced households were interviewed between June 9 and August 16, 2021. This includes 2,373 interviews with IDP households living in 27 camps throughout Iraq. The MCNA was conducted in close coordination with the Assessment Working Group (AWG), United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), the Inter-Cluster Coordination Group (ICCG) and 20 data collection Partners, to serve as a comprehensive evidence base for humanitarian actors on the type, severity, variance and development of multi-sectoral needs in Iraq. Building on a two-staged stratified cluster sampling approach, findings are statistically representative at district level and by population group (90% level of confidence, 10% margin of error). For further details, please refer to the MCNA [Terms of Reference](#).

²³MCNA VIII and MCNA IX findings showed that reliance on at least one crisis strategy to cope with a lack of food or resources to buy it in the 30 days prior to data collection increased from 8% to 15% of in-camp IDP; from 23% to 35% of out-of-camp IDP; from 8% to 23% of returnee households. Reliance on at least one emergency strategy remained at 9% of in-camp IDP and returnee households; but increased from 13% to 21% of out-of-camp IDP households. ²⁴For instance Global WASH Cluster, UNICEF and REACH Initiative, [WASH Severity Classification Iraq](#) (September 2021), Reach Initiative, [Precipitation and Temperature Change in Iraq](#) (November 2021) or Norwegian Refugee Council, [Iraq's drought crisis and the damaging effects on communities](#) (December 2021). ²⁵Visit the [MCNA IX Dashboard](#) for district level findings.