



COVID-19 CONTEXT

Overview of the humanitarian situation and the impact of COVID-19

While Iraq has started to slowly recover from the several waves of conflict that the country has experienced in the past decades, 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 GDP of 9.7% in 2020.^{1,2} 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 sector have lost their employment and livelihoods as a result of the COVID-19 crisis.³ UNICEF and the World Bank are estimating that an additional 4.5 million Iraqis will be pushed below the poverty line in 2020.⁴

With an increase in the unemployment and poverty rates, humanitarian needs across various sectors and population groups are expected to increase drastically in 2020, imposing further hardship on the country's 2.3 million Internally Displaced Persons (IDPs) and 4.8 million returnees.⁵

As the first nationwide household-level assessment following the outbreak of COVID-19 in Iraq, the Multi-Cluster Needs Assessment (MCNA) VIII is well placed to provide context to the current humanitarian situation and the impact of COVID-19. In conjunction with the MCNA VIII dataset and findings, this factsheet aims to provide a evidence base for the humanitarian response to the COVID-19 crisis in Iraq. The factsheet presents secondary data as well as MCNA VIII findings across various sectors that have been impacted by COVID-19 or by the measures that the government has implemented to contain the spread of the virus.

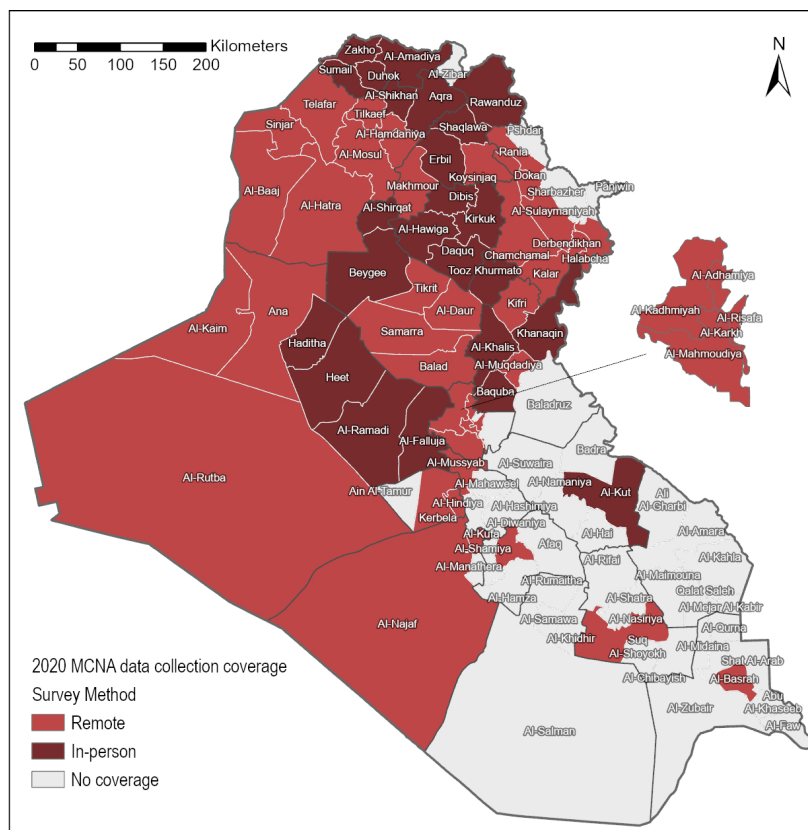
MCNA VIII METHODOLOGY

At the time of data collection (mid-July to mid-September), the operating environment in Iraq was such that safety concerns related to COVID-19 as well as movement restrictions were only present in some districts, whereas other districts were fully accessible and safety concerns related to a face-to-face data collection were considered low. Taking into consideration the varying operational and safety complexities across districts, the MCNA VIII was implemented

through a nationwide household-level survey building on mixed-methods data collection. Face-to-face surveys were only administered in districts where no safety concerns or movement restrictions were present at the time of data collection. In all other districts, household surveys were collected through remote phone-based interviews. Given the specific risks related to the spread of COVID-19 in-camp settings, all in-camp data was collected remotely.

Findings from districts in which data was collected through face-to-face interviews are statistically representative with a level of confidence of 90% and a margin of error of 10%. For districts in which data was collected remotely, a non-probability purposive quota sampling approach was employed and complemented with snowball sampling wherever the minimum quota targets of 60 surveys per district and population group could not be reached. Findings from those districts as well as all findings for in-camp IDPs are not statistically generalizable with a quantifiable degree of precision and thus have to be considered indicative.

ASSESSMENT COVERAGE



9,634 households surveyed

IDP in camp:	2,547
IDP out of camp:	4,387
Returnee:	2,700
Face-to-face interviews:	3,950 (41%)
Phone-based interviews:	5,684 (59%)

62 districts assessed

Remote data collection:	38/62
In-person data collection:	24/62

Gender of respondents

Male respondents:	7,993 (83%)
Female respondents:	1,641 (17%)

Factsheet Overview:

Livelihoods; Food Security; Protection; Accountability to Affected Populations; Vulnerable Populations; and Access to Health Care

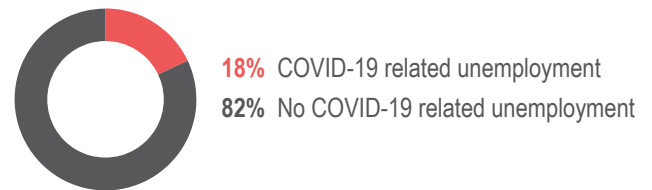
¹World Bank Group, [Iraq Economic Monitor – Navigating the Perfect Storm \(2020\)](#). ²World Bank, [Iraq: Structural Reforms Critically Needed to Manage a Multi-Faceted Crisis \(2020\)](#). ³H. Aziz, ["Iraqi civil servants, retirees hard-hit by budget delays"](#), Rudaw, 30 September 2020. ⁴UNICEF, World Bank, [Assessment of COVID-19 Impact on Poverty and Vulnerability in Iraq \(2020\)](#), p.22. ⁵International Organisation for Migration (IOM), [IOM Displacement Tracking Matrix](#).

CONTEXT

The livelihoods of many people in Iraq have been disrupted by the outbreak of the COVID-19 pandemic. The global economic contraction has led to a decline of oil prices and thereby severely impacted Iraq's fiscal stability, as 92% of Iraq's government finances come from oil revenues.⁶ 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. Delays in the payment of salaries to civil servants may impact the livelihoods of approximately 6 million households.⁷ In addition, the government-imposed restrictions to curb the spread of the virus, such as curfews and movement restrictions, have impacted Iraq's economic activity and labour market. The economic standstill significantly reduced employment opportunities and decreased wages, as small and medium-sized enterprises, for example, reduced paid employment by 40% and cut salaries by 36%.⁸ In particular, daily workers on the informal labor market, which most refugees and IDPs in Iraq are part of, often lack a safety net to accommodate for a sudden drop in income generating activities.⁹ As such, 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

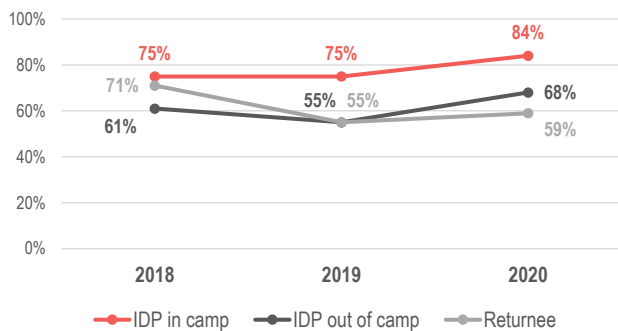
line prior to the pandemic.¹⁰ The number of children and adolescents in poverty is expected to nearly double in 2020, up to 38%.¹¹ This especially vulnerable position for youth is related to approximately one-third of Iraq's youth neither being in (vocational) education nor in employment prior to the COVID-19 outbreak.¹² Furthermore, only a minority of Iraqis living in poverty are covered by any type of social protection program, indicating a need to scale up social protection programmes to enable households to overcome shocks.¹³ Considering the absence of a sustainable and comprehensive social protection scheme, many households may have to rely on negative coping strategies to make ends meet, such as taking on debt or engaging in harmful activities.

% of households with at least one member reporting COVID-19 related unemployment:

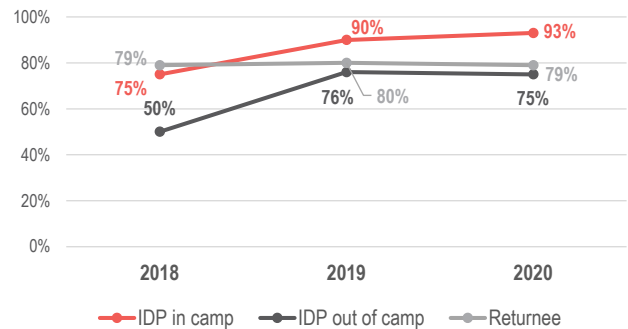


HOUSEHOLD INCOME

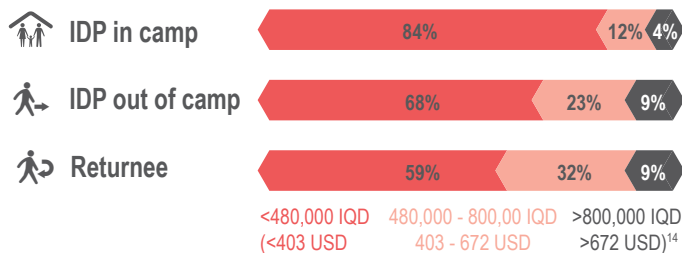
% of households whose average monthly income was less than 480,000 IQD (430 USD) by year:¹⁴



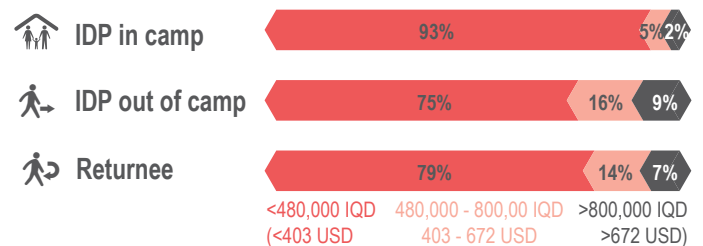
% of single female-headed households whose average monthly income was less than 480,000 IQD (430 USD) by year:^{14,15}



Monthly income in 2020 by population group:



Monthly income of single female-headed households in 2020 by population group:¹⁵



⁶World Bank Group, [Iraq Economic Monitor – Navigating the Perfect Storm \(2020\)](#), p. 6. ⁷H. Aziz, "Iraqi civil servants, retirees hard-hit by budget delays", Rudaw, 30 September 2020. ⁸IOM, [Impact of COVID-19 on SMEs in Iraq \(June 2020\)](#), p. 7. ⁹UNHCR, [Iraq Fact Sheet \(July 2020\)](#). ¹⁰Ministry of Planning, Oxford Poverty and Human Development Initiative, UNICEF and World Bank Group, [Assessment of COVID-19 Impact on Poverty and Vulnerability in Iraq \(July 2020\)](#), p. 22. ¹¹Ibid., p. 22. ¹²Ibid., p. 8. ¹³Ibid., p. 24. ¹⁴Exchange rate accessed on 31/10/20 at [xe.com](#) (1 USD = 0.0008 IQD). ¹⁵Note that single female-headed households are a subset of the total number of households surveyed (987 single female-headed households were surveyed out of 9,634 households), and since this subset represents only 10% of the total number of surveys, these findings should be interpreted with care.

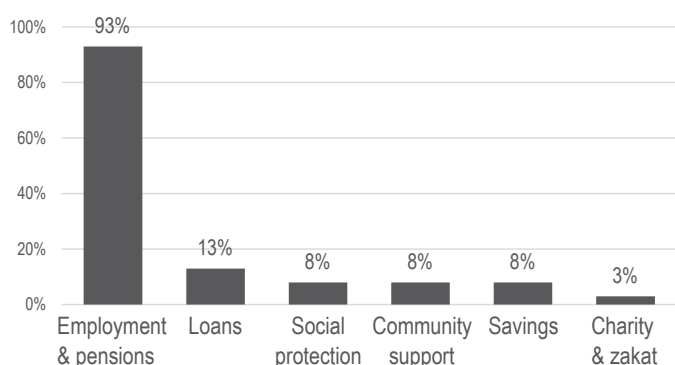
HOUSEHOLD INCOME

Five districts with the highest percentage of households whose average monthly income was less than 480,000 IQD (403 USD):¹⁶

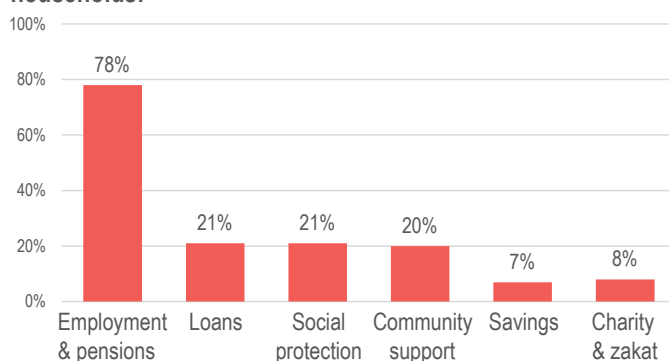
Governorate	District	%
Al-Sulaymaniyah	Chamchamal	93%
Erbil	Koysinjaq	93%
Al-Sulaymaniyah	Halabcha	92%
Al-Sulaymaniyah	Rania	92%
Al-Sulaymaniyah	Dokan	92%

The percentages of households earning less than 480,000 IQD (403 USD) has remained largely consistent with 2019 MCNA findings, with especially in-camp IDP households reporting low monthly incomes.¹⁶ Across all three population groups, single female-headed households are significantly more likely to have an average monthly income below 480,000 IQD, which reflects the additional livelihood challenges they face compared to other households. Although there has been a slight improvement for out of camp IDP and returnee households since last year, single female-headed households are still reporting much lower household incomes, which can have various implications including for achieving long-term durable solutions. The highest percentage of single female-headed households was reported among in-camp IDP households (12%), followed by out of camp IDP households (10%) and returnee households (7%).

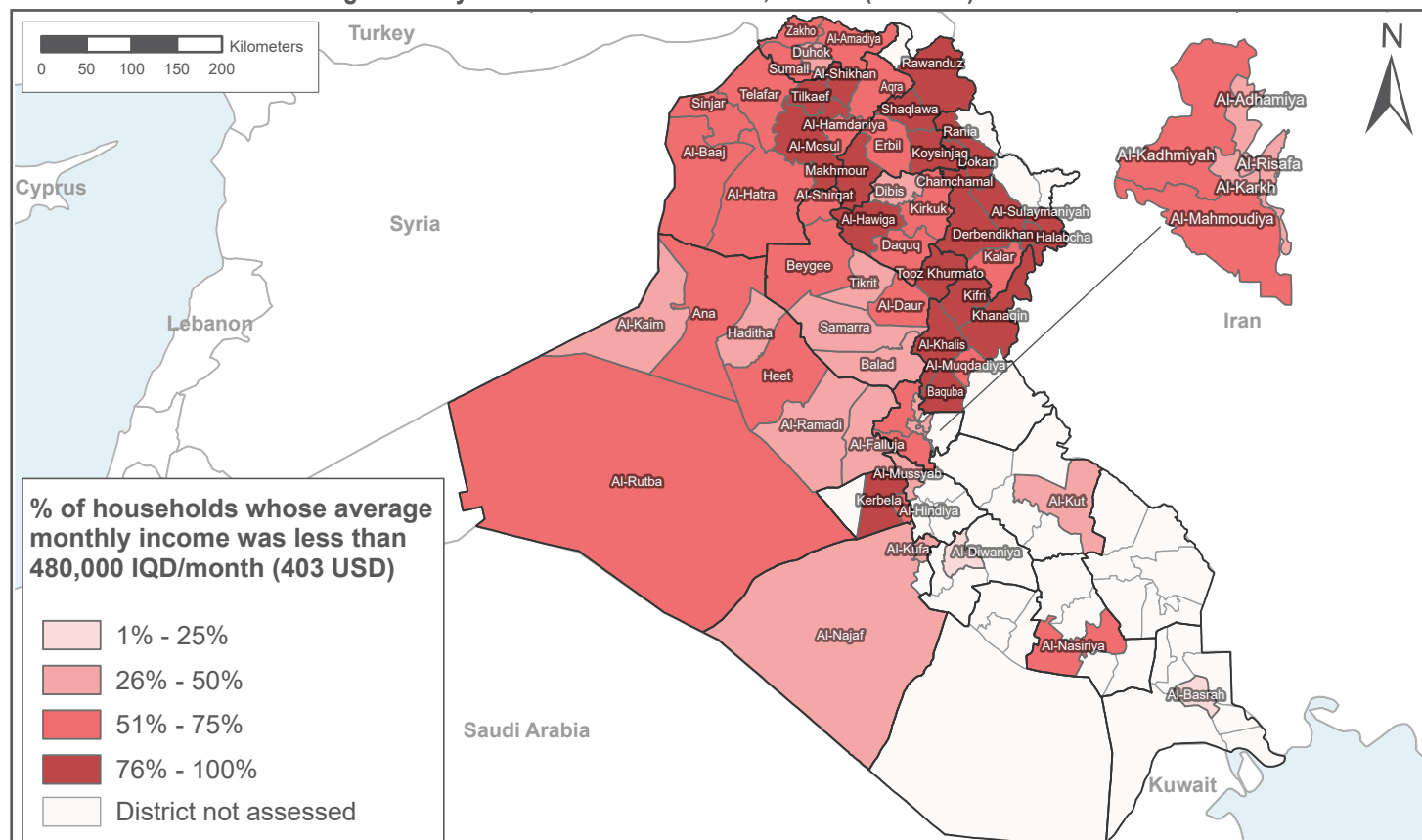
Primary income sources as reported by all households:¹⁷



Primary income sources as reported by single female-headed households:^{17,18}



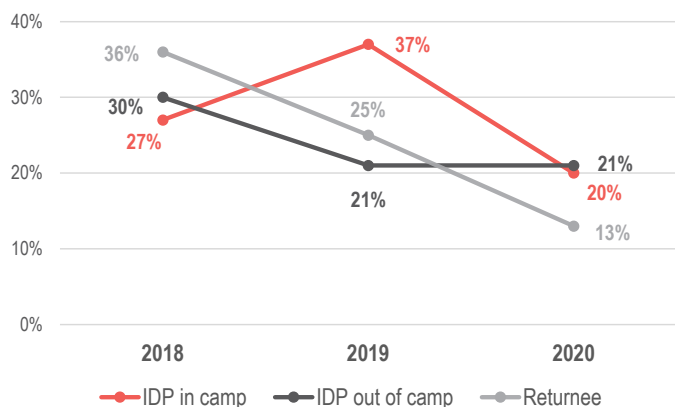
% of households whose average monthly income was less than 480,000 IQD (403 USD):¹⁶



¹⁶Exchange rate accessed on 31/10/20 at xe.com. ¹⁷Multiple answer choices could be selected and thus findings may exceed 100%. Social protection programmes includes cash assistance from the Iraqi Ministry of Displacement and Migration, and disability allowance. ¹⁸Note that single female-headed households are a subset of the total number of households surveyed (987 single female-headed households were surveyed out of 9,634 households), and since this subset represents only 10% of the total number of surveys, the findings should be interpreted with care.

UNEMPLOYMENT

% of households with at least one adult unemployed and seeking work by year:



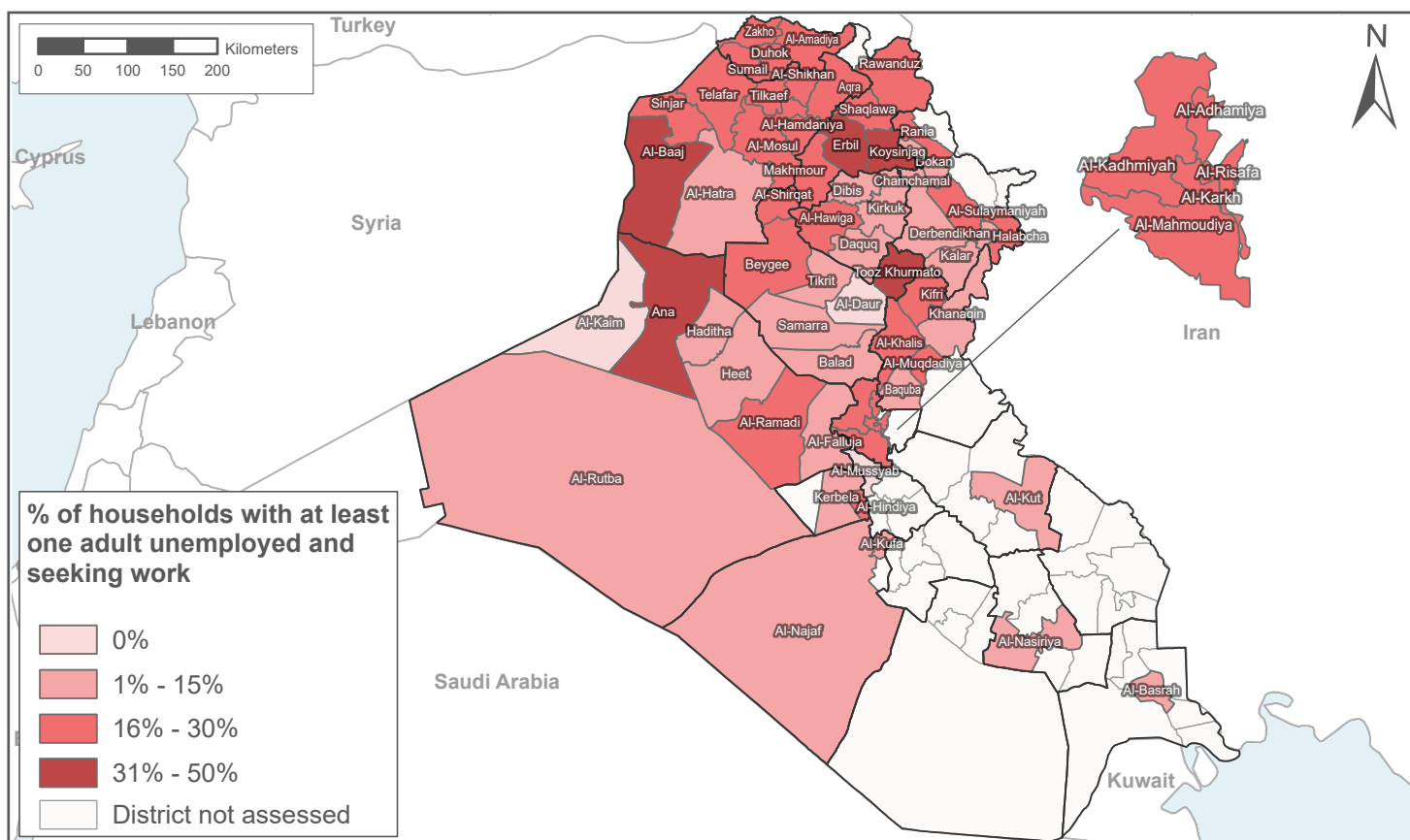
Five districts with the highest percentage of households with at least one adult unemployed and seeking work:

Governorate	District	%
Duhok	Duhok	14%
Salah Al-Din	Tooz Khurmato	13%
Duhok	Zakho	13%
Erbil	Erbil	11%
Ninewa	Al-Shikhan	11%

% of households with at least one adult unemployed by barrier to employment and year:¹⁹

Barrier to employment	2019 MCNA	2020 MCNA	Δ
Increased competition for jobs, not enough jobs available	83%	68%	- 15
Lack of family/personal connections	12%	37%	+ 25
Lack of employment opportunities for women ²⁰	NA	23%	
Underqualified for available jobs	8%	14%	+ 4
Physical distance to jobs	12%	12%	-

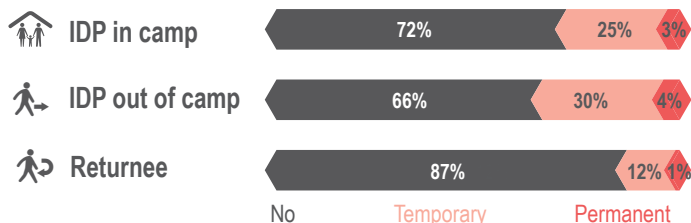
% of households with at least one adult unemployed and seeking work:



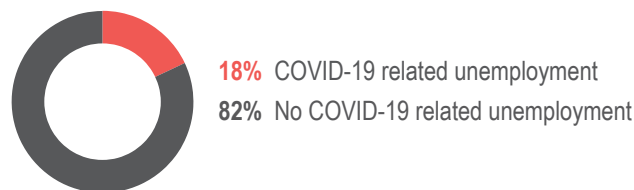
¹⁹Multiple barriers to employment could be selected, therefore results may exceed 100%. ²⁰No data for "lack of employment opportunities for women" is available for 2019, since answer choice was only introduced in 2020.

COVID-19 RELATED UNEMPLOYMENT

Households with at least one member reporting permanent or temporary unemployment as a result of the COVID-19 outbreak by population group:



% of households with at least one member reporting COVID-19 related unemployment, across population groups:

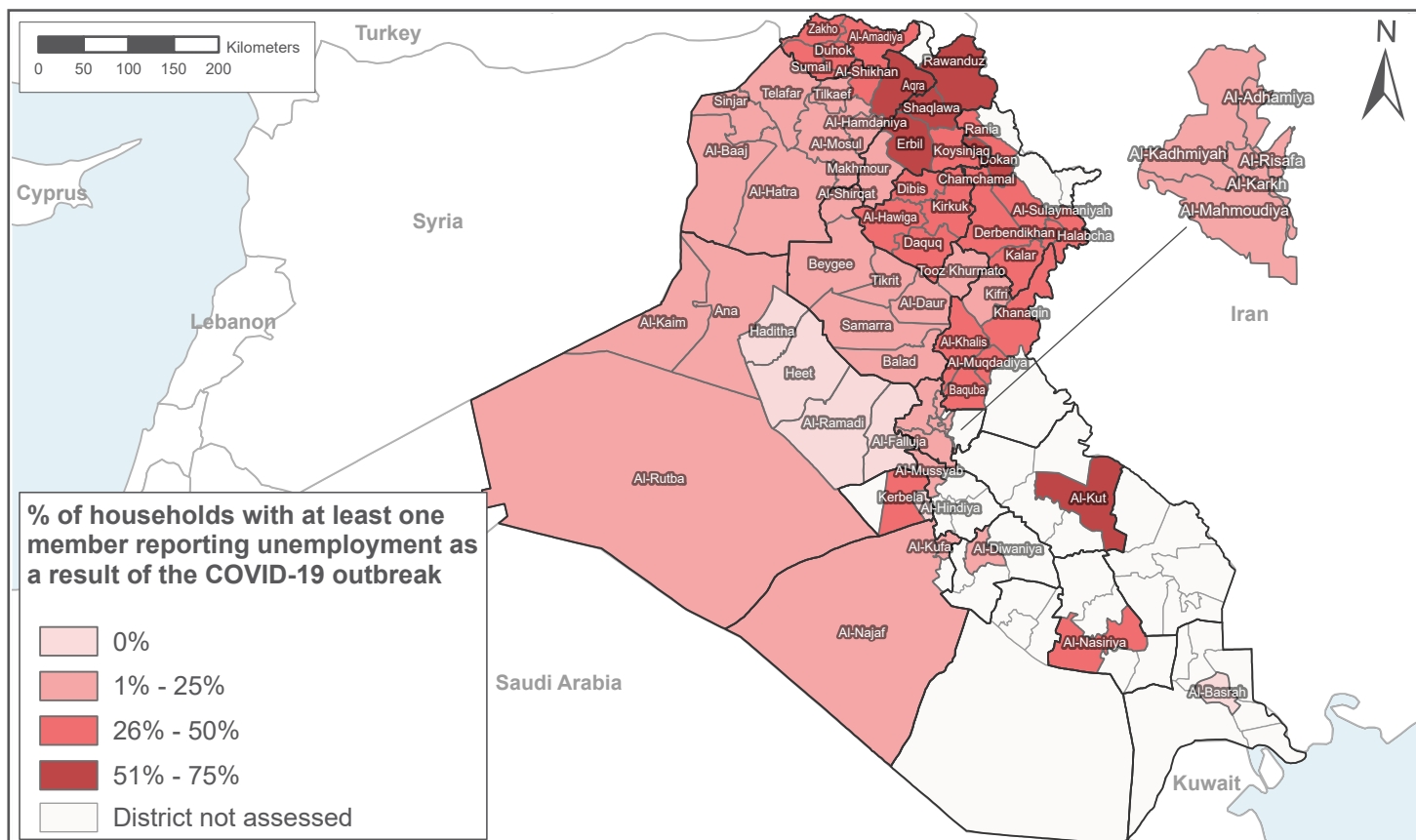


Five districts with the highest percentage of households reporting unemployment as a result of the COVID-19 outbreak:

Governorate	District	%
Erbil	Rawanduz	71%
Erbil	Shaqlawa	66%
Erbil	Erbil	56%
Wassit	Al-Kut	56%
Al-Sulaymaniyah	Dokan	52%

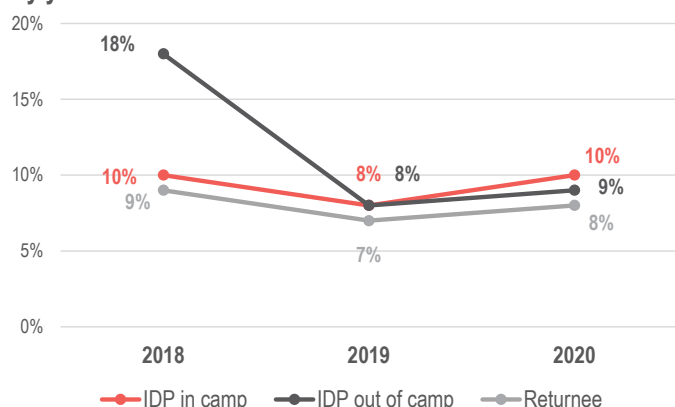
Data on temporary or permanent unemployment as a result of the COVID-19 outbreak should only be interpreted as a snapshot of the time period during which the MCNA data collection took place (July - September 2020). Given the informal character of the labour market in Iraq, most employees cannot rely on a termination period or social insurance that would allow them to cope with a sudden loss in employment when a health and economic crisis coincide. While on average 18% of households reported COVID-19 related unemployment, significant geographic variation is observed with households in some districts reporting that more than half of the households experienced COVID-19 related unemployment.

% of households with at least one member reporting permanent or temporary unemployment as a result of the COVID-19 outbreak:

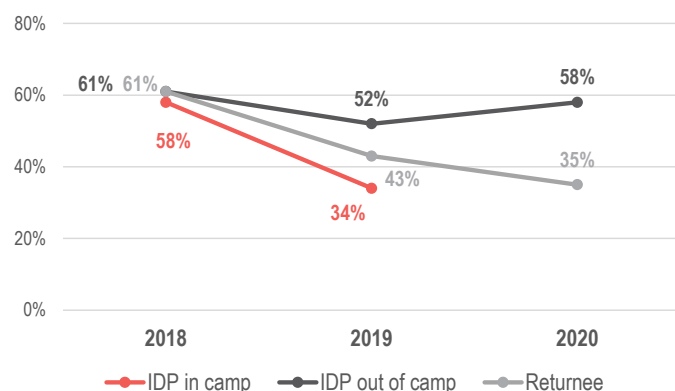


PRECARIOUS EMPLOYMENT

% of households with at least one person under 18 years working by year:

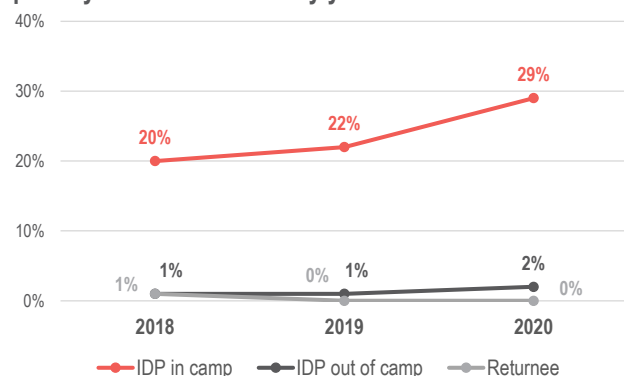


% of households with all adults working in unstable employment (i.e. seasonal or temporary employment) by year:²¹



HUMANITARIAN AID RELIANCE

% of households relying on humanitarian assistance as a primary source of income by year:



Primary income sources, by population group:²²

	IDP in camp	IDP out of camp	Returnee
Employment & pensions	74%	91%	94%
Loans	35%	27%	9%
Social protection programmes	35%	9%	5%
Community support	17%	14%	7%
Charity & zakat	29%	3%	1%

Five districts with the highest percentage of households with at least one person under 18 years working:

Governorate	District	%
Kirkuk	Al-Hawiga	23%
Salah Al-Din	Beygee	19%
Ninewa	Sinjar	19%
Ninewa	Telafar	16%
Baghdad	Al-Adhamiya	15%

Five districts with the highest percentage of households with all adults working in unstable employment:

Governorate	District	%
Erbil	Rawanduz	81%
Diyala	Baquba	80%
Diyala	Kifri	80%
Kerbala	Kerbela	79%
Diyala	Al-Khalis	78%

Five districts with the highest percentage of households relying on humanitarian aid as a primary source of income:

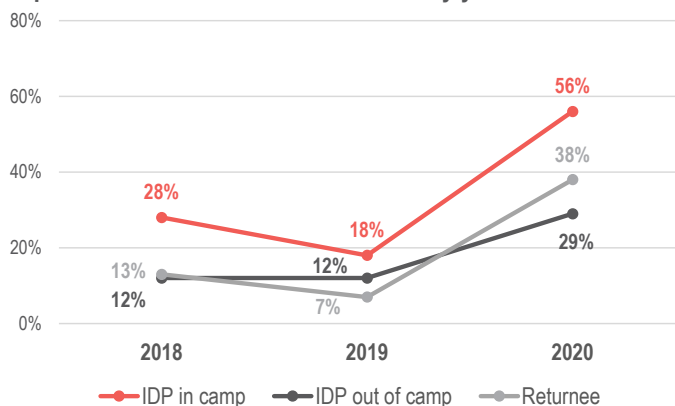
Governorate	District	%
Erbil	Makhmour	43%
Ninewa	Al-Shikhan	23%
Duhok	Sumail	15%
Duhok	Zakho	12%
Duhok	Al-Amadiya	8%

In 2020, almost one-third of in-camp IDP households relied on humanitarian assistance, which may reflect a reduced access to other income sources compared to previous years. The economic contraction and movement restrictions that followed the outbreak of COVID-19 have reduced in-camp IDP households' access to employment opportunities. Only 69% of in-camp IDP households report employment as a source of income, compared to 80% of out of camp IDP and 83% of returnee households.

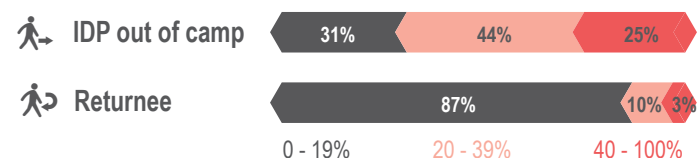
²¹No data for IDP in-camp households was collected in 2020. ²²Multiple answer choices could be selected and thus findings may exceed 100%.

EXPENDITURE

% of households spending more than 20% of their total monthly expenditure on healthcare or medicine by year:

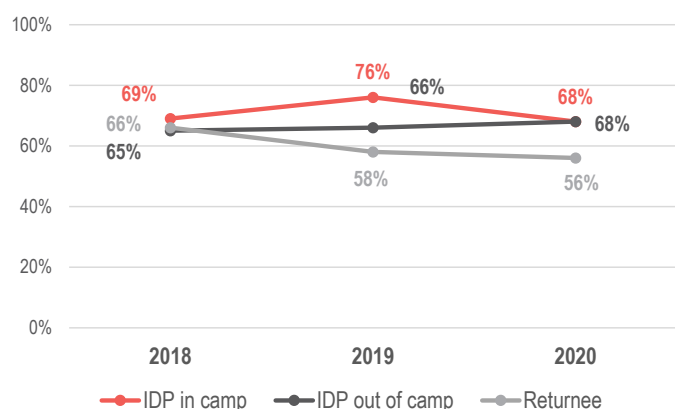


Share of rent expenditure of total monthly expenditure by population group:²³

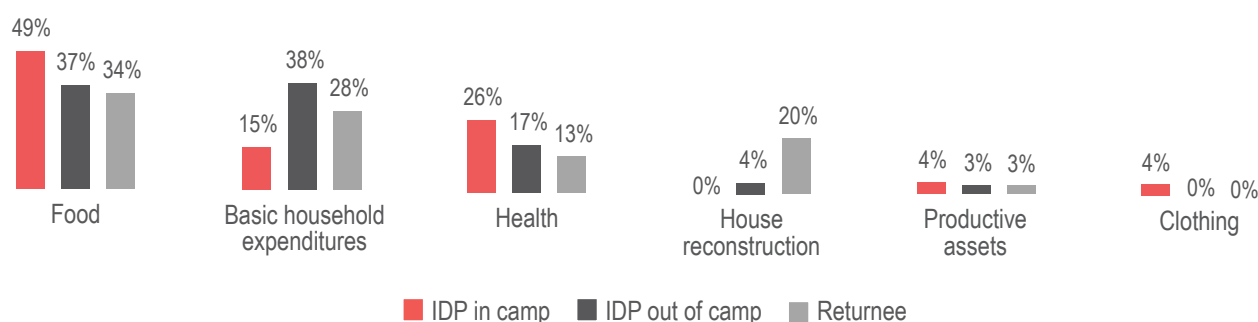


UNMET BASIC NEEDS

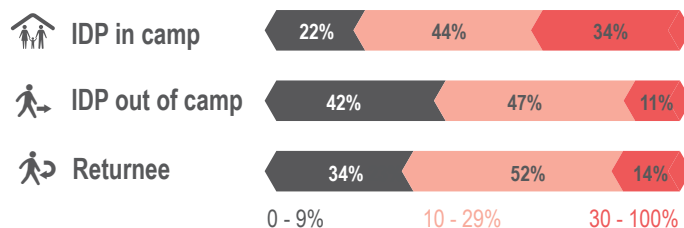
% of households unable to afford basic needs (e.g. healthcare, food, education, or basic household expenditures) by year:²⁴



Primary reason for taking on debt by population group:



Share of health expenditure of total monthly expenditure by population group:



Five districts with the highest percentage of households spending more than 30% of their total monthly expenditure on rent:

Governorate	District	%
Baghdad	Al-Adhamiya	81%
Al-Basrah	Al-Basrah	78%
Thi-Qar	Al-Nasiriya	75%
Al-Sulaymaniyah	Al-Sulaymaniyah	74%
Al-Sulaymaniyah	Rania	70%

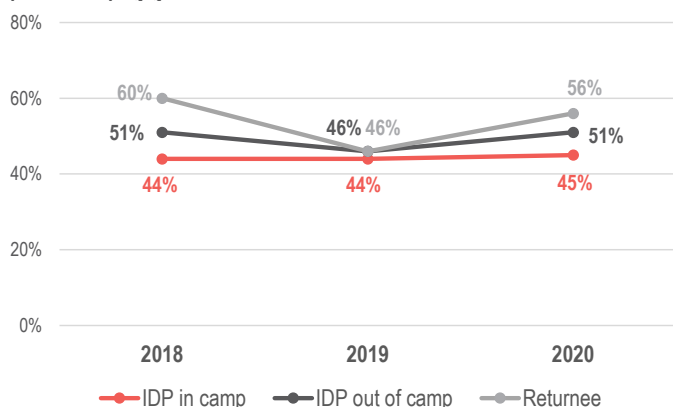
Five districts with the highest percentage of households unable to afford basic needs:²⁴

Governorate	District	%
Salah Al-Din	Beygee	84%
Salah Al-Din	Al-Shirqat	84%
Erbil	Rawanduz	83%
Erbil	Erbil	82%
Erbil	Shaqlawa	81%

²³In-camp IDP households do not pay rent. ²⁴Households are taking on debt due to costs related to healthcare, food, education or basic expenditures.

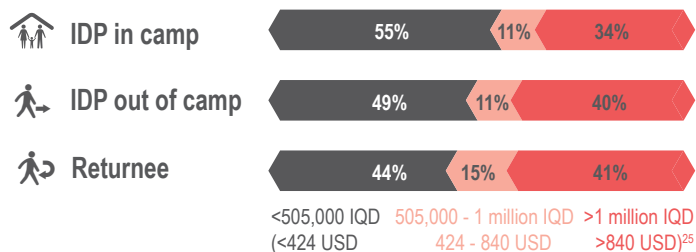
HOUSEHOLD DEBT

% of households with a debt value of more than 505,000 IQD (424 USD) by year:²⁵



In 2020, the percentage of households with a debt value of more than 505,000 IQD (424 USD) increased across all three population groups, with the steepest increase observed among returnee households (10 percentage points).²⁵ More than one-third of households reported a debt value of more than 1 million IQD (840 USD), which can pose substantial concerns for households, especially in the absence of sustainable livelihood generating opportunities. Across all three population groups, households reported food-related expenses as the primary reason for taking on debt. The average reported debt value was highest among out of camp IDP households (1.7 million IQD, 1,428 USD) when compared to returnee households (1.5 million IQD, 1,260 USD) and in-camp IDP households (1.4 million IQD, 1,176 USD).

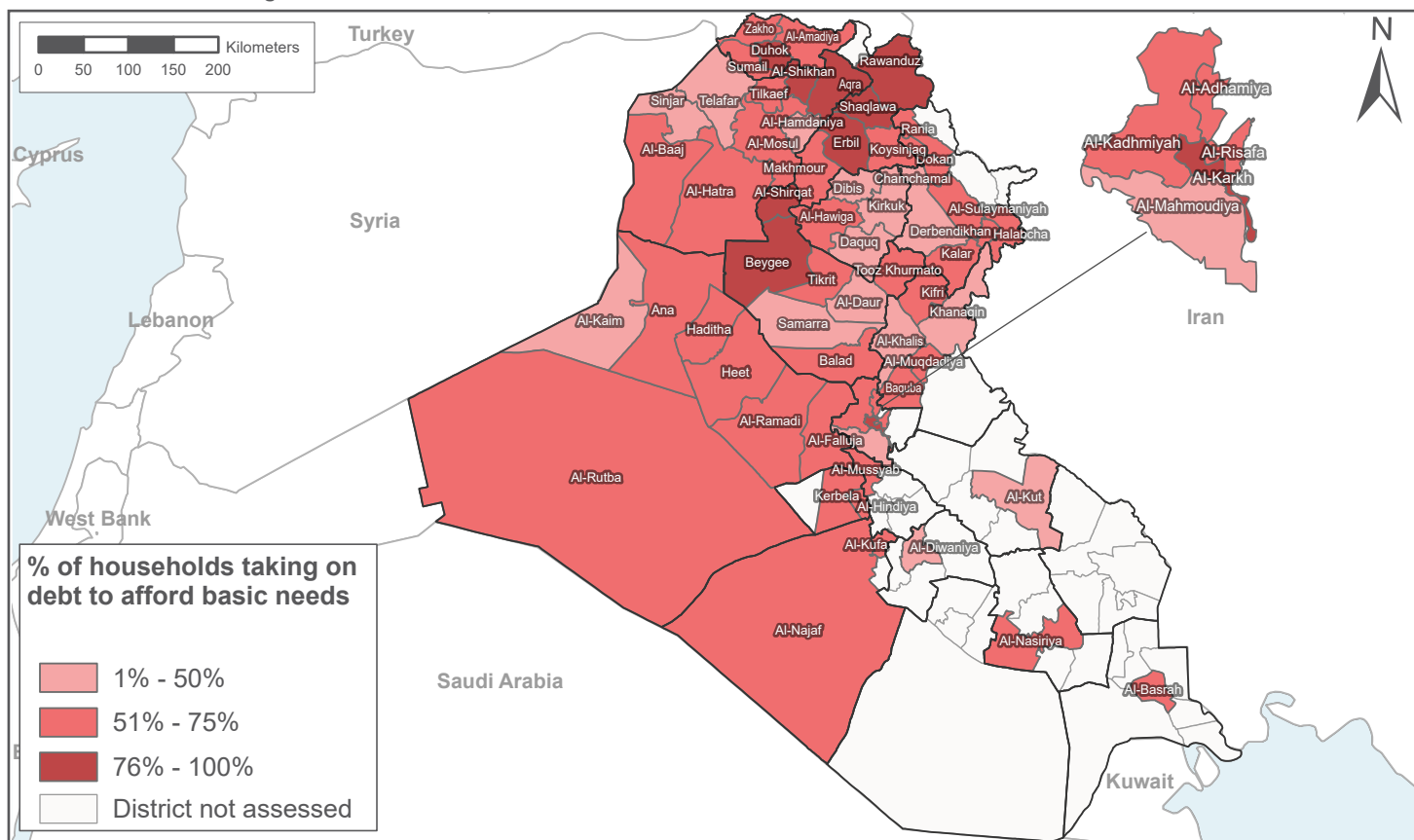
Debt value by population group:



Five districts with the highest percentage of households with a debt value above 505,000 IQD (424 USD):²⁵

Governorate	District	%
Ninewa	Aqra	63%
Duhok	Duhok	60%
Salah Al-Din	Tikrit	58%
Al-Anbar	Al-Ramadi	57%
Ninewa	Al-Baaj	54%

% of households taking on debt to afford basic needs:



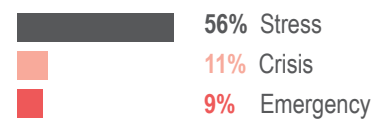
²⁵Exchange rate accessed on 31/10/20 at xe.com

CONTEXT

Approximately half of the food that is consumed in Iraq is imported, which makes food security in Iraq vulnerable to shocks in the global supply chain. Several domestic and international COVID-19 measures increased transportation times and costs, and led to a spike in food prices in April.²⁶ Nearly all (98%) of small and medium enterprises in the food and agriculture sector surveyed by the International Organization for Migration (IOM), indicated that they were negatively affected by the COVID-19 outbreak.²⁷ At the same time, the majority of households surveyed by the Cash Consortium reported a price increase for rice, lentils, wheat flour and vegetable oil, and 48% reported shortages of at least one item.²⁸ Despite persisting uncertainty among retailers about future prices, food prices largely stabilized soon after.²⁹ While the import of agricultural products from neighboring countries benefits Iraqi consumers due to the depressed prices, it harms domestic production and related employment opportunities.³⁰ Reduced income due to the economic contraction caused by the COVID-19 pandemic is likely to negatively impact a household's access to food and may force people to resort to negative coping strategies to cope with a lack of food or money to buy it. In addition to reduced purchasing power, COVID-19 related restrictions also affected households' access to food, such as local shops having shorter opening hours or having

to close altogether.³¹ Almost one-third of respondents surveyed by the World Food Programme (WFP) reported issues when accessing the market, of which the majority (69%) indicated movement restrictions as a main concern.³² Movement restrictions also delayed food distribution in several IDP camps, where populations are already at a heightened risk of becoming food insecure due to the impact of protracted displacement.³³ Fiscal pressures on the government further risk their ability to deliver timely and quality food aid through the Public Distribution System (PDS).³⁴ As of October, 4.7 million people in Iraq are reported to have an insufficient food consumption.³⁵

% of households relying on negative coping strategies to cope with a lack of food or money to buy it:³⁶

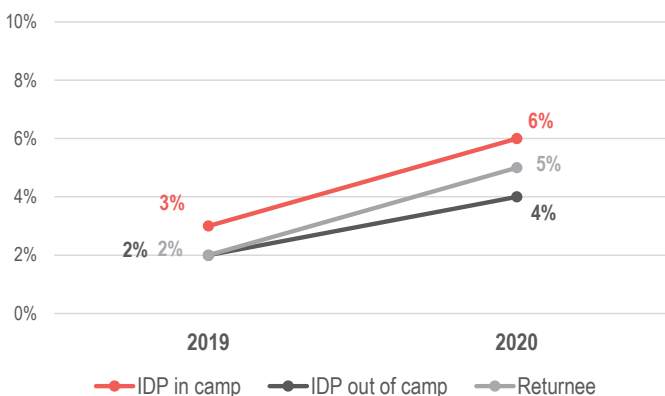


Food expenditure

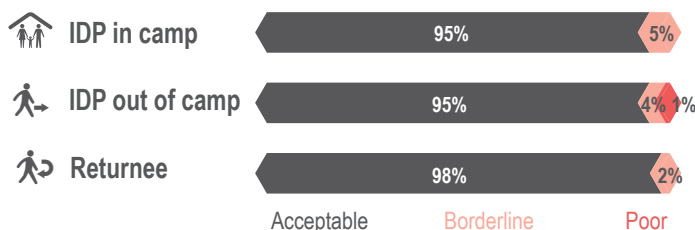
90% of households reported spending more than 40% of their total expenditure on food.

FOOD SECURITY STATUS

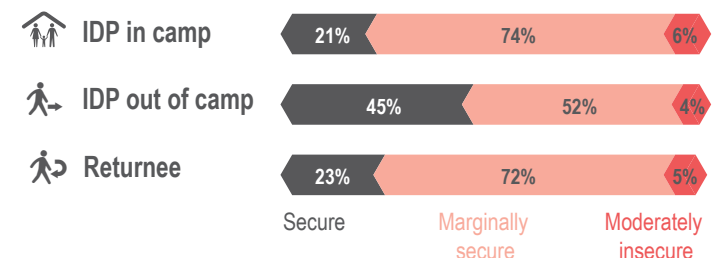
% of households with a “moderately insecure” or “severely insecure” food security status (based on CARI) by year:³⁷



Household Food Consumption Score by population group:



Household food security status (based on CARI) by population group:³⁸



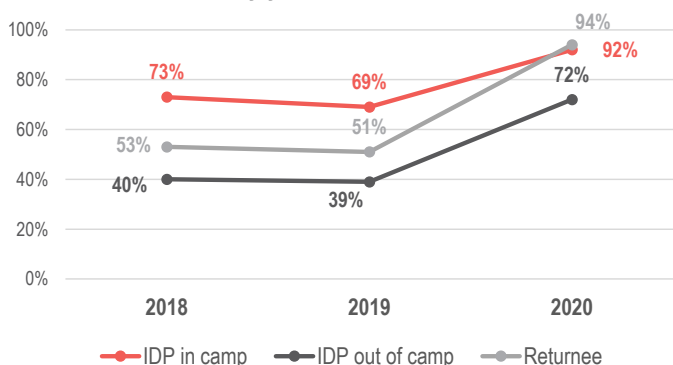
Five districts with the highest percentage of households with a “moderately insecure” food security status (based on CARI):

Governorate	District	%
Salah Al-Din	Beygee	22%
Erbil	Koysinjaq	19%
Al-Sulaymaniyah	Halabcha	16%
Al-Sulaymaniyah	Rania	16%
Al-Anbar	Heet	14%

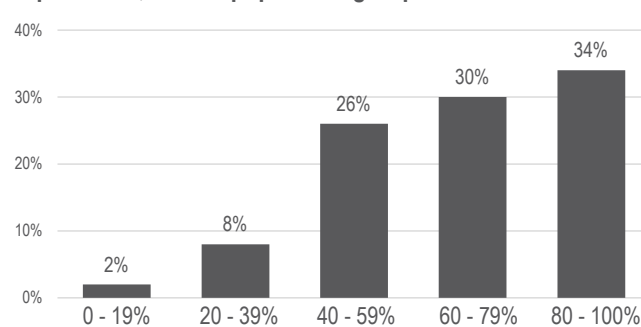
²⁶Food and Agriculture Organization (FAO), International Fund for Agricultural Development (IFAD), World Bank and World Food Programme (WFP), [Food Security in Iraq – Impact of COVID-19 \(June 2020\)](#), p 2. ²⁷International Organization for Migration (IOM), [Impact of COVID-19 on Small and Medium-sized Enterprises in Iraq \(June 2020\)](#), p 15. ²⁸FAO, IFAD, World Bank and WFP (June 2020), p 20. ²⁹Ibid., p 2. ³⁰Ibid., p 4. ³¹Ibid., p 20. ³²FAO, IFAD, World Bank and WFP, [Iraq COVID-19 Food Security Monitor \(August 2020\)](#), p 2. ³³Food Security Cluster, [Meeting Minutes \(August 2020\)](#), p 2. ³⁴WFP, [VAM – Hunger and COVID-19 Weekly Snapshot \(October 2020\)](#). ³⁵FAO, IFAD, World Bank and WFP (June 2020), p 4. ³⁶Categorised in line with the Livelihood Coping Strategies Index as a standardized tool to measure behavioral responses to food insecurity, please refer to page 11 for examples of such strategies. ³⁷The Consolidated Approach for Reporting Indicators of Food Security (or CARI) is a WFP method used to analyse and report the level of food insecurity within a population. ³⁸Zero percent of households were classified as “severely insecure”, according to the CARI analysis.

FOOD EXPENDITURE

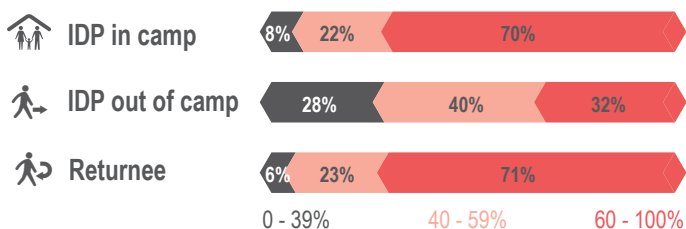
% of households spending more than 40% of their total monthly expenditure on food by year:



Distribution of the share of food expenditure from the total expenditure, across population groups:



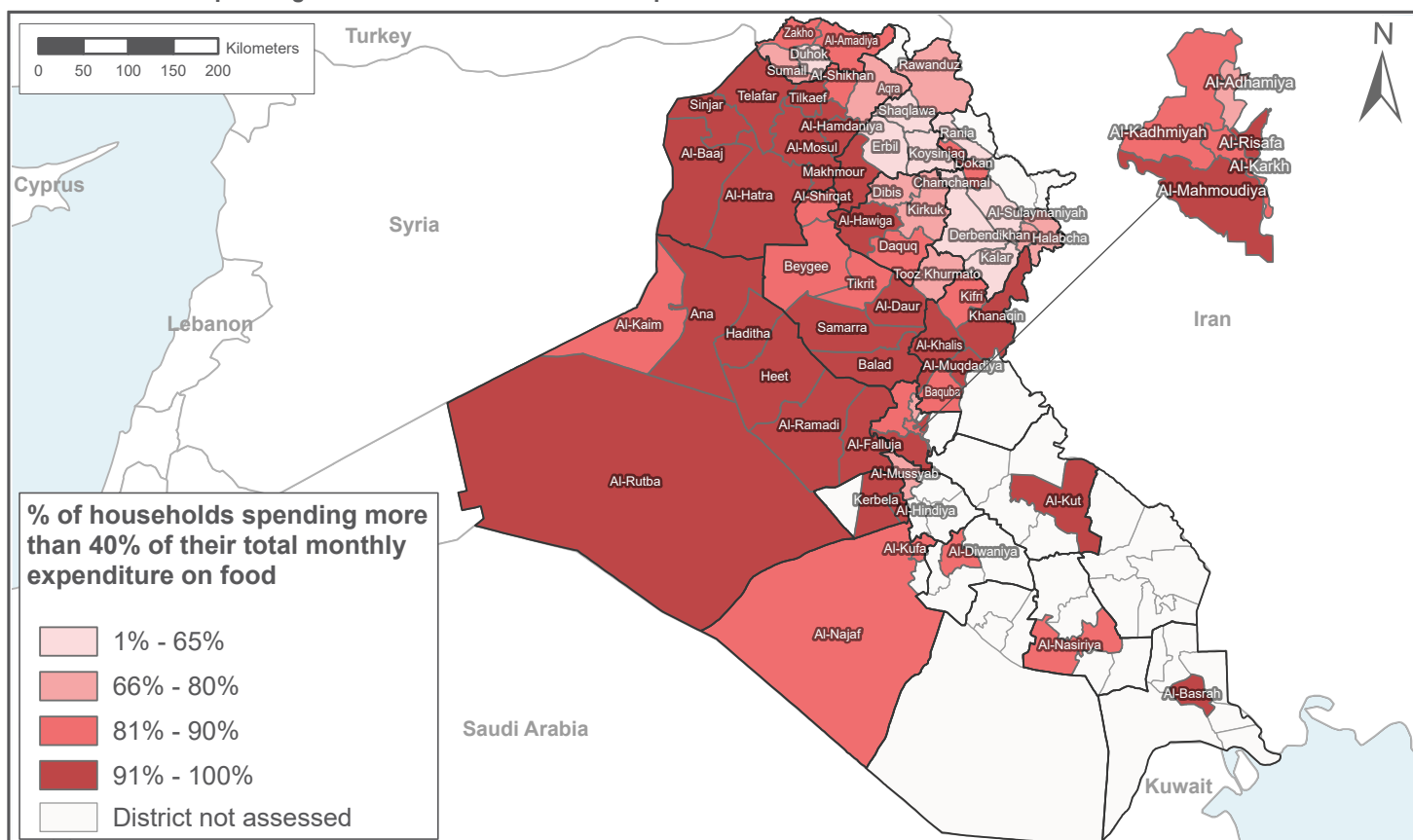
Share of food expenditure of total monthly expenditure by population group:



Five districts with the highest percentage of households spending more than 40% of their total monthly expenditure on food:

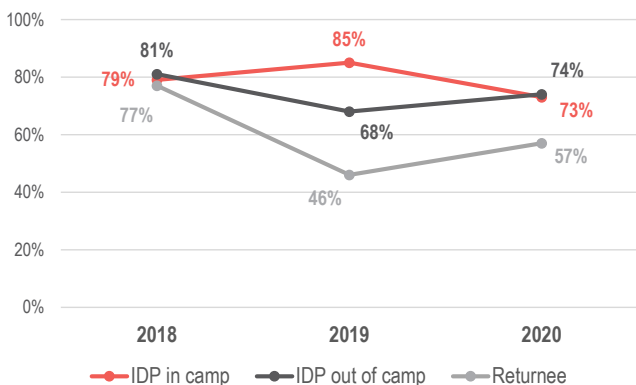
Governorate	District	%
Kerbala	Al-Hindiya	100%
Al-Anbar	Heet	100%
Ninewa	Al-Hatra	100%
Al-Anbar	Haditha	98%
Baghdad	Al-Risafa	98%

% of households spending more than 40% of their total expenditure on food:

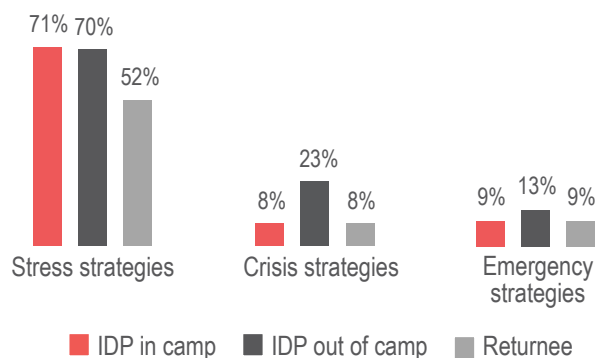


COPING STRATEGIES

% of households relying on negative coping strategies to cope with a lack of food or money to buy food by year:



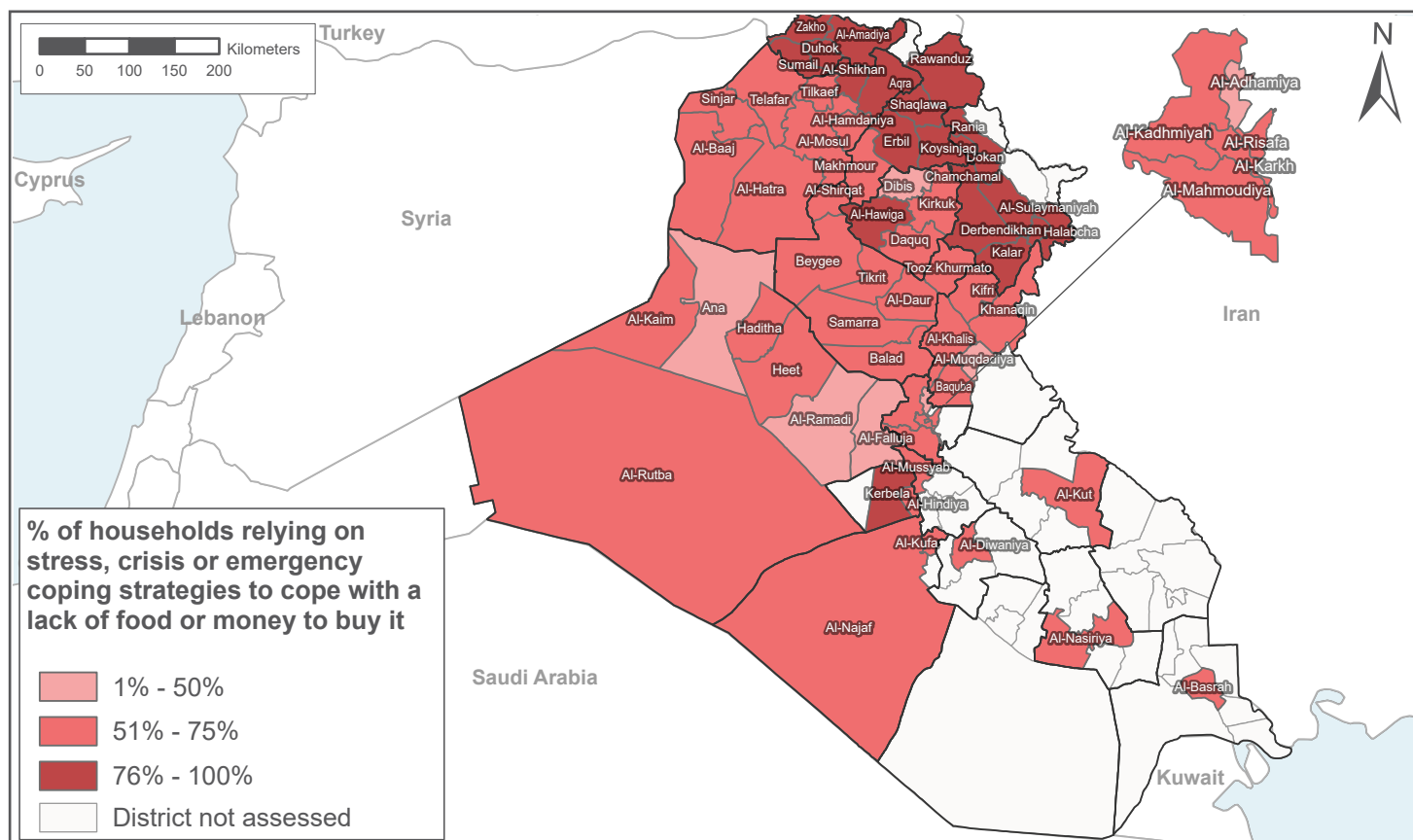
Household coping strategies by population group:³⁹



% of households relying on coping strategies to cope with a lack of food or money to buy it by coping strategy and year:

Coping strategy	2019 MCNA	2020 MCNA	Δ
Buying food on credit or through borrowing money from relatives and friends	49%	71%	+ 22
Reducing expenditure on non-food items (e.g. health, education)	34%	40%	+ 6
Selling household assets (e.g. refrigerator, television, jewelry)	31%	34%	+ 3
Adults engaging in risky behaviour	7%	11%	+ 4
Children under 18 working to provide resources	7%	4%	- 3

% of households relying on stress, crisis or emergency coping strategies to cope with a lack of food or money to buy it:



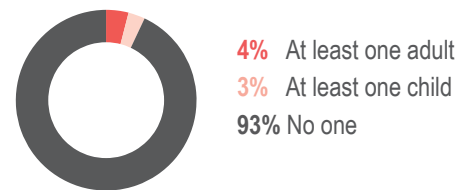
³⁹Total may exceed 100% as households can rely on multiple coping strategies at simultaneously (e.g. selling household properties, buying food on credit, children working).

CONTEXT

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%) surveyed by the National Protection Cluster in July, reported a significant increase of protection issues since the COVID-19 outbreak.⁴⁰ 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. The closure of such offices can have critical protection implications for vulnerable households, with 45% of IDP and returnee households reporting lacking critical housing, land and property (HLP) documentation and 40% facing difficulties in their daily life due to missing civil documentation.⁴¹ Women in particular have previously reported fearing eviction and being to a lesser extent able to claim their HLP rights.⁴² The absence of formal rental agreements make households vulnerable to rapidly changing conditions and economic shocks, as they lack legal certainty. Furthermore, COVID-19 related restrictions limited the operations of and access to social services and community centres. Concerns have been raised about an increase in gender-based violence (GBV), resulting from close confinement in precarious living conditions,

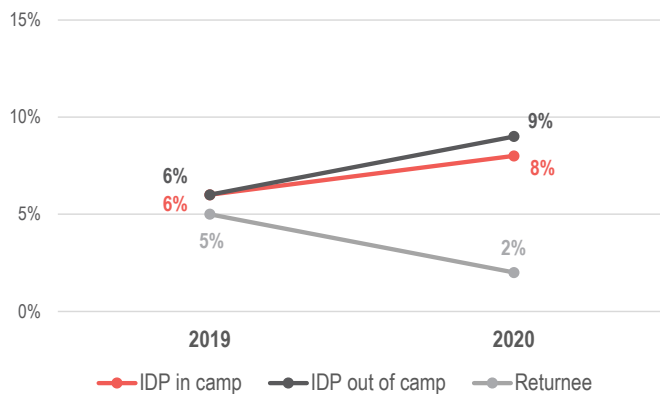
loss of employment opportunities, lack of access to safe shelter, and an increase in negative coping mechanisms.⁴³ Similarly, the COVID-19 pandemic and subsequent economic shocks, are expected to have had a negative impact on mental health and psychosocial well-being by exacerbating pre-existing vulnerabilities and adding new uncertainties. The prevalence of (armed) local and international conflicts over the past decades, together with the implications of protracted displacement, has already traumatized a considerable part of the population and caused mental health concerns.⁴⁴ An increased need for specialized assistance due to the impact of the COVID-19 pandemic is straining the already weak mental health infrastructure and shortage of qualified mental health professionals.

% of households with at least one person showing signs of psychosocial distress:

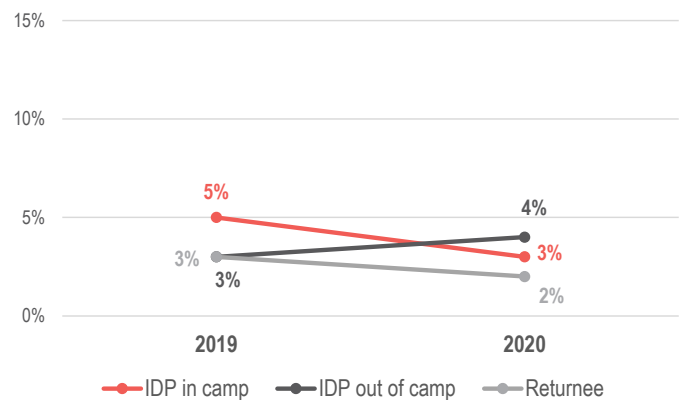


PSYCHOSOCIAL DISTRESS

% of households with adults showing signs of psychosocial distress by year:



% of households with children showing signs of psychosocial distress by year:



Five districts with the highest percentage of households with at least one person showing signs of psychosocial distress:

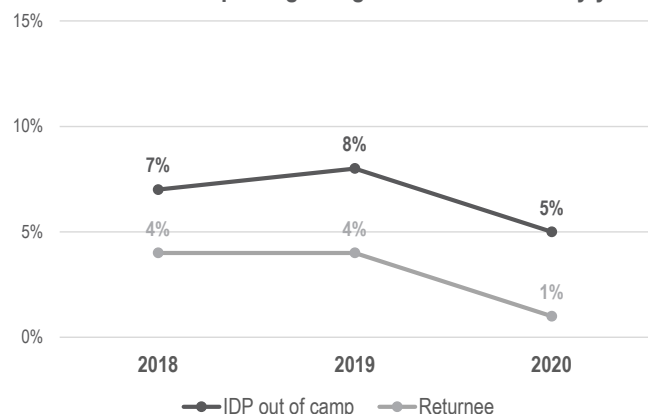
Governorate	District	%
Al-Sulaymaniyah	Derbendikhan	31%
Erbil	Shaqlawaa	24%
Erbil	Erbil	23%
Diyala	Khanaqin	20%
Al-Sulaymaniyah	Halabcha	18%

Psychosocial distress is approximated by asking households about household members showing symptoms such as nightmares, lasting sadness, extreme fatigue and anxiety. Note that the rate of people self-identifying psychosocial distress may be affected by persisting stigmas around mental health. Prior to the COVID-19 outbreak, parts of the Iraqi population were already suffering from psychological trauma caused by conflict, displacement and loss of people and property, and the COVID-19 outbreak and subsequent health risks and economic hardship, has added an increased prevalence of anxiety and depression to this.⁴⁵

⁴⁰Protection Cluster Iraq, [Protection monitoring in response to COVID-19 \(July 2020\)](#), p 1. ⁴¹REACH, [Civil Documentation and Housing, Land and Property Needs in Iraq \(February 2020\)](#). ⁴²Norwegian Refugee Council, [Broken Home – Women's housing, land and property rights in post-conflict Iraq \(May 2020\)](#), p 3. ⁴³Protection Cluster Iraq (July 2020), p 2. ⁴⁴OCHA, [Humanitarian Needs Overview Iraq – Humanitarian Programme Cycle 2020 \(November 2019\)](#), p 49. ⁴⁵Medicins Sans Frontiers, [Iraq: Mental health, post-war and in the time of COVID-19 \(October 2020\)](#).

RISK OF EVICTION

% of households reporting being at risk of eviction by year:⁴⁶



Five districts with the highest percentage of households reporting being at a risk of eviction:

Governorate	District	%
Duhok	Duhok	10%
Ninewa	Sinjar	9%
Ninewa	Al-Baaj	9%
Ninewa	Telafar	9%
Erbil	Erbil	7%

% of households reporting being at risk of eviction by reason and year:

Reason to fear eviction	2019 MCNA	2020 MCNA	Δ
Owner requested household to leave	23%	49%	+ 26
Lack of funds to pay rental costs	48%	36%	- 12
Host family no longer able to host household	7%	9%	+ 2
No valid tenancy agreement	13%	4%	- 9

MOVEMENT RESTRICTIONS

% of households reporting daytime movement restrictions by type of restriction and by population group:

Movement restriction	IDP in camp	IDP out of camp	Returnee
Needing to show ID documents to civilian authorities or security actors	27%	4%	7%
Needing to obtain security clearance/coupons	25%	1%	3%
Time restrictions on when to leave and return	25%	1%	2%
Physical roadblocks	18%	5%	8%
Needing to provide a specific reason for movement (e.g. employment, health)	12%	5%	12%

Five districts with the highest percentage of IDP out of camp households experiencing daytime movement restrictions:

Governorate	District	%
Ninewa	Tilkaef	39%
Ninewa	Al-Hatra	36%
Al-Qadissiya	Al-Diwaniya	33%
Ninewa	Al-Mosul	33%
Ninewa	Telafar	21%

Five districts with the highest percentage of returnee households experiencing daytime movement restrictions:

Governorate	District	%
Ninewa	Al-Hatra	36%
Ninewa	Al-Mosul	33%
Ninewa	Tilkaef	32%
Ninewa	Telafar	23%
Baghdad	Al-Mahmoudiya	20%

⁴⁶No data for IDP in-camp households, since risk of eviction is linked to camp closures or consolidations.



ACCOUNTABILITY TO AFFECTED POPULATIONS

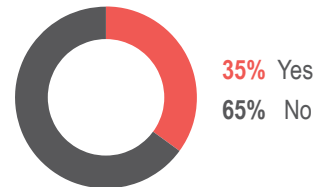
IRAQ

CONTEXT

Humanitarian access to vulnerable populations was disrupted by the government imposed measures to curb the spread of COVID-19, including curfews, movement restrictions and the closure of government offices that issue critical access authorization. Ninety-three percent (93%) of humanitarian actors reported to the NGO Coordination Committee for Iraq that COVID-19 related restrictions affected their operations, and while aid delivery was disrupted in nearly all districts (77%), Anbar, Baghdad, Ninewa and Salah Al-Din were reportedly most affected.⁴⁷ Beyond the expected negative impact of a sudden reduction in aid on the living standards and physical and mental well-being of vulnerable populations, households surveyed by Ground Truth Solutions (GTS) and the Iraq Information Centre (IIC) cited aid disruptions as the main reason to be unable to comply with COVID-19 measures in the first months of the outbreak.⁴⁸ Later, people instead saw the loss of livelihood opportunities (or threat thereof) as barrier to comply with COVID-19 prevention measures. Despite a relatively high public awareness of COVID-19 prevention measures, one-third of the population surveyed by GTS and the IIC, which included returnees, refugees, IDPs and humanitarian staff, struggle to differentiate fact from rumor which makes them vulnerable to misinformation.⁴⁹

Women reported being less informed about COVID-19 and preventative measures, which may contribute to an increased risk of infection and distress.⁵⁰ Providing clear information and effective two-way communication are key to engage affected communities in the efforts to reduce the risks posed by COVID-19.

% of household needing more information about COVID-19:

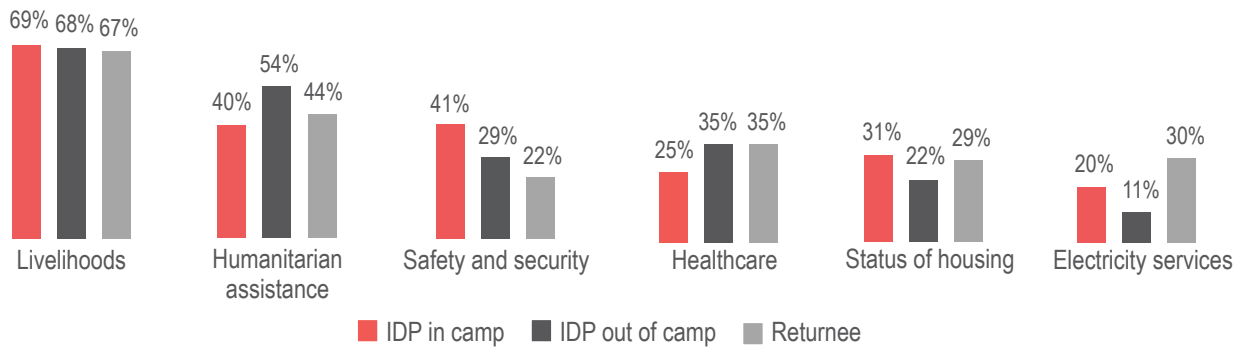


Receiving health related aid

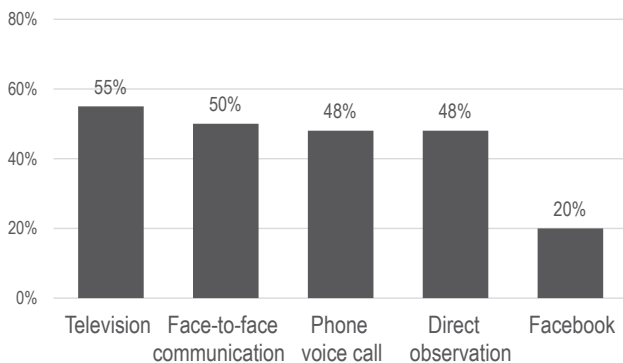
19% of households who reported having received aid in the 30 days prior to data collection, received health services, while only 2% reported this in 2019.⁵¹

INFORMATION NEEDS

Household information needs by population group:⁵²



Preferred means of receiving information, across population groups:⁵²



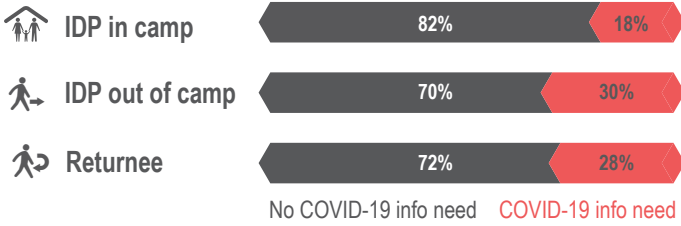
Five districts with the highest percentage of households reporting "health care" as a primary information need:

Governorate	District	%
Kirkuk	Kirkuk	63%
Ninewa	Al-Mosul	61%
Kirkuk	Al-Hawiga	59%
Ninewa	Tilkaef	58%
Kirkuk	Dibis	57%

⁴⁷NGO Coordination Committee for Iraq, [COVID-19: The immediate and potential long-term risks to vulnerable populations in Iraq \(March 2020\)](#), p 1. ⁴⁸Ground Truth Solutions, [Iraq: How the most vulnerable contend with COVID-19 – and restrictions to keep them safe \(August 2020\)](#), p 4. ⁴⁹ibid., p 1. ⁵⁰ibid., p 2. ⁵¹87% of IDP in camp, 7% of IDP out of camp, and 6% of returnee households reported having received aid in the 30 days prior to data collection. ⁵²Multiple answer choices could be selected and thus findings may exceed 100%.

COVID-19 RELATED INFORMATION NEEDS

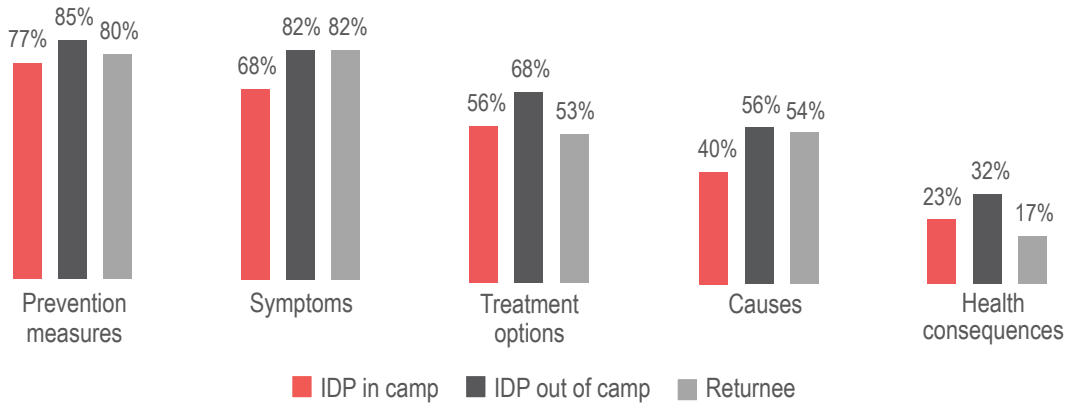
Households reporting needing more information about COVID-19, by population group:



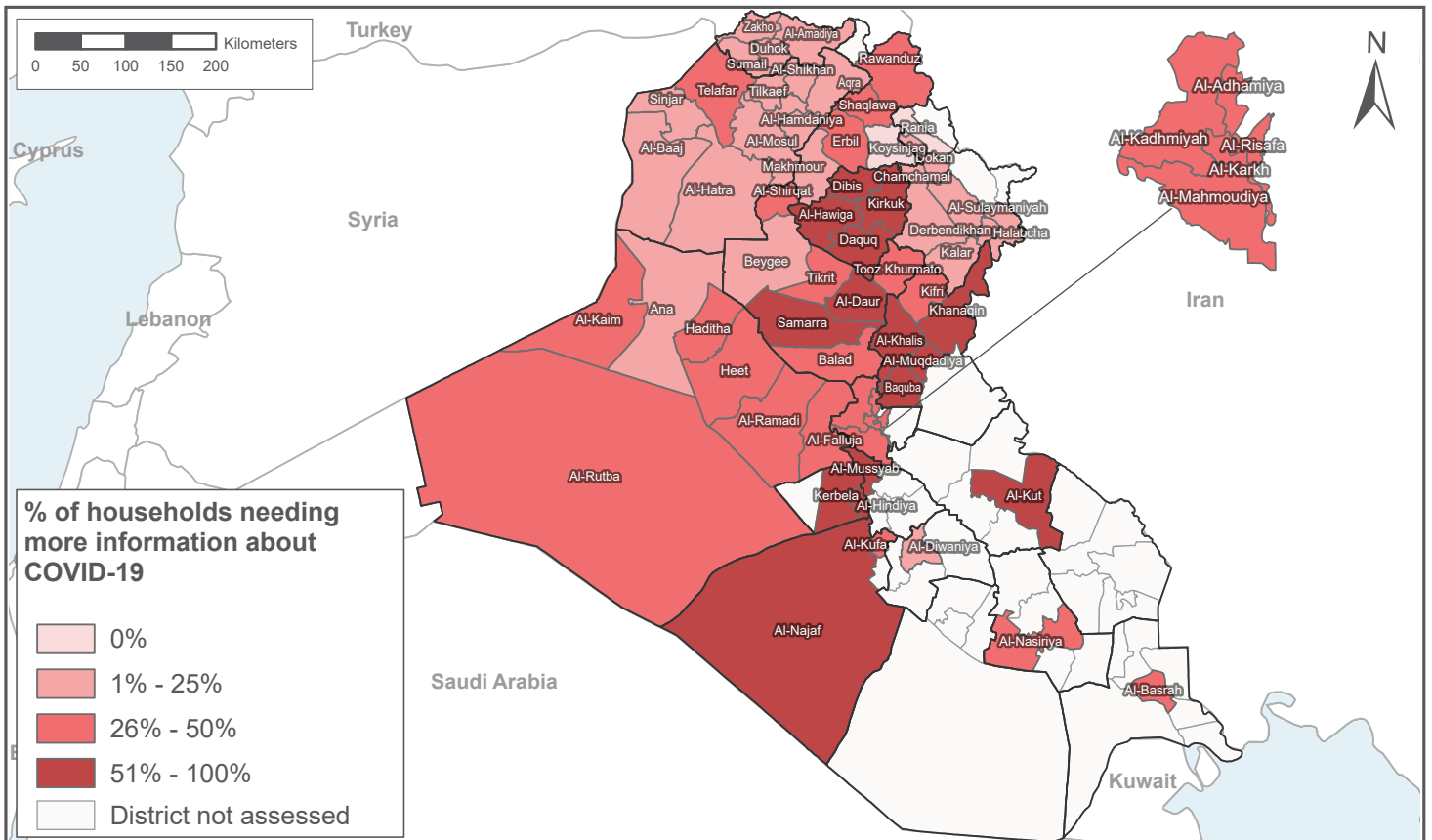
Five districts with the highest reported COVID-19 related information needs:

Governorate	District	%
Kirkuk	Dibis	89%
Kirkuk	Daquq	88%
Kirkuk	Kirkuk	80%
Diyala	Al-Muqdadaya	75%
Diyala	Khanaqin	73%

Most commonly reported COVID-19 related information needs:

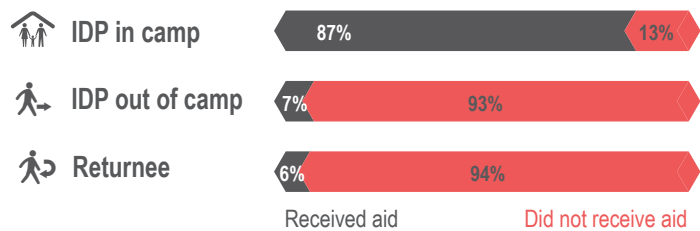


% of households needing more information about COVID-19:

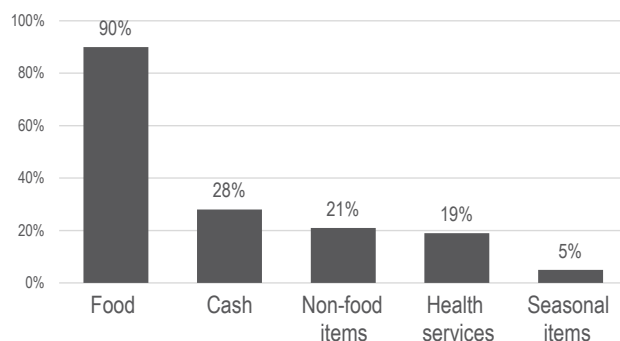


AID DISTRIBUTION

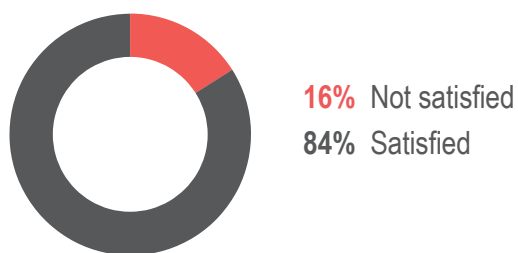
Households reporting to have received aid in the 30 days prior to data collection, by population group:



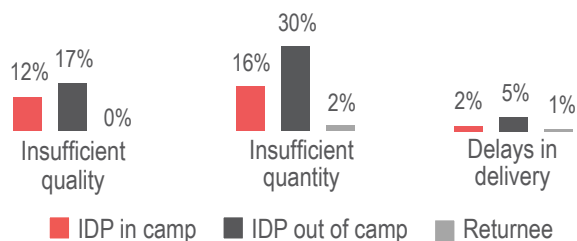
Type of aid received by households reporting to have received aid, across population groups:



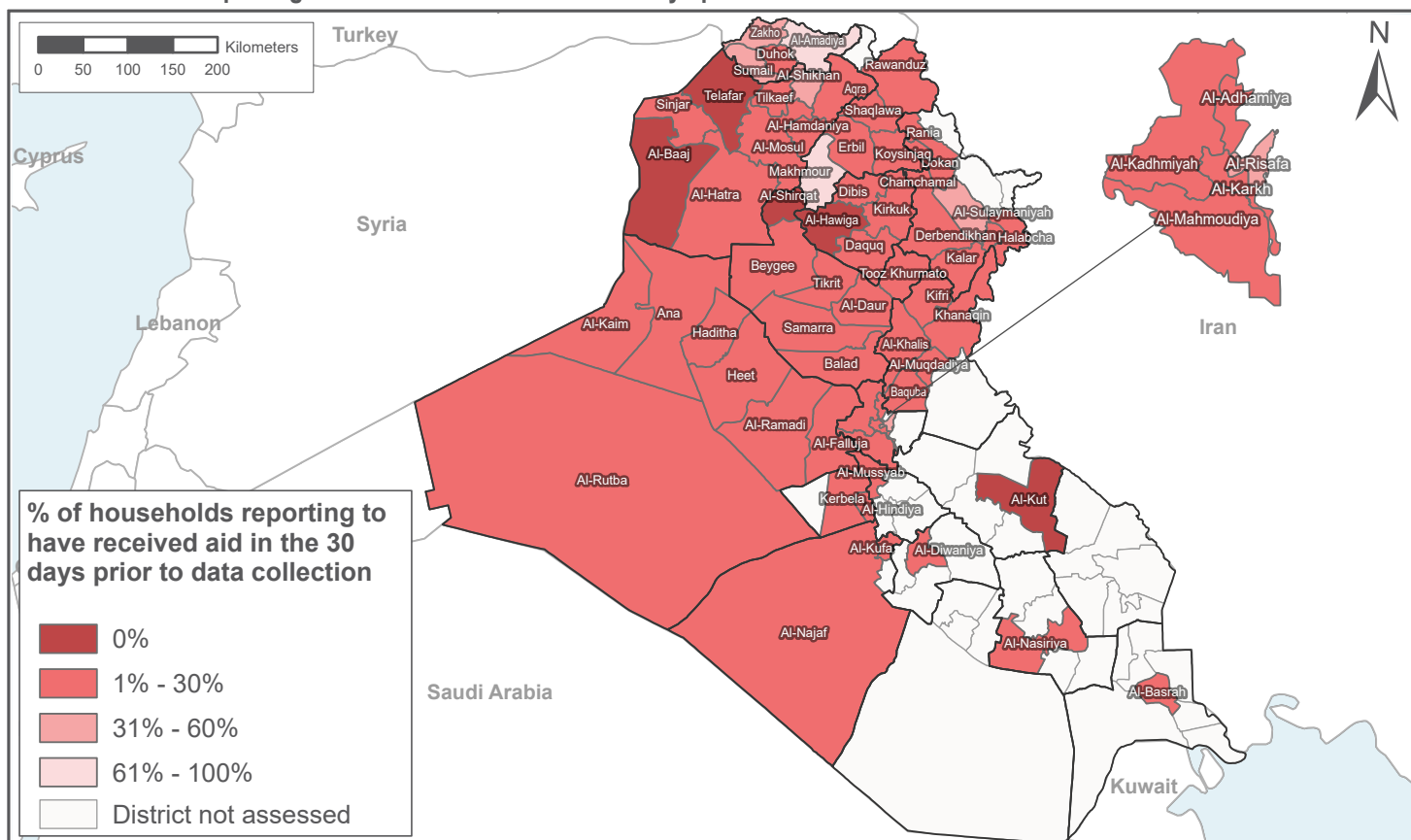
Households reporting to be satisfied with the aid received, across population groups:⁵³



Households not satisfied with the received aid by reason and by population group:⁵³



% of households reporting to have received aid in the 30 days prior to data collection:



⁵³Findings on aid satisfaction are derived from the subset of households who reported to have received aid in the 30 days prior to data collection.



VULNERABLE POPULATION

IRAQ

CONTEXT

The World Health Organization (WHO) identifies two population groups as being especially at risk of suffering severe health impacts from the COVID-19 virus. Namely, elderly people (above the age of 60) and people with pre-existing health conditions, such as diabetes, high blood pressure, heart disease, lung disease or cancer, are classified as vulnerable.⁵⁴ Next to potentially suffering severe health implications of contracting COVID-19, people with a higher risk profile may – in an attempt to protect themselves and others - withdraw in isolation, halt employment, and be at increased risk of suffering from anxiety or other mental health conditions. This could put an additional strain on their own livelihoods and well-being, as well as add pressure on their social environment, given their increased reliance on support from their community. Furthermore, a variety of living conditions make people more vulnerable to contracting COVID-19 while simultaneously making them less able to cope with the virus once infected. Such vulnerability factors include living below the poverty line, residing in crowded and unhygienic places, lacking access to water and sanitation services, facing difficulties accessing health care (e.g. due to medical costs, discrimination), and lacking access to COVID-19 related information. Conflict affected populations in Iraq are more likely to live in informal dwellings, camps or underserved communities, where social distancing and other containment measures are difficult to implement.⁵⁵ This may increase their risk of contracting and spreading the virus, as well as being confronted with discrimination and stigma.

Demographics:

2% of individuals are above the age of 64.

Pre-existing chronic health conditions:

11% of individuals suffer from a pre-existing chronic health condition (e.g. heart conditions, diabetes, high blood pressure, cancer).

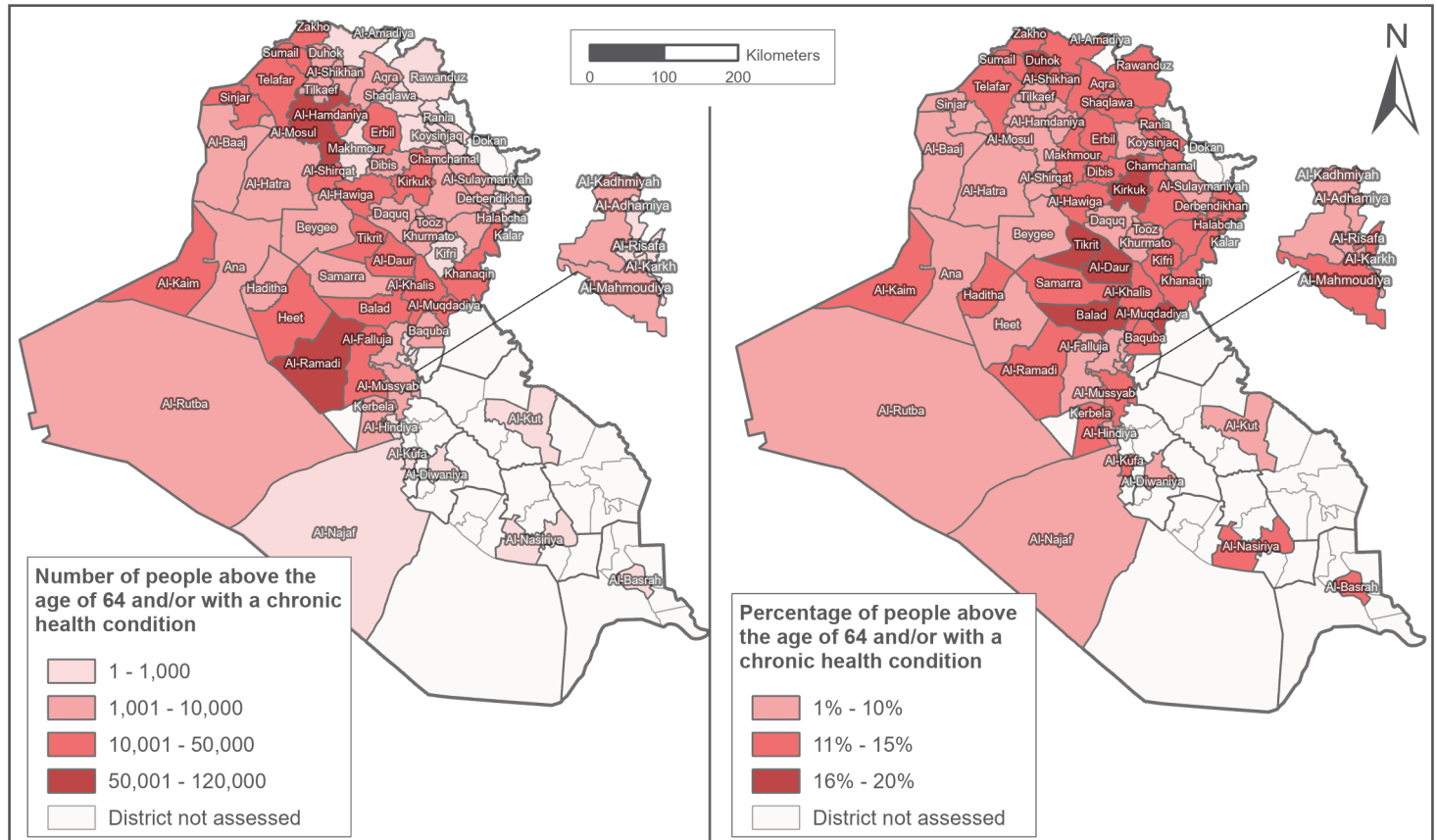
Number of people above the age of 64 and/or with pre-existing chronic health condition:

660,773 of individuals are above the age of 64 and suffer from a pre-existing chronic health condition.

Individuals above the age of 64 and/or with a chronic health condition by population group:⁵⁶

Nr. of individuals	% of individuals
25,751	IDP in camp 10%
121,384	IDP out of camp 12%
613,638	Returnee 11%

% and number of people above the age of 64 and/or with a chronic health condition:



⁵⁴World Health Organization, [Coronavirus disease \(COVID-19\): Risks and safety for older people \(May 2020\)](#). ⁵⁵United Nations, [The Impact of COVID-19 on the Arab Region: an Opportunity to Build Back Better \(July 2020\)](#), p 8. ⁵⁶Based on population figures provided by [IOM Displacement Tracker \(October 2020\)](#) and [CCCM Formal Camp Masterlist \(September 2020\)](#).



CONTEXT

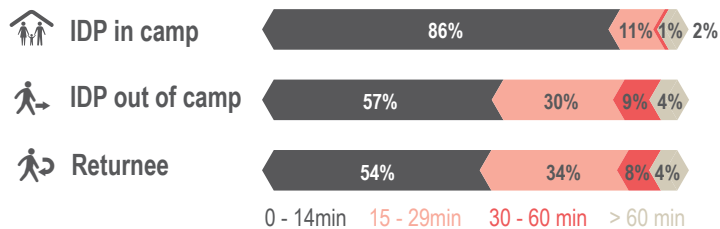
Decades of political and economic instability in Iraq have caused the health services, infrastructure, and personnel to be neglected. As such, Iraq is insufficiently prepared to respond to a sudden-onset public health emergency. Years of armed conflict have severely damaged Iraq's health infrastructure, with 350 hospitals and primary health care centres still in need of rehabilitation in 2019.⁵⁷ In addition to this, the COVID-19 outbreak has disrupted access to regular health services, as health capacities are being diverted to COVID-19 specific care, movement restrictions are preventing people from physically reaching health services, and a fear of contracting the virus in or near health facilities makes people more reluctant to seek medical care. The number of both inpatient and outpatient services has decreased since the COVID-19 outbreak, with 38% of key informants reporting to the National Protection Cluster that no or not all people in their communities could access health care.⁵⁸ Similarly, the number of families visiting care facilities for nutrition rehabilitation halved compared to 2019, and the immunization rate dropped risking future disease outbreaks.⁵⁹ When it comes to health personnel, Iraq has one of the lowest numbers of doctors per capita (0,8 per 1,000 people). This shortage in health personnel has forced many doctors and nurses to work overtime and to continue working despite showing symptoms of COVID-19.⁶⁰ Health care providers in Iraq are twice as likely to contract COVID-19 compared to the general population, in part due to a shortage in personal protective equipment.⁶¹

An additional obstacle for the already under-resourced and overworked health staff to deliver quality care is the reported increase of verbal and physical harassment against health workers.⁶² Alongside public health care being disrupted, health services provided by humanitarian actors were equally disrupted, making in-camp IDP households who primarily rely on humanitarian actors for healthcare especially vulnerable. Disrupted access to healthcare and medication is especially problematic for people with chronic health conditions who require continuous care, as well as for people with acute physical or mental harm requiring immediate attention.

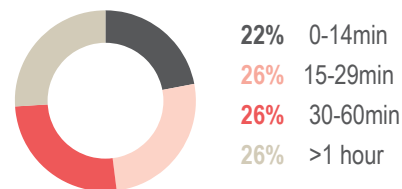
Number of individuals and percentage of households without access to primary healthcare within one hour's walk from dwellings:⁶³

Nr. of individuals		% of households
7,539	IDP in camp	3%
39,687	IDP out of camp	4%
186,587	Returnee	4%

% of households reported walking distance to the closest health clinic and/or hospital:



% of households reported walking distance to the closest hospital that provides emergency services, across population groups:

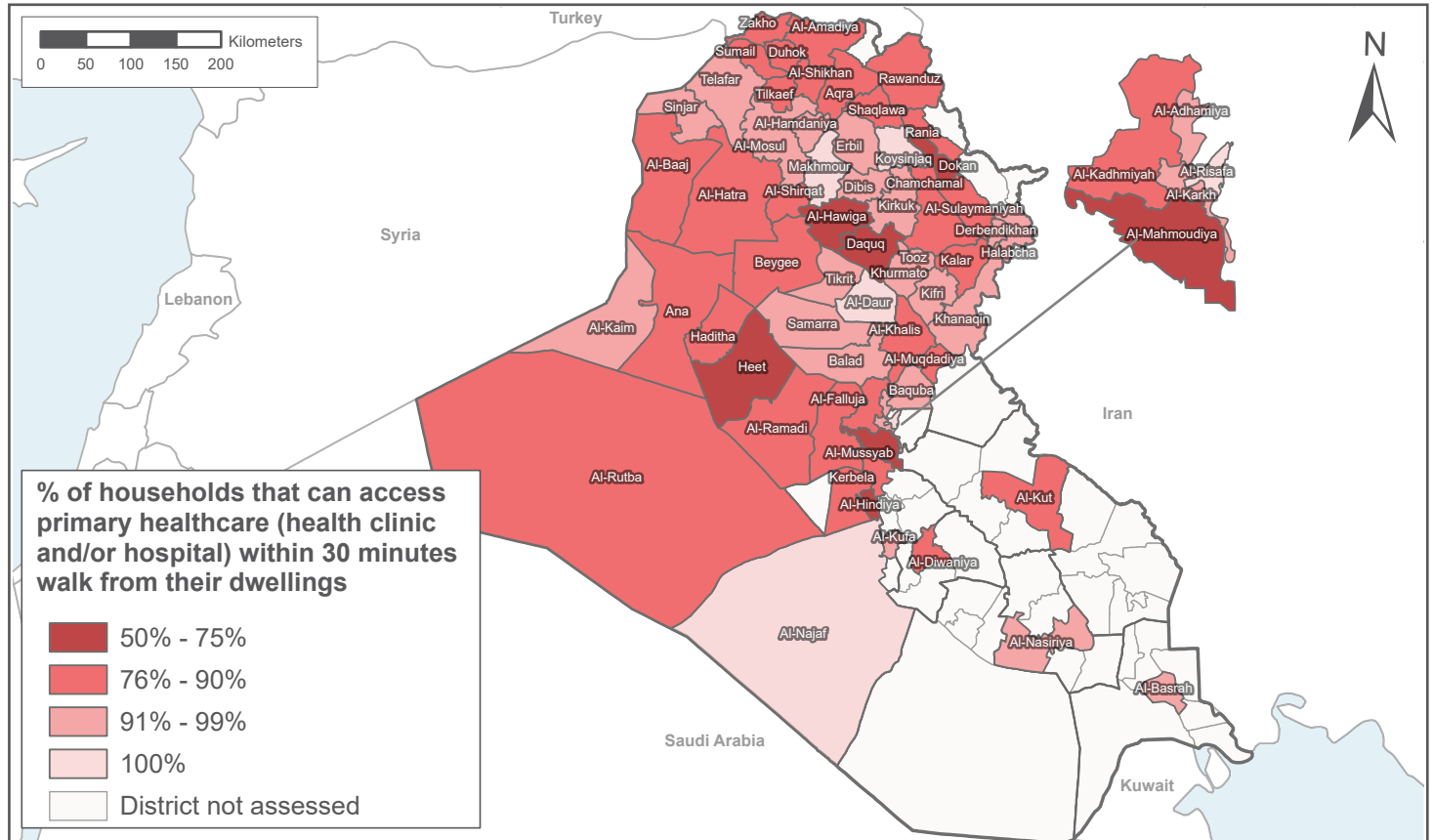


% of households that reported difficulties when accessing health services in the 3 months prior to data collection, by difficulty to access health services and year:

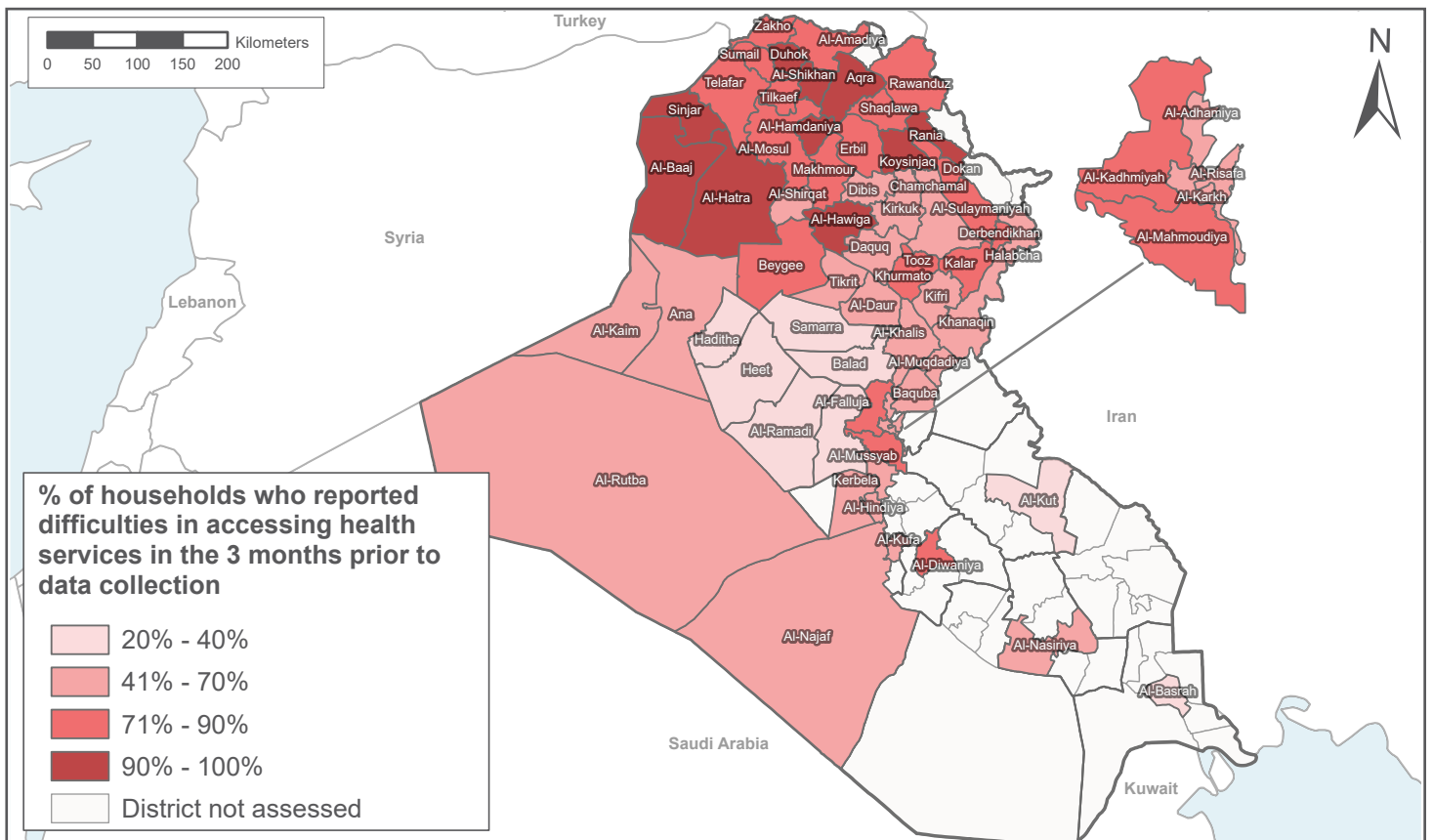
Difficulties to accessing health services	2019 MCNA	2020 MCNA	Δ
Cost of services and/or medicine too high	30%	56%	+ 26
Lack of required medicine at health facility/pharmacy	8%	27%	+ 19
Required treatment not available at health facility	5%	17%	+ 12
Physical distance to health center and/or transportation constraints	4%	4%	-
Public health clinic closed	1%	1%	-

⁵⁷IOM, [COVID-19 Impact Survey Dashboard \(June 2020\)](#). ⁵⁸OCHA, [COVID-19 Addendum to the Humanitarian Response Plan 2020 Iraq \(July 2020\)](#), p 10. ⁵⁹UNICEF, [UNICEF and WHO sound the alarm on the health dangers of children in Iraq missing routine immunization during the COVID-19 pandemic \(April 2020\)](#). ⁶⁰Al Jazeera, [Iraq health workers to protest attacks, lack of employment \(September 2020\)](#). ⁶¹Enabling Peace in Iraq Center, [Iraq's health system at risk: the struggle to fight COVID-19 and save lives \(June 2020\)](#). ⁶²International Committee of the Red Cross, [Violence against health workers must cease to help contain COVID-19 emergency \(August 2020\)](#). ⁶³Based on population figures provided by [IOM Displacement Tracker \(October 2020\)](#) and [CCCM Formal Camp Masterlist \(September 2020\)](#).

% of households that can access primary healthcare (health clinic and/or hospital) within a 30 minutes walk from their dwellings:



% of households who reported difficulties in accessing health services in the 3 months prior to data collection:



HYGIENE

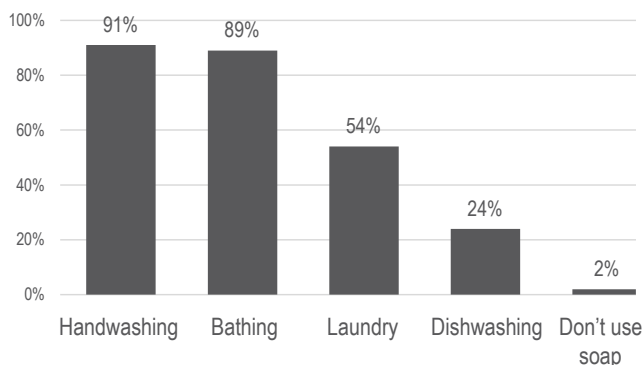
Households reporting having access to soap:



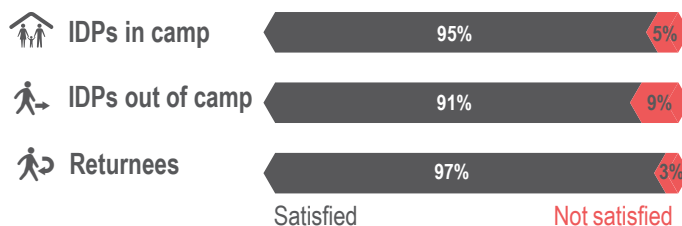
9% No access to soap
91% Access to soap

Prior to the COVID-19 outbreak, 1.85 million people across Iraq were projected to be in critical need of Water, Sanitation and Hygiene (WASH) services in 2020.⁶⁴ While most households indicate having access to soap, a survey on WASH needs in schools found significant differences among the reported level of access to handwashing facilities (e.g. only 61% in Sinjar) and access to soap (e.g. only 4% in Al Najaf) at schools across districts.⁶⁵ This presents a risk as hand hygiene remains the top prevention measure for COVID-19, which is to be practiced on multiple occasions a day for at least 20 seconds.

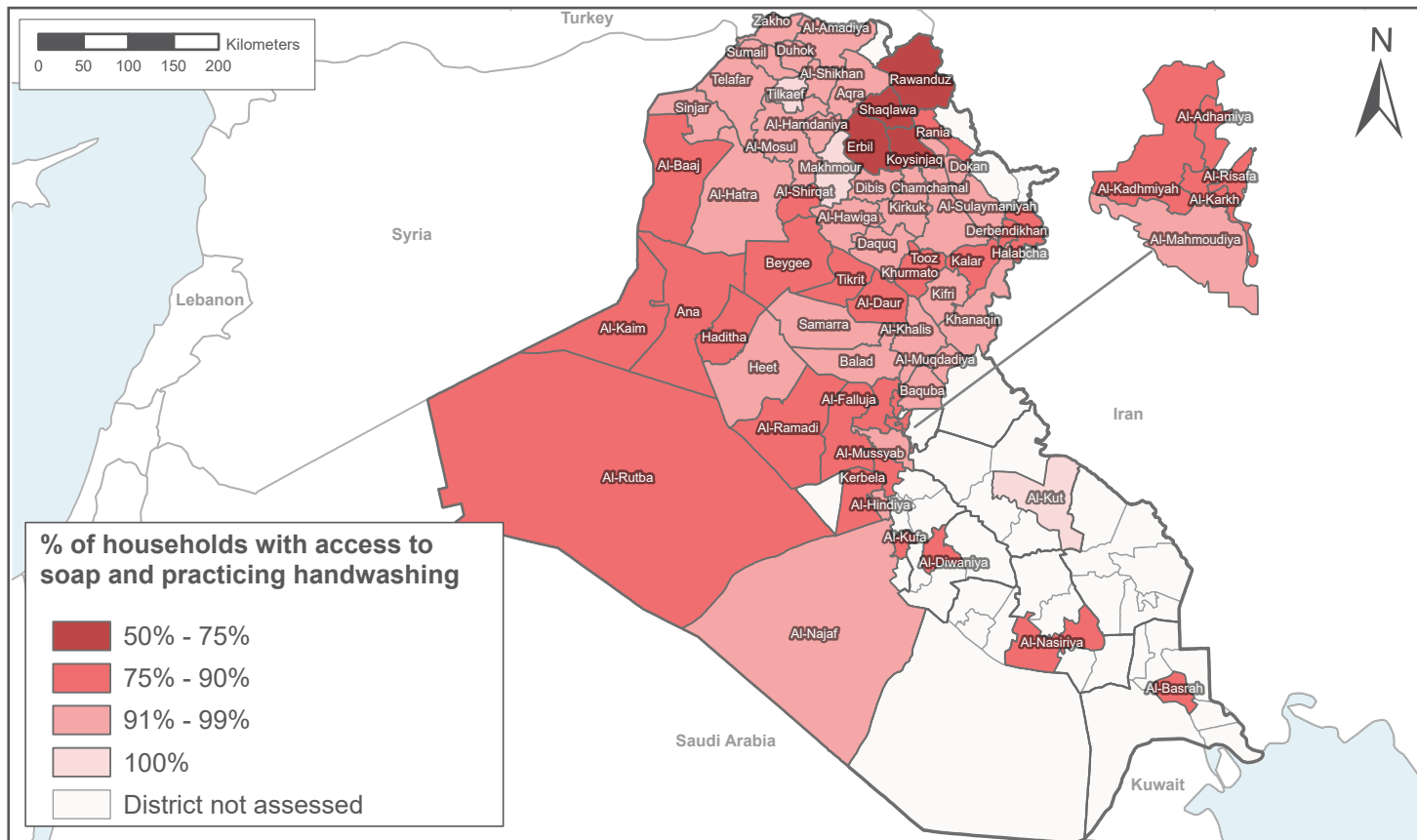
Type of practices for which soap is used, across population groups:⁶⁶



Satisfaction with access to hygiene items (e.g. soap, feminine hygiene products, baby diapers, toothpaste) by population group:



% of households with access to soap and practicing handwashing:



⁶⁴OCHA, [Humanitarian Needs Overview Iraq – Humanitarian Programme Cycle 2020 \(November 2019\)](#), p 59. ⁶⁵REACH, [WASH Needs in Schools \(December 2019\)](#). ⁶⁶Multiple answer choices could be selected and thus findings may exceed 100%.