



IRAQ

IDP Camp Directory: Round XIII

Executive Summary

FEBRUARY-MARCH 2020



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES

REACH Informing
more effective
humanitarian action

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About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: www.reach-initiative.org.

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Summary

Following the high number of internally displaced persons (IDPs) in Iraq that returned to their area of origin (AoO) during 2016-2017, the rate of return has slowed and has remained lower since 2018.¹ In 2019, the Iraqi government initiated a plan to close IDP camps in order to facilitate returns.² In 2020, the COVID-19 pandemic reached Iraq which could have unpredictable effects on displacement. As of February 2020, 1.4 million IDPs remain in protracted displacement throughout the country.³ This includes approximately 278,000 IDPs who reside in 43 IDP formal camps (67 camps if including sub-camps in composite camp areas).⁴

As the context in Iraq transitions from emergency response to stabilisation and development, the Camp Coordination and Camp Management (CCCM) strategy has also shifted to consider and support safe camp consolidations and closures in order to adapt to the shifting trend of IDP returns and to ensure minimum CCCM standards are being met across aging camps. The REACH Intentions assessment conducted in February and March 2020 revealed that two per cent of in-camp IDPs anticipated to return to their AoO within the 12 months following data collection.⁵

To inform a more effective humanitarian response for IDPs living in formal camps, the Iraq CCCM Cluster and REACH conduct bi-annual IDP Camp Profiling assessments. Information from this profile will be used to monitor camp conditions and highlight priority needs and service gaps faced by households (HHs) in all accessible IDP camps across Iraq, as well as multi-sectoral differences across camps, in order to address needs and to inform prioritisation of camps for consolidation or closure where necessary.

The executive summary that follows expands on the findings from the [XIII round of Camp Directory: comparative dashboard and camp profiles' factsheets](#), covering the period between 12 February and 16 March 2020, six months after the previous [round of camp profiling](#) conducted between 18 June and 1 August 2019. Due to restrictions related to COVID-19, REACH could only access 23 IDP camps before putting data collection on hold. More information on inclusion criteria is given in the methodology section of this report.

Methodology

Data collection for the Camp Profiling Round XIII took place between 12 February and 16 March 2020, across 23 formal IDP camps located in five governorates (Duhok, Erbil, Kirkuk, Ninewa, and Salah al-Din). As of February 2020, 55,730 IDP households were residing in formal camps across Iraq (278,153 individuals), with the 23 assessed camps hosting approximately 43,059 households.⁴ In total, 2,074 IDP households were interviewed.

The selection of camps included in the assessment was based on the following criteria:

- Open during the period of data collection;
- Contained a minimum of 100 households;
- No security or accessibility constraints were present.

A mixed methods approach to data collection was employed for this assessment, consisting of: a household survey with a representative sample of households from each camp, key informant interviews with the camp manager of each camp, and mapping of camp infrastructure using satellite imagery analysis and physical surveillance of infrastructure by enumerators on the ground.

The household survey employed a random probability sampling technique. The sample drawn for each camp was calculated to achieve a 95% confidence level and a 10% margin of error at the camp level. When aggregated to national level, findings are representative with a 95% confidence level and a 10% margin of error. Population figures for each camp were drawn from the February 2020 Iraq CCCM Camp Master List and Population Flow database,³ maintained by the CCCM Cluster. To draw the sample for each camp, the camp manager was asked to provide an anonymised list of occupied shelters within the camp and a random sample was generated from this list. Where this was not possible, random GPS points were generated from within the occupied area of the camp, and the enumerator interviewed the nearest household to the GPS location.

¹ The United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Humanitarian Needs Overview: Iraq, 2020. Available [here](#).

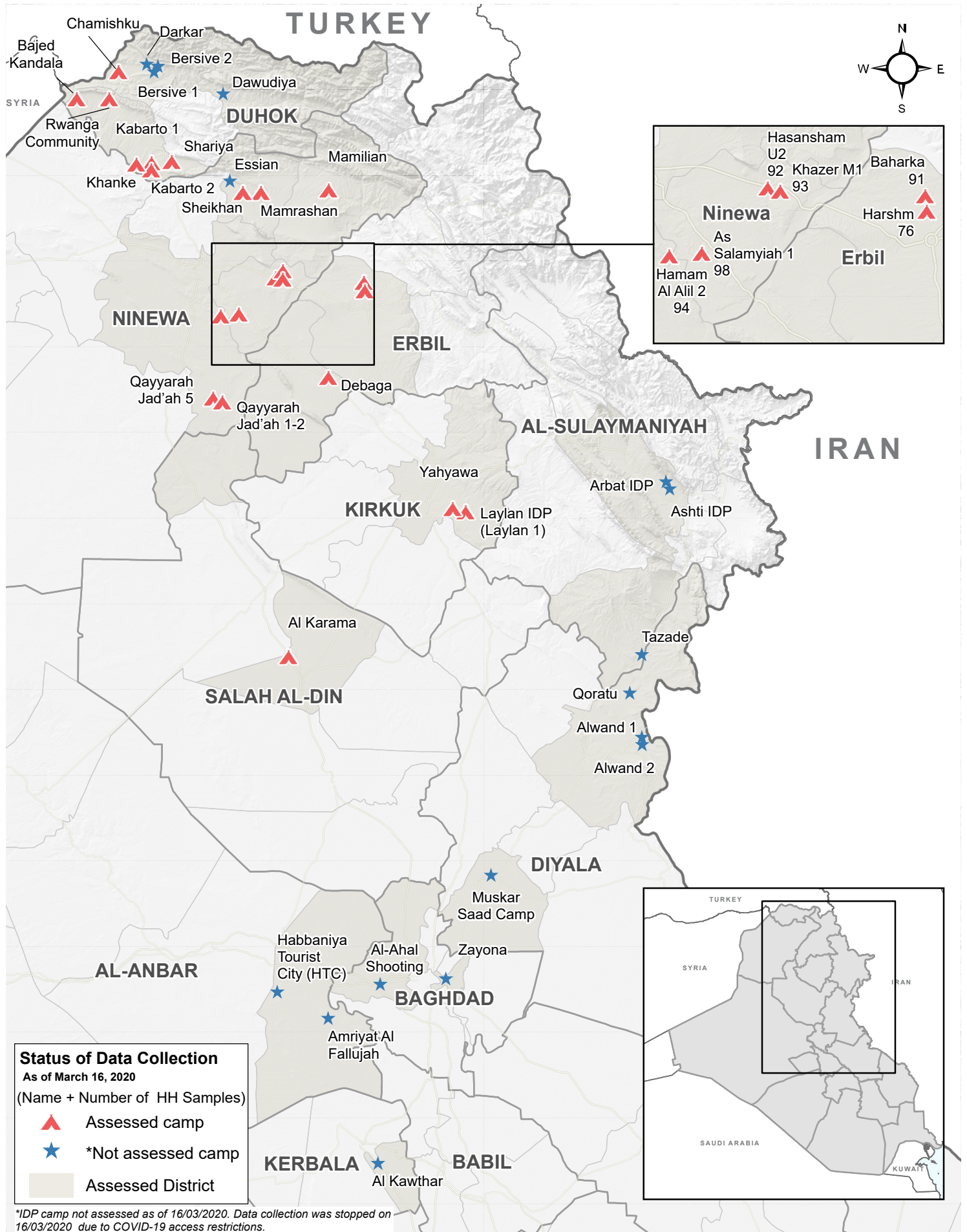
² The New Humanitarian. 'Nowhere to go: Mosul residents in limbo as camps close' 11 March 2020. Available [here](#).

³ International Office for Migration (IOM). Displacement Tracking Matrix (February 2020). Available [here](#).

⁴ CCCM Cluster, 2020. February Camp Master List and Population Flow. Available [here](#). The assessed camps include 'camp areas', which are composed of multiple smaller camps e.g. Amriyat al Fallujah which was composed of 16 small camps under the same management at the time of data collection.

⁵ When aggregated to the camp or governorate level this figure may vary. [REACH 2020, National Level Movement Intentions of IDP Households in Formal Camps](#).

IDP CAMPS ASSESSED MAP



*IDP camp not assessed as of 16/03/2020. Data collection was stopped on 16/03/2020 due to COVID-19 access restrictions.



Findings

Priority Needs

Among all IDP households, the three most commonly reported priority needs were food (63%) followed by employment (61%), and healthcare (52%).⁶ At governorate level, the same top three priority needs dominated, with a few notable exceptions. Education was reported as the first priority need in Salah al-Din (65% of IDP households), with an important proportion of IDP households displaced in Ninewa (24%) reporting education and shelter support as their fourth priority needs; and winterisation was the third most reported priority need in Erbil (46%).⁶

Table 1: Proportion of IDP households reporting priority needs, by governorate:⁶

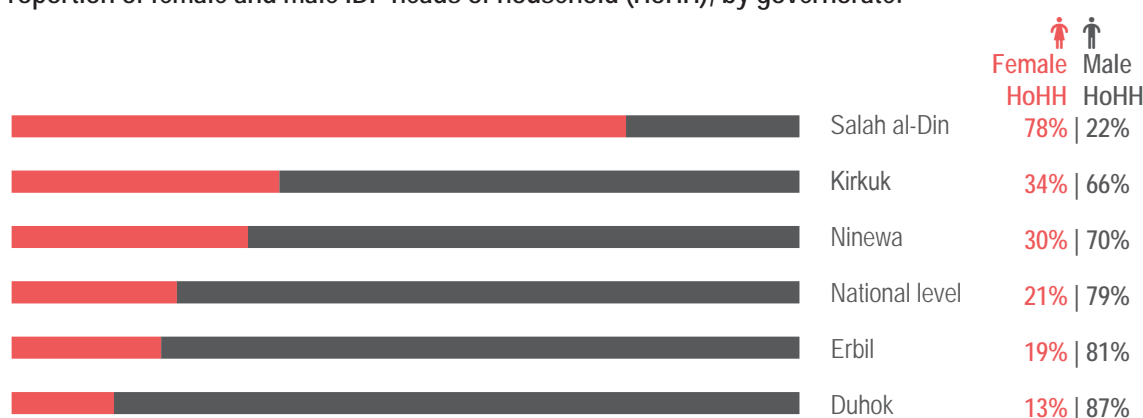
	Duhok	Erbil	Kirkuk	Ninewa	Salah al-Din	National level
Food	60%	78%	55%	71%	59%	63%
Employment	72%	52%	56%	53%	35%	61%
Healthcare	64%	38%	35%	42%	46%	52%
Shelter support	22%	17%	26%	24%	3%	19%
Education	7%	9%	10%	24%	65%	19%
Winterisation	3%	46%	22%	16%	6%	10%

Protection & Documentation

Gender Based Violence (GBV)

The overall proportion of IDP female headed households was 21%, while at governorate level, Salah al-Din had the highest proportion of female headed households (78%), followed by Kirkuk (34%), and Ninewa governorates (30%) (Figure 1).

Figure 1: Proportion of female and male IDP heads of household (HoHH), by governorate:

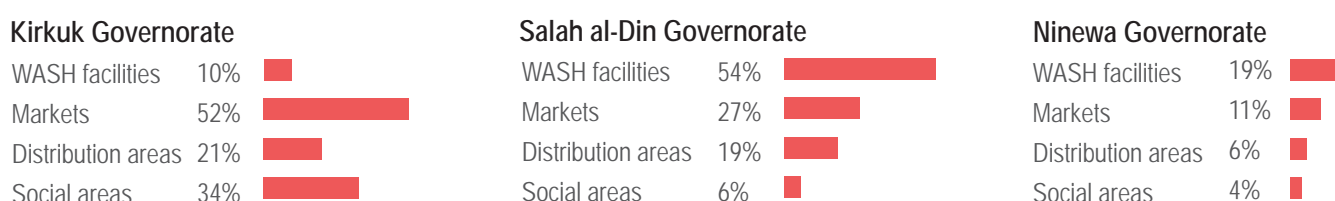


At national level, 79% of IDP households reported that women and girls felt safe within their communities. The governorates with the greatest proportion of IDP households reporting a lack of safety and security for women and girls within their communities were Kirkuk (74%), and Salah al-Din (73%), followed by Ninewa (28%). In Kirkuk, IDP households were concerned for women's safety in markets (52%), social areas (34%), and distribution areas (21%). In Salah al-Din, IDP households were more concerned about safety for women and girls in water, sanitation and hygiene (WASH) facilities such as latrines or bathing areas (54%), markets (27%), and distribution areas (19%) (Figure 2). This difference could be

⁶ Answers may add up to over 100% as the question allowed multiple answers to be selected.

partially explained with higher proportions of female-head of IDP households in both governorates (78% in Salah al-Din and 34% in Kirkuk), since female heads of household could have more awareness on security issues directly affecting women and girls. These findings highlighted the need to improve the perception of safety and security for women in the communal areas previously mentioned in Kirkuk and Salah al-Din governorates. Nevertheless, it is important to note that due to the lower proportions of female-headed of IDP households interviewed in remaining governorates, safety concerns might have been underreported.

Figure 2. The most commonly reported unsafe areas for women and girls within the camps for IDP households in Kirkuk, Salah al-Din and Ninewa governorates, who reported the highest perception of unsafe areas for women and girls in the camps:⁶

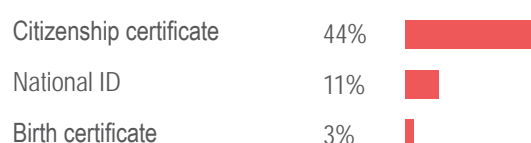


Civil Documentation

A majority of IDP households (83%) reported that at least one IDP household member was missing some form of documentation, and almost half of IDP households (49%) reported missing some type of essential documentation (**national identification (ID), citizenship certificate, or children's birth certificate**). Among the essential documentation that was missing, IDP households reported that at least one of the household members was missing their citizenship certificate (47%), national ID (13%), and children's birth certificate (3%). Of the non-essential civil documents, IDP households reported as commonly missing their passport (66%), divorce certificate (54%), and school certificate (40%).

The high proportion of IDP households reporting missing civil documentation is most likely due to the interconnection of civil documentation in Iraq, since if one document is missing other documents are more difficult to issue (especially when essential documentation like birth certificate of children, citizenship certificate, national ID or marriage certificate are missing). IDP households commonly reported having children missing their citizenship certificate (44%), their national ID (11%), and their birth certificate (3%) (Figure 3). Further information shows that among the 26% of IDP households whose children were reportedly not attending school, 12% reported that it was due to missing civil documents.

Figure 3. Most commonly reported missing civil documentation by children of IDP households at national level:⁶



Shelter & Property in AoO

Across all IDP households, 8% reported not owning a house in their AoO, while 54% reported owning but never **having obtained ownership documents for their property**. A further 4% reported that they had ownership documents, but that they had been lost. Overall, 20% of IDP households reported having their property documentation with them. The governorates in which it was most common to have ownership documents were Kirkuk (63%), Erbil (35%), and Salah al-Din (33%).

At national level, 14% of IDP households reported facing some form of restriction to move freely in and out of **the camp**. Among these IDP households, the most commonly reported issues were road blockages (29%), the need to show their ID to enter/exit (28%), and the requirement of security clearance (25%). IDP households displaced in Salah al-Din and Duhok governorates were most likely to report movement restrictions (29% and 16% respectively).

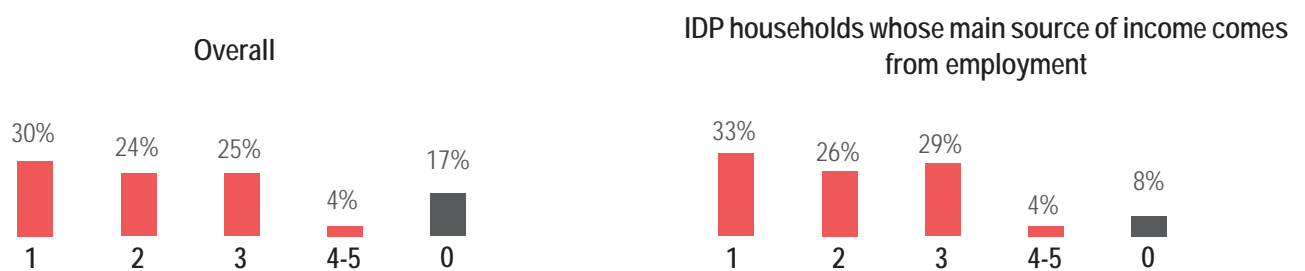
⁶ Answers may add up to over 100% as the question allowed multiple answers to be selected.

Livelihoods

At national level, the main reported sources of IDP households' income were employment (61%), humanitarian or charity support (45%), and taking loans or debts (37%).⁶ Although many had income from employment (61%), IDP households reported supplementing their income through other sources such as humanitarian or charity support (45%) and taking on debt or loans (37%).

Households displaced in Ninewa and Salah al-Din were less likely to report employment as one of their main sources of income (43% and 45%, respectively). Duhok was the governorate where the highest proportion of IDP households reported generating an income through employment (73%). However, higher proportions of IDP households in Duhok reported to be dependent on non-governmental organisations (NGOs) and charity assistance (78%), and on taking on loans or debts (54%). These findings highlight the precariousness of employment and salaries falling short of meeting their primary needs (Figure 4).

Figure 4. Number of income sources that IDP households reported in the 30 days prior data collection, at national level:



Overall, almost all IDP households (99%) reported facing barriers to access employment, while only 1% reported not facing any. The most reported barriers were increased competition (90%), the distance to the job's location (30%), and the lack of personal connections (25%).⁶ The high level of IDP households reporting barriers to access employment could be linked to higher movement restrictions in comparison to other population groups, as well as larger distances to access employment hubs, especially as many camps are far from urban centres, and have fewer connections to public transport. Their displacement status and the lack of community network puts additional constraints on finding livelihood opportunities, in a culture where community ties are key to thrive.

Seventy-four percent (74%) of IDP households reported having some level of debt. Among those, the mean level of debt reported was of approximately IQD 1,209,000 (USD 1,016).⁷ At governorate level, IDP households from Duhok were more likely to report being in debt (82%), which echoes previous findings on their main reported sources of income (54% from taking loans and debts). The lowest proportion of IDP households reporting to be in debt was found in Kirkuk (63%).

The most common reasons reported by IDP households for taking on debt were to buy food (54%), to pay for healthcare (20%), and to buy other basic household items (14%).⁶ IDP households located in Erbil governorate were more likely to report taking on debt to buy food (67%), followed by Kirkuk (63%), and Duhok (49%) governorates. Taking on debt to cover food expenses was an issue reported across all governorates; however, for IDP households displaced in Salah al-Din (47%), and Kirkuk governorate (46%), buying basic household items was the most commonly reported reason to take on debt. Identifying these differences could help humanitarian actors to improve targeted assistance, adapting it to each governorate's specific context.⁸

⁶ Answers may add up to over 100% as the question allowed multiple answers to be selected.

⁷ Data extracted from www.xe.com, exchange rate from August 2020 (1 USD = 1,190 IQD).

⁸ More information on IDPs debt is available in REACH's [Study on Impact of Debt on Internally Displaced Person \(IDP\), Refugee and Host Community Households](#) (January 2020).

Food Security

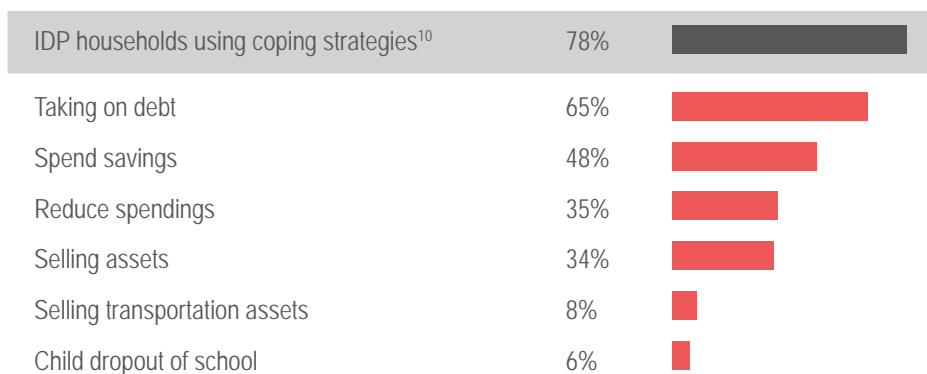
Calculations for the Food Consumption Score (FCS) showed that for a vast majority of IDP households (89%) their food consumption could be considered 'acceptable', while for 6% it was considered 'poor', and for 5% it was considered 'borderline' (Figure 5).⁹ The calculations for the FCS of IDP households in Ninewa and Salah al-Din showed higher proportions of households in the 'poor' or 'borderline' categories: in Salah al-Din, 17% of IDP households scored 'borderline' and 8% 'poor'; and of the displaced households in Ninewa 10% were reported as having a 'poor' FCS and 8% as having a 'borderline' FCS.

Despite a vast majority of IDP households having FCS categorised as 'acceptable', 78% of IDP households reported using food-related coping strategies in order to buy food. Overall, when asked about whether or not IDP households used specific coping strategies, IDP households most commonly reported having to take on debts (65%), spend savings (48%), and reduce spendings (35%) (Figure 6).

Figure 5. Proportion of IDP households by FCS calculations at national level:



Figure 6. Proportion of IDP households reporting to use coping strategies to buy food at national level:⁶



Shelter and Non-Food items (NFIs)

At national level, 64% of IDP households reported that improvements to their shelter were needed. Among those IDP households, the most commonly reported needs were protection from hazards (24%), protection from climatic conditions (24%), and improved privacy (23%).⁶ Concerns regarding shelter were particularly high in Salah al-Din where 94% of IDP households reported that their shelter needed improvements, followed by Kirkuk (80%), and Ninewa (73%).

The most commonly reported type of shelter by IDP households were tents (81%), among which 23% reportedly did not have a cement base. However, in Kirkuk governorate 22% of the IDP households reported living in a makeshift shelter, followed by 16% in Erbil.

Forty-four percent (44%) of IDP households had issues with their shelter, with the most common issues related to insulation (19%), the risk of fire (16%), and a leaking roof when it rained (12%).⁶ In a country with extreme weather and hot summers, these issues impact the day-to-day life and comfort of IDP households. Increased safety plans and maintenance work to shelters could improve IDP household's perception on their shelter conditions.

Among all IDP households, 87% reported having NFI needs. Among these, the top three NFI priority needs reported were mattresses and sleeping mats (46%), blankets (36%), and bedding items (32%).⁶ This highlights a higher need for more bedding NFI distributions in camps.

⁶ Answers may add up to over 100% as the question allowed multiple answers to be selected.

⁹ Food consumption scores are calculated using the World Food Programme (WFP) technical guide, available [here](#).

¹⁰ % of IDP households using coping strategies calculated by counting all IDP households using at least one coping strategies. The % of IDP households using each type of coping strategy it is representative from the total number of IDP households assessed (not a subset).

Water, Sanitation and Hygiene (WASH)

The main reported sources of drinking water for all IDP households in the past 30 days were piped water into the compound (75%), piped water through public tap (20%), and water trucking (9%). However, 52% of IDP households in Kirkuk reported relying on water from protected wells as their main source of drinking water. At national level, 36% of IDP households reported needing to treat their drinking water. Salah al-Din was the governorate with the highest proportion of IDP households reporting treating their water before drinking (44%), while Erbil was the governorate with the lowest (7%).

The most commonly reported ways for treating drinking water were boiling the water (16%), using a ceramic filter (15%), and chlorination (6%). The main reported reasons to treat water were water being unclear (79%), having an unpleasant taste (66%), and having an unpleasant smell (29%).⁶

Regarding the access to latrines, 52% IDP households reported having private latrines provided by the camp, while 33% reported having access to communal latrines. However, the lowest proportion of IDP households reporting access to private latrines provided by CCCM was found in Kirkuk (3%), Salah al-Din (13%) and Ninewa (34%) (Table 2). In Kirkuk, only 3% of IDP households had access to private latrines provided by the CCCM, but reported the highest proportions of access to self-made private latrines (43%). As for the access to showers, 51% of IDP households at national level reported having access to private showers provided by the camp, while 26% reported access to communal showers, and 13% to public showers. The highest proportion of IDP households reporting access to communal showers were located in camps in Salah al-Din (49%), Kirkuk (48%), and Ninewa governorates (45%). According to IDP households' reports, access to private showers was only available for 13% of IDP households in Salah al-Din (Table 3). An increased availability of private latrines and showers could further improve the feeling of safety for women and girls, especially in Salah al-Din where 54% of IDP households reported having security concerns for women and girls in these communal areas.

At national level 36% of IDP households reported that the frequency of waste collection was daily, and 39% reported that waste was collected every 2-4 days. The lowest frequencies of waste collection were reported in Duhok governorate, with 14% of IDP households reporting waste being collected every two weeks. This low frequency of waste collection reported by IDP households could have been influenced by the time of year this assessment was undertaken.

Table 2. Proportion of IDP households reporting the types of latrines available to them, by governorate:⁶

	Duhok	Erbil	Kirkuk	Ninewa	Salah al-Din	National level
Private latrines (by the CCCM)	68%	94%	3%	34%	13%	52%
Communal latrines	27%	3%	48%	48%	51%	33%
Public latrines	4%	1%	7%	24%	51%	16%
Private latrines (Self-made)	2%	5%	43%	<1%	2%	2%

Table 3. Proportion of IDP households reporting the main type of shower they use, by governorate:

	Duhok	Erbil	Kirkuk	Ninewa	Salah al-Din	National level
Private showers (by the CCCM)	65%	82%	2%	34%	13%	51%
Communal showers	15%	2%	48%	45%	49%	26%
Public showers	0%	0%	6%	22%	38%	13%
Private showers (Self-made)	19%	16%	44%	<1%	0%	10%

⁶ Answers may add up to over 100% as the question allowed multiple answers to be selected.

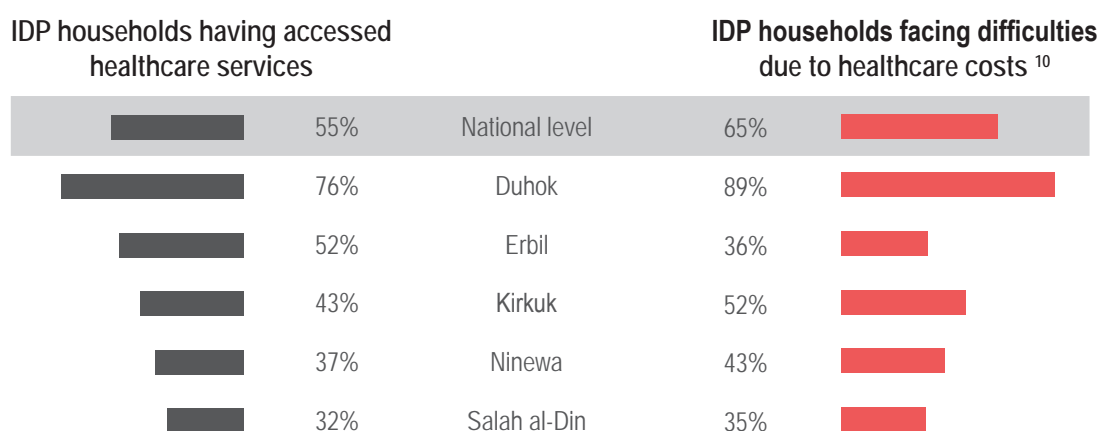
Health

At national level, 93% of IDP households reported having access to a healthcare facility within two kilometres (km) of their area of residence, while 4% reported the distance being between two and five kilometres. For the majority of IDP households, hospitals were reportedly further away, with 44% reporting the nearest available hospital at more than 10 km away, followed by 19% reporting hospitals located between 6-10 km away, and 19% between two and 5 km away. However, the vast majority of IDP households originating from Kirkuk (80%) reported that the closest available functioning hospital was more than 10 km away.

According to IDP households, a majority of basic hospital services were available, including: paediatric services (87%), emergency services (83%), maternity services (81%), and surgical services (76%). At governorate level, 31% of IDP households in Salah al-Din reported that the closest hospital available did not have maternity services; however, a majority of IDP households (69%) reported that it did, suggesting a lack of knowledge about the availability of these services.¹¹ This is supported by the reported information needs (page 11) where 22% of IDP households reported needing information about health facilities. Women within IDP households are in need of better access to information on the availability of these services, especially in areas with high proportions of IDP female-headed households.

During the three months prior to data collection, 55% of IDP households reported having accessed to healthcare services (Figure 7). Among these IDP households, 69% reported experiencing difficulties accessing healthcare services. The most common barriers were reportedly the costs of healthcare services (65%), the lack of treatment available for their disease (15%), and the distance to the health centre (14%).⁶ IDP households displaced in Duhok and Kirkuk governorates were more likely to report barriers to access healthcare (92% and 64%, respectively), among which the most commonly reported barrier was the cost of healthcare (89% and 52%, respectively).

Figure 7. Proportion of IDP households reporting one or more family members that had accessed healthcare services in the three months prior data collection and the proportion of which reported facing difficulties to access healthcare due to healthcare costs, by governorate:¹⁰



Education

At national level, 74% IDP households reported that all their school-aged children (aged 6-17) were attending formal education. Of the IDP households with school-aged children not attending school (26%), 48% reported that their child was uninterested, 21% of IDP households could not afford education costs, and 14% reported that their child could not physically access school.

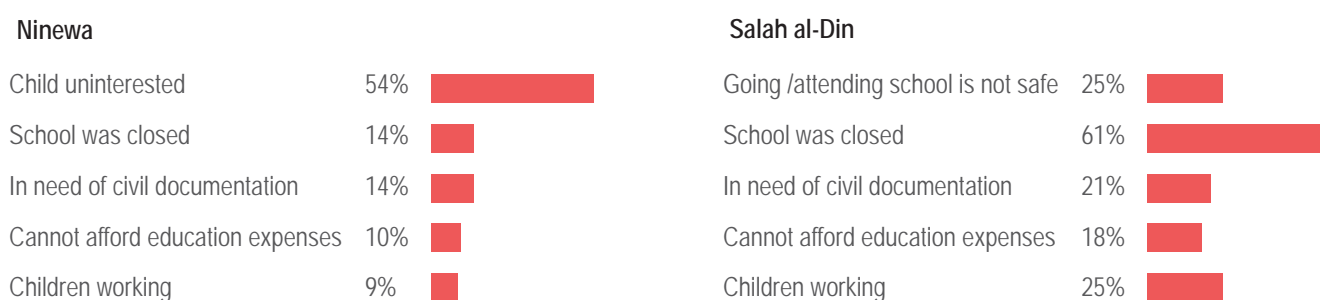
Ninewa and Salah al-Din were reportedly found to have the lowest levels of educational attendance across governorates, with 69% of school-aged children attending school in Ninewa, and 53% in Salah al-Din. Of the 47% IDP households reporting one of their children was not attending school in Salah al-Din, 61% reported the school was closed, 25% perceived that going to or attending school was not safe, and 21% lacked civil documentation (Figure 8).

⁶ Answers may add up to over 100% as the question allowed multiple answers to be selected.

¹⁰ The reported proportions of IDP households having difficulties with healthcare costs are a subset from the proportion of IDP households reporting having accessed healthcare

¹¹ These findings in Salah al-Din cannot be generalised across the whole governorate as only one camp was assessed.

Figure 8. Most commonly reported reasons why children do not attend school, by proportion of IDP households in Salah al-Din (47%), and Ninewa camps (31%) where the highest proportions of children not attending school were reported:⁵



Nationally, 94% of IDP households reported that there was a functioning primary school within 2 km of their area of residence, and 79% of IDP households reported that there was a functioning secondary school within 2 km. IDP households in Salah al-Din were more likely to report a distance to the nearest school higher than 5 km, with 6% reporting this distance to their nearest primary school, and 22% to their nearest secondary school. **The combination of factors such as the lack of civil documentation and greater distances to schools could be related to the low school attendance of school-aged children in Salah al-Din governorate.**

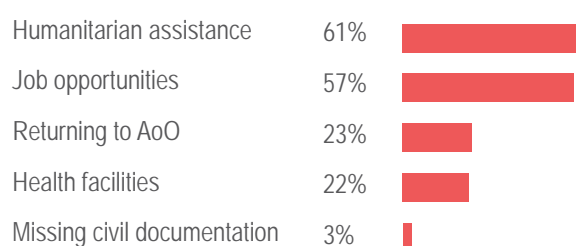
Camp Coordination

Almost all IDP households across the assessed camps reported the presence of multiple camp committees (99%). The committees most commonly available were: **camp management committees (95% of IDP households reported their presence), distribution committees (76%), and maintenance committees (74%).**⁶ WASH committees were widely available according to 70% of IDP households, while half of IDP households (50%) reported that women committees were present, and fewer than half (47%) reported youth committees to be available. Women and youth committees were reported to be less common in Duhok (38% and 37%, respectively), and Salah al-Din (52% and 48%, respectively), but widely reported as present in Kirkuk (98% and 86%, respectively), and Erbil governorates (83% and 83%, respectively).

Among all IDP households, 21% reported having made a complaint in the three months prior to data collection, **among which 55% reported that no action was taken based on the complaint made.** In 43% of cases, IDP households reported that action was taken to resolve the complaint.

Among the 40% of IDP households who reported having an information need, **the most commonly reported information needs were information about assistance (61%), job opportunities (57%), and information about returning to their AoO (23%) (Figure 9).** The information need about job opportunities echoes the findings in the 'Livelihoods' section, where almost all IDP households (99%) reported facing barriers to accessing employment.

Figure 9. Most commonly reported types of information needs by IDP households at national level who reported having information needs:⁶



⁶ Answers may add up to over 100% as the question allowed multiple answers to be selected.