



MULTI-CLUSTER NEEDS ASSESSMENT (III) OF INTERNALLY DISPLACED PERSONS OUTSIDE CAMPS

IRAQ

ASSESSMENT REPORT

JUNE 2016

REACH would like to extend a special thanks to Mercy Corps, whose data collection support enabled the assessment to include Baghdad and Salah al-Din governorates



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About REACH

REACH is a joint initiative of two international non-governmental organizations - 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. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

EXECUTIVE SUMMARY

Context

Now in its third year, the Iraqi internal displacement crisis has seen over 3.3 million Iraqis displaced across the country.¹ In November 2013 clashes between armed groups (AGs) and Iraqi security forces in Anbar governorate displaced tens of thousands of people inside Iraq.² Within months, tensions had spilled into Ninewa governorate and other central governorates in Iraq – causing a second major wave of displacement in June 2014. As the general situation of insecurity and tension across Iraq persists, the majority of the displaced population continue to reside in Baghdad (18%), Anbar (17%) and Dahuk (12%).

The large majority (89%) of Internally Displaced Persons (IDPs) in Iraq reside outside formal camps.³ However, compared to the in-camp IDP population, relatively little is known about the needs and challenges they face. Given the wide distribution of the IDP population outside camps across the country, identifying needs and potential beneficiaries poses a significant challenge to aid agencies.

Assessment

The Multi Cluster Needs Assessment (MCNA) is an iterative cluster-led program and the primary multi-cluster nationwide needs assessment of IDPs out of camps in Iraq. It provides a quantitative evidence base for humanitarian decision makers with the purpose of informing planning, sector prioritization and target group identification. Coordinated through the cluster and OCHA focal points (including Food Security, WASH, EL&SC, Protection, Shelter & NFI, Education, and Health) and designed in close collaboration with cluster partners, the findings of the MCNA provide insight into the key needs and gaps of IDPs in non-camp settings across Iraq. As households are representatively sampled at both governorate and district level, findings also allow aid sectors to understand geographic differences in humanitarian conditions and needs, as well as to identify gaps and opportunities for the provision of humanitarian assistance to IDPs across Iraq.

The MCNA allows for in-depth nation-wide longitudinal analysis, enabling the identification of mid- to long-term trends and shifting needs over time. This MCNA was conducted between 16 March and 29 April 2016 and is the third of its kind conducted by REACH in Iraq. The assessment follows the October 2014 MCNA I⁴, which was conducted at the request of the Kurdistan Regional Government (KRG) and represented the first baseline dataset on broad multi-cluster priority needs of IDPs living outside camps in the KRI – which at the time, had received the large majority of IDPs in Iraq. The MCNA II⁵ was conducted in April to June 2015 and was the first MCNA to be conducted country-wide.

Key Findings

The assessment found that after years of struggling with protracted displacement, IDP households outside camps have often depleted their financial resources and are resorting to increasingly negative coping mechanisms to afford basic needs. Taking on debt to satisfy basic needs has increased by over one third to a total of 30% of all households since the MCNA II (June 2015), while relying on savings decreased drastically from MCNA II (64% of all IDPs) to MCNA III (35%), indicating a depletion of resources. **Limited financial means have negatively affected access to basic services:** whilst overall reported access to basic services such as healthcare or education remained constant since the MCNA II, financial costs are currently the single most reported barrier to accessing these services.

- **Food Security: Food remained the most commonly reported priority need (by 75% of all households), with households increasingly relying on debt or external assistance to meet their basic food needs.** Indeed, 80% of households who took on debt did so to buy food. This trend was particularly prevalent in South Iraq, where 55% of IDP households reported primarily relying on outside assistance or credit to access food. **Increasing proportions of IDPs in the KRI are primarily purchasing food on credit;** from 5% of households in the MCNA I (October 2014) over 7% in the MCNA II (June 2015) to 21% of households in the MCNA III. With limited resources to buy food, **65% of households country-wide reported buying lower quality food, while**

¹ International Organisation for Migration, Displacement Tracking Matrix, DTM Round 46, May 2016

² International Organisation for Migration, Displacement Tracking Matrix, DTM Round 1, March 2014

³ International Organisation for Migration, Displacement Tracking Matrix, DTM Round 46, May 2016

⁴ REACH Initiative, Multi-Cluster Needs Assessment for Internally Displaced Persons Outside of Camps in the Kurdistan Region of Iraq, December 2014.

⁵ REACH Initiative, Multi-Cluster Needs Assessment for Internally Displaced Persons Outside of Camps in Iraq, October 2015.

a sizeable proportion of households reported eating less overall, either as a result of limiting their food portions or reducing the number of meals eaten per day.

- **Livelihoods: Employment** was the **second most reported need across Iraq**, reported by 52% of IDP households. **The majority of IDP households reported not having access to a regular source of income, primarily relying on seasonal work or short-term employment.** The lack of sustainable livelihoods opportunities negatively affected households' ability to access food, health and education services, with **more than three out of four IDP households reporting that they did not generate sufficient income to meet their basic needs.** In addition, 17% of IDP households reported not having had any source of income in the month prior to the assessment.
- **Healthcare:** Healthcare is an emerging priority need across Iraq, reported by 45% of IDP households as one of their top three priority needs. **Financial costs were the most reported barrier to accessing healthcare services, mentioned by 81% of those who reported problems accessing such services.** Since the first MCNA in October 2014, the reported barriers to accessing healthcare in the KRI have shifted. Whilst the reported presence of functioning health services increased, the ability to afford these services has steadily decreased, with 47% of households reporting associated costs as a barrier to healthcare access in the MCNA I, compared to 67% of households in the MCNA II, and 86% of households in the MCNA III. This suggests that whilst facilities may be available, IDPs outside camps with limited funds cannot access them.
- **Shelter:** The survey found a significant regional division in shelter arrangements across Iraq, with many more households in the Centre (31%) and South (38%) of Iraq⁶ residing in "critical" shelter types than in North Iraq (15%). Critical shelter types included households living in public spaces, such as religious centres and schools, unfinished and/ or abandoned buildings. In contrast, 85% of IDP households residing in Northern Iraq lived in either houses or apartments. Of those households residing in a critical shelter, 64% reported sharing their accommodation with one or more families, compared to 28% of households not living in critical shelter.
- **Water and Sanitation:** The majority of IDP households across Iraq reported drinking water from either a private water network or a network shared with other families in a shelter (72%). However, substantially higher proportions of households in Centre and South Iraq reported buying their drinking water from shops. **Households drinking water from a private or communal network (as opposed to buying water from the shop) were three times more likely to report cases of diarrhea.** In addition, households with poor access to electricity were much more likely to report water shortages: 11% of households accessing less than 10 hours of electricity per day reported water shortages, compared to only 4% of households with access to more than ten hours of electricity daily.
- **Education:** The single most reported barrier to education, as reported by 44% of households, was the **costs associated with schooling.** The most cited barriers to education were costs, distance to the closest age-appropriate school, and continuous movement in displacement, as was already the case in the MCNA II (June 2015). However, whilst the proportion of households reporting the costs of education to be the primary barrier to accessing them remained stable (MCNA II at 32%; MCNA III at 30%), the proportion reporting distance to the closest school as barrier to education decreased significantly since MCNA II, from 30% to 18% of households.⁷ Also, the proportion of households reporting continuous movement as barrier to education in displacement decreased by 56%, from 30% (MCNA II) to 13% (MCNA III, excluding Baghdad and Salah al-Din). **This illustrates that whilst households become more stable and are theoretically in a better position to access services, a lack of funds is still preventing a vulnerable group of children from attending school.**

With most IDP households living outside camps are unlikely to return to their areas of origin any time soon, the lack of sustainable livelihoods and prevalent use of severe negative coping mechanisms to afford basic needs raises clear concerns about their ability to subsist in displacement. As such, support should be provided to increase access to livelihood opportunities and enhance IDPs resilience.

⁶ For the purposes of this analysis, the North includes Dahuk, Erbil, Sulaymaniyah, and Ninawa. The Centre includes Babylon, Baghdad, Diyala, Kerbala, Salah al-Din, and Wassit. The South includes Basrah, Missan, Najaf, Thi Qar, Qadissiya and Muthanna.

⁷ This comparative analysis excludes governorates Baghdad and Salah al-Din, which were newly assessed in the MCNA III.

CONTENTS

EXECUTIVE SUMMARY	2
CONTENTS.....	4
List of Acronyms	5
List of Figures, Tables and Maps.....	5
CONTEXT	6
METHODOLOGY	7
Sampling methodology	8
Limitations.....	9
FINDINGS	11
Assessed Population Profile	11
Livelihoods.....	14
Food Security.....	18
Health	20
Shelter	21
Water and Sanitation	23
Education.....	24
CONCLUSION	26
ANNEXES.....	28
Annex 1: Household Questionnaire	28
Annex 2: List of Assessed Districts.....	28

List of Acronyms

DTM	Displacement Tracking Matrix
EL&SC	Emergency Livelihoods & Social Cohesion
FCS	Food Consumption Score
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Persons
IMO	Information Management Officer
IOM	International Organisation for Migration
IQD	Iraqi Dinar
KRG	Kurdistan Regional Government
KRI	Kurdistan Region of Iraq
MCNA	Multi Cluster Needs Assessment
MODM	Ministry of Displacement and Migration
NFI	Non-Food Items
ODK	Open Data Kit
PDS	Public Distribution System
WASH	Water, Sanitation and Hygiene

List of Figures, Tables and Maps

Figure 1: Type of assistance received by households reporting having received assistance since arrival at their current location.....	12
Figure 2: Primary source of livelihood in the area of origin, compared to in displacement	15
Figure 3: Coping strategies employed by IDP households in the 30 days prior to the assessment, MCNA II & III.....	17
Figure 4: Primary food source in 7 days prior to the assessment in the KRI, MCNA I (October 2014), MCNA II (June 2015), MCNA III (April 2016).....	19
Figure 5: Coping strategies employed by households across Iraq at least once in the week prior to the assessment... ..	19
Figure 6: Proportion of households who have not been able to access their local Public Distribution System since displacement, by governorate	20
Figure 7: Reported barriers to healthcare in the KRI, MCNA I (October 2014), MCNA II (June 2015), MCNA III (April 2016).....	21
Figure 8: Primary shelter issues reported by households reporting not to live in an adequate shelter, Iraq-wide	22
Figure 9: Proportion of households with access to private, shared or public latrines, by shelter type	24
Figure 10: Access to gender separate latrines amongst households sharing shelter with other households	24
Figure 11: Costs associated to education that households cannot afford.....	25
Table 1: Top three priority needs, by governorate	13
Table 2: Primary sources of livelihood in 30 days prior to the assessment, by governorate.....	14
Table 3: Rate of employment in 30 days prior to the assessment, by demographic group, Iraq wide	15
Table 4: Proportion of IDP households in debt in MCNA II (June 2015) and MCNA III (April 2016), by governorate	16
Table 5: Proportion of households by most reported types of accommodation and area	22
Table 6: Proportion of households by primary source of drinking water, by area	23
Table 7: Top 5 reported barriers to education by governorate	25
Map 1: Assessed governorates and sample size across Iraq	7
Map 2: Average amount of debt per household	18

CONTEXT

Now in its third year, the Iraqi internal displacement crisis has seen over 3.3 million Iraqis displaced across the country.⁸ In November 2013 clashes between AGs and Iraqi security forces in Anbar governorate displaced tens of thousands of people inside Iraq.⁹ Within months, tensions had spilled into Ninewa governorate and other central governorates in Iraq, causing a second major wave of displacement in June 2014. Many IDPs have been unable to return until the present day. Currently, the majority of the displaced population come from Anbar and Ninewa (77%) and reside in Baghdad (18%), Anbar (17%) and Dahuk (12%).

This MCNA III is the third of its kind conducted by REACH in Iraq. As an iterative cluster-led program and the main multi-cluster nationwide assessment of IDPs out of camps in Iraq, the MCNA provides a quantitative evidence base for humanitarian decision makers with the purpose of informing planning, sector prioritization, and target group identification. Developed through cluster and OCHA focal points, and designed in close collaboration with cluster partners, the findings of the MCNA provide insight into the key needs and gaps of IDP communities outside camps across Iraq. Households are representatively sampled at both the governorate- and district-levels, allowing findings to support aid actors in identify gaps and opportunities in the provision of humanitarian assistance to IDPs at district level across Iraq.

The first MCNA was conducted in October 2014 at the request of the Kurdistan Regional Government (KRG) and represented the first baseline dataset on broad multi-cluster priority needs of the then newly internally displaced population residing outside camps in the KRI. As the large majority of IDPs had fled from Anbar and Ninewa governorates to Dahuk, Erbil and Sulaymaniyah, the aim of the MCNA I was to understand the specific needs of this newly displaced population. In June 2015 and in line with the Humanitarian Response Plan's (HRP) "Whole of Iraq" approach, the MCNA II was launched, expanding its coverage to all accessible areas of Iraq, in total 14 out of 18 governorates. Departing from winterisation items as the top priority need in MCNA I, the MCNA II found that most reported priority needs across Iraq were food (72%), employment (42%) and medical care (25%).

The MCNA III builds on both previous MCNA assessments by providing a baseline dataset for country-wide comparisons of changing needs and perceptions since 2014 in the KRI and since 2015 in the whole of Iraq. The MCNA III further provides increased coverage, now capturing the needs of IDP households residing outside camps in 16 out of 18 governorates in Iraq, with a total of 4,573 IDP households interviewed across the country. The second assessment to be conducted country-wide, the MCNA III allows for in-depth nation-wide longitudinal analysis, enabling the identification of mid- to long-term trends and shifting needs over time.

This report begins with a comprehensive description of the methodology employed by REACH for this assessment, detailing the underlying rationale and associated limitations. It then outlines the profile of the IDP population living outside camps in Iraq before presenting key assessment findings, organised by key priority needs and sector-specific findings on livelihoods, food security, health, shelter, WASH, and education.

⁸ International Organisation for Migration, Displacement Tracking Matrix, DTM Round 46, May 2016

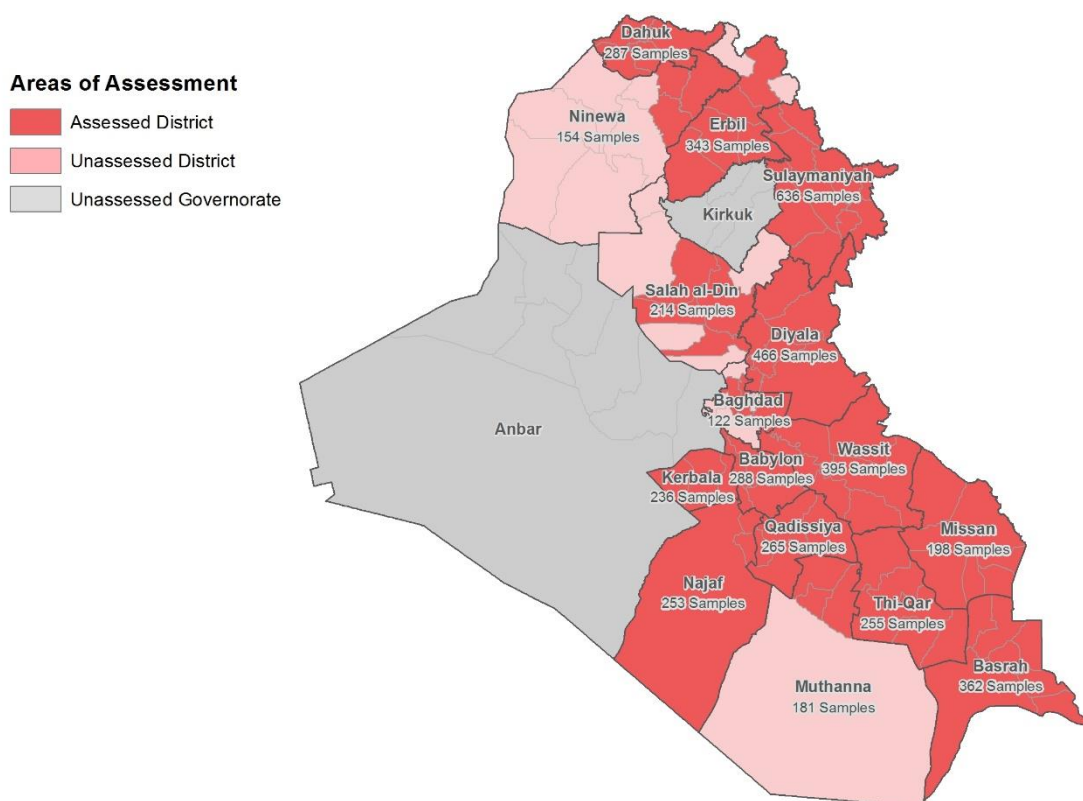
⁹ International Organisation for Migration, Displacement Tracking Matrix, DTM Round 1, March 2014

METHODOLOGY

The purpose of this assessment was to collect multi-sector data at the household level on IDPs living outside camps across all accessible areas in Iraq in order to identify gaps and opportunities in the provision of humanitarian assistance to this population. Through comparison with MCNA I and MCNA II findings, the assessment also aimed to enable more long-term analysis of evolving needs of IDPs outside camps since the onset of the displacement crisis in 2013.

Data collection took place between 17 March and 30 April 2016 across accessible areas in Iraq. In total, 4,573 IDP household were interviewed in 16 out of 18 governorates. Anbar and Kirkuk governorates were not assessed due to security and authorization concerns, respectively. Data collection in Baghdad and Salah al-Din was supported through Mercy Corps. Due to security concerns, REACH secured only partial access in some of the governorates assessed: districts within accessed governorates which were not assessed are highlighted in pink in Map 1.

Map 1: Assessed governorates and sample size across Iraq



Throughout the research design REACH closely collaborated with OCHA, cluster leads, and implementing agencies to ensure that the assessment matches the information needs of relevant humanitarian stakeholders. At the same time, indicators and sampling methodology were designed to maximize comparability with MCNA I and MCNA II findings. As such, prior to the assessment, the indicators and questionnaire for the MCNA III were presented and revised in close collaboration with all partners, ensuring that lessons learnt during past MCNA rounds were incorporated in the updated questionnaire and sampling methodology.

Data was collected through household-level interviews. For the purposes of this assessment, a household was defined as consisting of one household head and a number of individuals, both related and un-related, who live together under a shared roof and who share income, food and daily expenses. Interviews were conducted in Arabic by mixed-gender teams using Open Data Kit (ODK) software on hand-held mobile devices for purposes of data-entry.

Sampling methodology

The sampling frame for this assessment was based on the March 2016 data from the International Organisation for Migration (IOM)'s Displacement Tracking Matrix (DTM), which provides regular updates on specific locations and concentrations of IDP households. To ensure safety of field staff, prior to deployment to the field, field teams were asked to delineate on maps which areas they did not feel comfortable to access – sampling of locations was then adapted accordingly through corroboration with advice from security experts.¹⁰ Based on IOM DTM population figures for IDPs outside of camps and population density per location, REACH then randomly selected the exact GPS-recorded location and number of samples to be collected at each place. This included locations in cities, but equally in informal settlements or more rurally inhabited areas where IDPs resided according to IOM DTM data.

The sampling frame was calculated to yield representative results at the governorate level, with a 95% confidence level and 10% margin of error. Further, excluding Baghdad and Salah al-Din, the sample reached district level significance in all assessed districts, with a 90% confidence level and 10% margin of error.

Upon arrival at each location, enumerators would identify a key informant, typically a person likely to know the local community, including shop keepers and mukhtars, and inquire about IDP households living in immediate proximity to the recorded location and seek out the next closest IDP household. Where more than one household in one given location was to be interviewed, enumerator employed a snowballing methodology, asking IDP households at the end of each interview about the next closest IDP household residing in the area, repeating the same process as necessary.

Enumerators were selected among a pool of experienced enumerators who worked in previous MCNA data collection rounds in all areas where REACH administered the MCNA in the past. In Baghdad and Salah al-Din where partners administered data collection, a number of Mercy Corps enumerators supported MCNA data collection.

Data collection was kicked off with a two day workshop in Erbil bringing together field coordinators from across the bases, allowing for an in-depth review of the methodology and definitions employed in the questionnaire. At the same time, the training ensured that best practices from past MCNA rounds were shared across the bases, including the design of work plans and the practical implementation of the assessment in the field. Enumerators were trained in the assessment and using the tool during two to four day training workshops prior to the assessment, including a one-day data collection pilot.

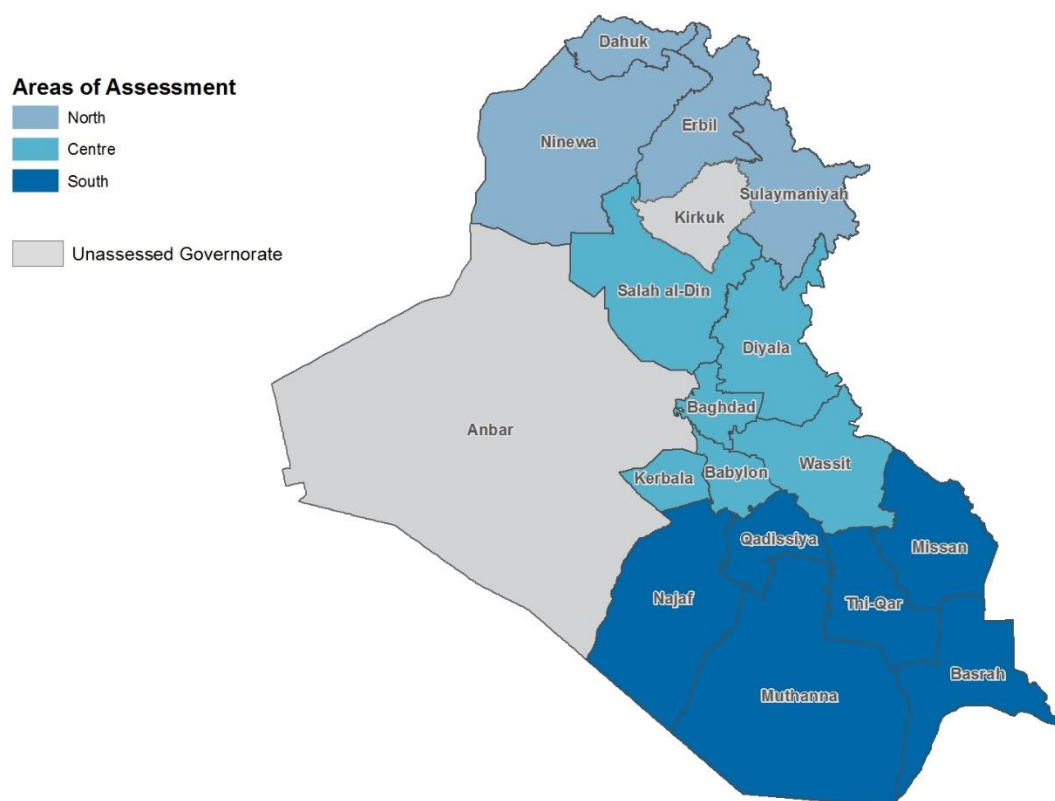
Data collection was complemented by daily morning and afternoon debriefing sessions. Raw data was cleaned on a daily basis to eliminate demonstrably erroneous entries and to provide regular feedback to field teams ensuring a shared understanding of definitions and sampling methodology employed.

To triangulate preliminary findings and support early release of information, REACH invited all cluster Information Management Officers (IMOs) to a presentation of initial findings within one week of final data capture. Within the first three weeks of May, REACH presented cluster-specific preliminary findings to all seven operational clusters (Food Security, WASH, EL&SC, Protection, Shelter & NFI, Education, and Health) in both Erbil and Baghdad, culminating in a final preliminary-findings presentation to the national Inter-Cluster Coordination Group (ICCG). Feedback from clusters leads and partners was collected to inform more in-depth analysis tailored to cluster-specific needs and triangulate data with respective expert knowledge, secondary datasets, and report findings.

Data is generally presented at several levels in this report, ordered by country-wide findings then area-, governorate-, and district-level, respectively. Where geographical trends are visible, the analysis is confined to trends by North, Centre and South governorates. For the purposes of this analysis, the North includes Dahuk, Erbil, Sulyamaniya, and Ninawa. The Centre includes Babylon, Baghdad, Diyala, Kerbala, Salah al-Din, and Wassit. The South includes Basrah, Missan, Najaf, Thi Qar, Qadissiya and Muthanna.

¹⁰ Upon delineation of accessible areas on maps by field staff, security focal points were forwarded the maps and followed the security situation throughout data collection providing regular updates and advising on changes in work plans in accordance with changing security conditions.

Map 2: Geographic divisions of MCNA assessment, by area



Where applicable, longitudinal analysis is included after MCNA III findings. Where no specific mention is made to MCNA II or MCNA I, it is most likely because there have not been any deviations from the findings in these previous assessments. However, where comparisons are made with previous MCNA rounds, comparative analysis with MCNA II excludes Baghdad and Salah al-Din, as these governorates were not previously assessed. Comparisons with the MCNA I findings are only drawn in relation to the governorates assessed at the time, namely Dahuk, Erbil and Sulaymaniyah.

Limitations

Anbar and Kirkuk governorates were not assessed due to security concerns and authorization issues at the time of assessment. The specific needs of the large proportions of IDPs residing in these governorates, respectively 18% and 11% of the Iraqi IDP population¹¹, are therefore not covered in the findings outlined in this report.

With regard to comparing findings with MCNA II (June 2015) and MCNA I (October 2014), certain limitations need to be highlighted.

1. When comparing findings to previous rounds, the timing of the respective assessments within a given year should be taken into account, especially in relation to seasonal variations (e.g. for reported access to agricultural work). The instances where such variations may have impacted the findings of the assessment are clearly highlighted across the report.
2. In order to ensure that this third round of data collection was relevant to current humanitarian actors and stakeholders, some indicators, definitions, and disaggregation levels have been revised since MCNA II and I. Therefore, not all indicators can be directly compared across the three assessments. That said, broader trends and observations are comparable and will be discussed in the report where appropriate as all three assessments individually provide findings that can be generalised to the governorate level.

¹¹ International Organisation for Migration, Displacement Tracking Matrix, DTM Round 44, May 2016

It should be noted that the overall confidence level of 95% at governorate level and 90% at district level applies to those findings which pertain to the full sample. Any findings presented solely on subsets of the population – e.g. households who reported that they could not afford basic needs – inevitably have a lower confidence level. These should therefore be treated as indicative only but will be flagged accordingly throughout the report.

Further, employing snowball methodology to identify IDP households in locations where more than one sample was to be collected holds the risk of oversampling groups which are either similar or better connected in their community. As such, there remains a certain risk of underrepresenting the most disenfranchised groups who are not known to the community and a certain sampling bias is possible.

Finally, when reading this report and using findings presented herein, the reader should bear in mind that this assessment represents the response given by IDPs. While REACH always endeavours to create an open dialogue with respondents in order to collection objective responses, the subjectivity and possibility of bias in the response should be taken into account.

FINDINGS

Assessed Population Profile

This sub-section outlines assessment findings related to the assessed population profile, including demographics, area of origin, vulnerable household members and access to documentation. The population profile has remained comparable to MCNA II findings.

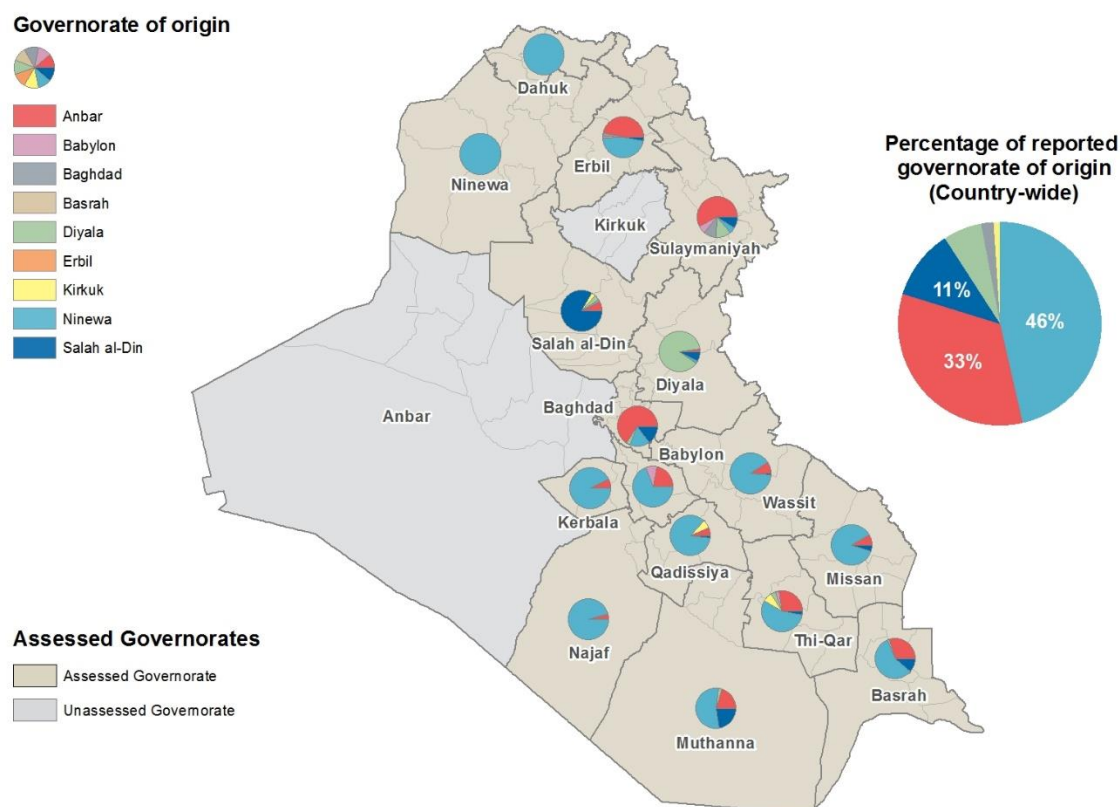
Demographics¹²

The proportion of male (51%) and female (49%) household members was distributed evenly across the country. Compared to the MCNA II, there has been a **country-wide decrease in female headed households** from 9% in June 2015 to 6% in MCNA III.¹³ A clear division is visible between the regions: as the highest proportions of female headed households are found in Centre Iraq (14%), followed by South Iraq (9%) then North Iraq (5%).

Area of origin

The vast majority of IDP households outside camps originated from two governorates: Ninewa (46%) and Anbar (33%). As visible in Map 3, Dahuk and Ninewa almost exclusively hosted IDPs from Ninewa. Baghdad governorate most frequently hosted IDPs from Anbar (66%), as did Sulaymaniyah (58%) and Erbil (46%). Households in Diyala and Salah al-Din were predominantly displaced within the same governorate – 88% of IDP households in Diyala and 83% of IDP households in Salah al-Din, respectively.

Map 3: Governorate of current residence by governorate of origin



¹² These findings were triangulated and confirmed with data from IOM DTM Round 45, May 2016

¹³ As outlined in the methodology section, this comparison excludes the newly assessed governorates of Baghdad and Salah al-Din. Including all assessed governorates, country-wide 9% of IDP households outside camps are headed by a female head of household.

Vulnerable household members

The vast majority of respondents (80%) were displaced in the course of 2014, suggesting that most IDPs residing outside camps in Iraq live in protracted displacement. The IDP population across the country includes vulnerable groups – separated minors and physically or mentally disabled. Across the assessed governorates, 3% of IDP households reported to host at least one unaccompanied minor, a living arrangement which was **more common in Salah al-Din, where 10% of IDP households reported hosting one or more unaccompanied minors**. This was also reported by 6% of households in Baghdad and Sulaymaniyah, respectively. 5% of households reported having at least one of household members to be mentally disabled and 4% reported having a physically disabled person in their household, raising protection concerns, as well as questions around accessibility to services for these more vulnerable individuals. Persons with particular nutritional needs included pregnant and/ or lactating women (14%) and minors (51%).

Documentation and Registration¹⁴

In North Iraq 34% of IDP households outside camps reported not having an entry permit,¹⁵ however, **considerable variations across governorates raise concerns in terms of selective access to entry permits**. Notably, 81% of IDP households in Dahuk and 56% of households in Ninewa reported not having an entry permit, compared to 3% or less in Erbil and Sulaymaniyah. At the same time, in the KRI **a considerable decrease in the proportion of IDPs outside camps without any entry permit and an overall move to more stable forms of entry permits was recorded** since October 2014 (MCNA I) and June 2015 (MCNA II). Whilst the MCNA I recorded that 75% of IDP households outside camps in the KRI had no entry permit, this figure has now decreased to 42%. Similarly, whereas in the MCNA I a sizeable amount of individuals relied on renewable tourist entry passes, now 96% of households in Erbil and 97% of households in Sulaymaniyah reported either having been granted leave to remain or holding a residency permit.

In Centre and South Iraq, 89% and 98% of households respectively reported being registered by the Iraqi Ministry of Displacement and Migration (MODM). However, almost one in four of IDP households outside camps in newly assessed Salah al-Din reported not having registered with the MODM, as did one in five of IDP households in Wassit. Wassit has seen high numbers of new arrivals, and many of these have not yet registered with the local MODM. Concerns remain about the partial accessibility to the financial grant provided by MODM in Centre and South Iraq with 64% of IDP households in Salah al-Din reporting not having received the financial grant by the MODM upon registration, as also reported by 25% of IDP households in Baghdad.

Assistance received

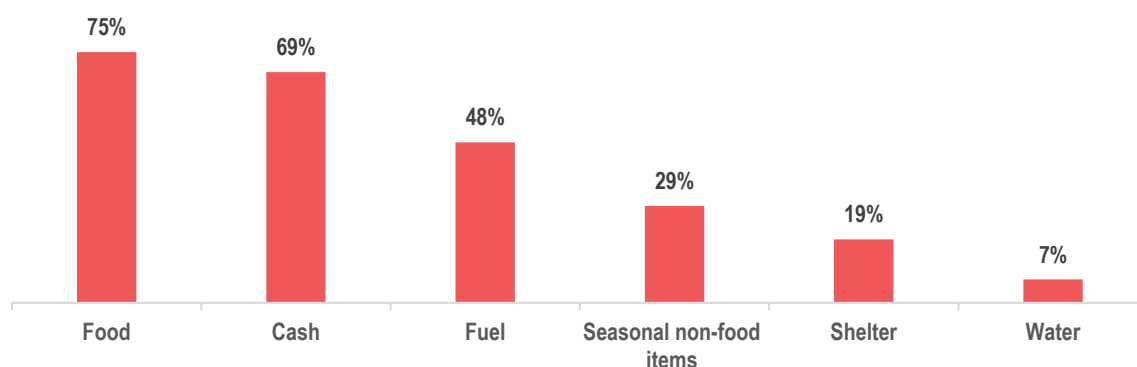
Country-wide 9% of IDP households reported not having received any form of assistance since they were displaced, though the frequency and amount of this support vary widely. Notably, IDP households in Baghdad and Salah al-Din were less likely to have received assistance since displacement, with 71% of IDP households in Baghdad and 85% in Salah al-Din reported not to have received assistance. **Whilst there was little overall variation in the proportion of IDP households who received food assistance in most governorates (75% overall)**, only 45% of IDP households in Diyala reported having received food assistance since their displacement, and 56% of IDP households in Baghdad.

Food assistance was the most frequently reported form of assistance received by households, as reported by 75% of IDP households across Iraq, followed by cash assistance, reportedly received by 69% of IDP households. However, whilst 62% of households who had received food assistance in the past reported having received it three times or more, the majority of households reporting receiving cash assistance (65%) reported having received it only once.

Figure 1: Type of assistance received by households reporting having received assistance since arrival at their current location

¹⁴ The primary form of identification required to access social services, formal employment opportunities and renting accommodation varied across governorates. Whilst in North Iraq the type of entry permit shapes the ability to access services, IDPs in Centre and South Iraq are required to hold an MODM registration card to access services. As such, findings are disaggregated here along regional lines.

¹⁵ The term "entry permit" refers to permits documenting the legal stay in the governorate of refuge. Answer options were "tourist pass", "residency card", "leave to remain" and "none"



The government was the primary provider of cash assistance, as well as fuel assistance. Of those who reported having received cash assistance (69%) or fuel assistance (48%) in the past, respectively 89% and 75% reported to have received it from the government.

Priority Needs

When asked about their top three priority needs, **as in the MCNA I and the MCNA II, food remained the most reported priority need, cited by 75% of respondents across Iraq**, followed by employment (52%). Further, the need for medical care was reported by 45% of IDP households outside camps, followed by education (16%). Comparatively, these findings echo the priority needs of IDPs living inside camps, where food (87%), employment (32%) and medical care (31%) were equally the three most commonly cited primary needs by IDP households.¹⁶

Table 1: Top three priority needs, by governorate

Governorate	Food	Employment	Medical care	Clothing	Shelter	Education	Psycho-social support	Sanitation	Water	Vocational training	Documentation
Babylon	50%	51%	8%	39%	6%	16%	3%	4%	3%	3%	1%
Baghdad	73%	54%	54%	6%	9%	13%	0%	0%	3%	0%	6%
Basrah	81%	68%	16%	7%	60%	22%	2%	1%	0%	0%	0%
Dahuk	77%	35%	51%	17%	10%	22%	3%	7%	7%	1%	3%
Diyala	85%	27%	65%	10%	21%	15%	4%	2%	13%	2%	0%
Erbil	68%	79%	46%	7%	6%	11%	20%	1%	0%	4%	2%
Kerbala	47%	65%	1%	38%	3%	31%	7%	1%	0%	3%	3%
Missan	49%	57%	14%	0%	0%	18%	27%	0%	1%	26%	10%
Muthanna	74%	55%	68%	26%	4%	2%	3%	6%	0%	0%	0%
Najaf	57%	75%	7%	30%	21%	11%	20%	4%	4%	1%	5%
Ninewa	73%	51%	55%	18%	11%	33%	8%	3%	2%	1%	0%
Qadissiya	51%	46%	5%	49%	3%	17%	0%	7%	0%	0%	1%
Salah al-Din	81%	40%	59%	1%	53%	1%	2%	1%	11%	0%	3%
Sulaymaniyah	88%	41%	36%	28%	10%	24%	4%	19%	3%	1%	0%
Thi-Qar	20%	39%	23%	32%	48%	3%	3%	0%	2%	0%	0%
Wassit	54%	73%	5%	18%	8%	23%	2%	3%	1%	3%	0%
Overall	75%	52%	45%	16%	13%	16%	7%	3%	4%	1%	2%

Since the MCNA II there has been a rise in reporting healthcare as priority need, from 25% to 39%, as well as an increased reporting of education as priority need from 10% in the MCNA II to 16% now.^{17,18} Reporting of employment as priority need was more frequent among IDP households who were displaced for longer: Of those households

¹⁶ REACH Initiative, Camp Profiling Round V, June 2016

¹⁷ This suggests that IDP households are increasingly in need of solutions to build their long term resilience during their displacement.

¹⁸ This comparative analysis excludes the governorates of Baghdad and Salah al-Din which were newly assessed in the MCNA III.

displaced in 2013, 58% reported employment to be a priority need, as compared to a lower 37% of households displaced in 2016.

IDPs in Central and South Iraq have higher need for shelter (21% & 17%) and clothing (30% & 15%) assistance, reflecting their relative vulnerability. Priority needs were also influenced by duration of displacement as seen by the fact that **households initially displaced in 2016 were more likely to report healthcare as a priority need (47%),** compared to the 27% of households initially displaced in 2013.

Livelihoods

Protracted displacement has led many IDPs to struggle against limited livelihood opportunities. As such, many households have reached a tipping point where they are resorting to increasingly negative, sometimes irreversible, coping mechanisms. This sub-section outlines key findings related to primary sources of livelihood, both in displacement and in the area of origin, and coping strategies employed in the face of lacking livelihood opportunities.

Primary Sources of Livelihood

Nearly half (48%) of IDP households relied on seasonal work (33%) or short-term employment (skilled wage labour, as reported by 15%) as their primary source of income. At the time of the assessment in March/April, the most cited primary source of income was agricultural work, reported by one third of IDP households (33%). As agricultural work is highly dependent on seasonal demands, it is likely that IDP households primarily relying on employment in the agricultural sector face difficulties once seasonal demands decrease. Similarly, the 15% of IDP households who reported primarily relying on ad-hoc skilled wage labour, such as construction works, are likely to suffer from fluctuations in the demand for this short-term employment as dictated by the economic situation in their place of residence.

Table 2: Primary sources of livelihood in 30 days prior to the assessment, by governorate¹⁹

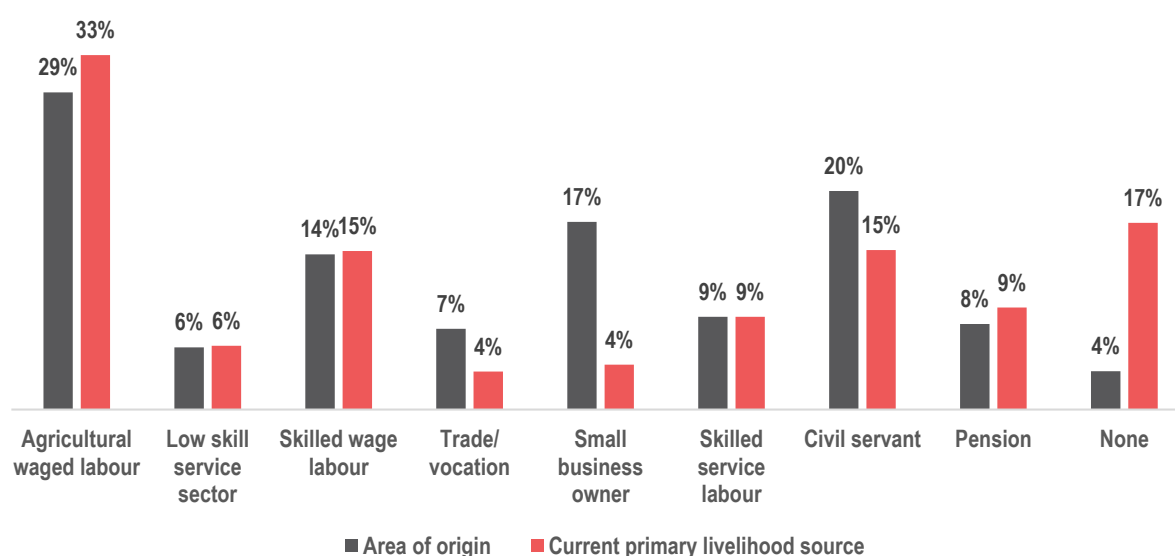
Governorate	None	Agricultural waged labour	Skilled wage labour	Civil servant	Pension	Skilled service labour	Trade/vocation	Small business owner	Low skill service sector
Babylon	3%	7%	38%	20%	18%	15%	7%	8%	2%
Baghdad	29%	24%	17%	15%	6%	7%	3%	0%	9%
Basrah	0%	40%	30%	5%	9%	15%	5%	4%	1%
Dahuk	16%	41%	7%	22%	5%	7%	4%	3%	3%
Diyala	10%	34%	11%	8%	20%	10%	2%	12%	5%
Erbil	17%	25%	26%	10%	19%	12%	6%	9%	8%
Kerbala	3%	71%	3%	9%	6%	5%	1%	2%	3%
Missan	10%	33%	25%	9%	4%	0%	18%	33%	8%
Muthanna	3%	12%	15%	22%	8%	20%	11%	16%	10%
Najaf	18%	48%	1%	22%	6%	1%	0%	0%	5%
Ninewa	14%	38%	6%	14%	4%	5%	22%	2%	2%
Qadisiya	4%	1%	45%	16%	16%	24%	11%	3%	0%
Salah al-Din	19%	39%	12%	17%	12%	6%	3%	3%	3%
Sulaymaniyah	24%	10%	23%	13%	9%	12%	3%	3%	6%
Thi-Qar	2%	50%	6%	14%	21%	9%	1%	1%	0%
Wassit	9%	38%	14%	19%	9%	5%	5%	1%	6%
Overall	17%	33%	15%	15%	9%	9%	4%	4%	6%

¹⁹ Whilst assistance, including humanitarian aid and local support systems can be an important source of income for some households, these are included in the following section on "coping strategies" below.

In addition to wide-spread reliance on short-term and seasonal forms of employment, 17% of IDP households reported not having had any source of income in the month prior to the assessment. At the same time, **reported rates of agricultural employment are much higher in the MCNA III at 33% (excl. Baghdad and Salah al-Din the average is slightly lower at 32%), as opposed to 25% reported during the MCNA II in June 2015.**

The unsustainability of income in displacement is particularly apparent when compared to livelihoods in the area of origin, with small business owners particularly unable to continue their trade during displacement: for instance, 17% of IDP households reported to have had a small business which formed their primary source of income in their area of origin, a proportion which is significantly lower in displacement, where it was reported by only 4% of IDP households. Conversely, the only primary sources of income which remained stable in displacement were either low skilled work, which demands high working hours for small wages, or government-related positions, for which displaced individuals often continue to be paid.

Figure 2: Primary source of livelihood in the area of origin, compared to in displacement



Working household members

The vast majority of household members who reported to be working in the 30 days prior to the assessment were men between the ages of 18 to 59, with 46% of this demographic group reported to be engaged in some sort of employment. At the same time, when compared to MCNA II figures, findings in the MCNA III suggest that many **males in retirement age in South Iraq went back to work to support their families**. For instance, in Najaf, 22% of men above 60 reported to be working to support their families, a substantial increase from 3% of males above 60 in the MCNA II. Only few women reported to be working with 3% of women between the ages of 18 to 59 reportedly earning an income in the 30 days prior to the assessment with little variation across the country.

Table 3: Rate of employment in 30 days prior to the assessment, by demographic group, Iraq wide

Demographic group	Males 6-11	Females 6-11	Males 12-14	Females 12-14	Males 15-17	Females 15-17	Males 18-59	Females 18-59	Males 60+	Females 60+
Country-wide	1%	0%	8%	1%	12%	1%	46%	3%	16%	1%

Coping Strategies

Compounded by a lack of livelihoods, IDPs outside camps have reached a tipping point where they are resorting to increasingly negative coping mechanisms. Three out of four households across Iraq reportedly

employed short-term ad hoc coping strategies (77%), such as taking on debt (32%), spending savings (35%) and receiving support from family and friends (29%), suggesting that these families do not generate sufficient income to meet their needs. Further coping strategies included relying on charitable donations (16%), selling assets (13%) and reducing the family's spending (9%). This means that in most cases even where some household members worked, many households resorted to unsustainable strategies to provide for their families.

Households are increasingly taking on debt to meet their needs (30%) compared to the MCNA II (22%)²⁰: this means an increase by over one third (36%) in less than one year. Increases in households getting into debt were particularly frequent in the KRI, where levels of debt recorded had already quadrupled from the MCNA I to the MCNA II.

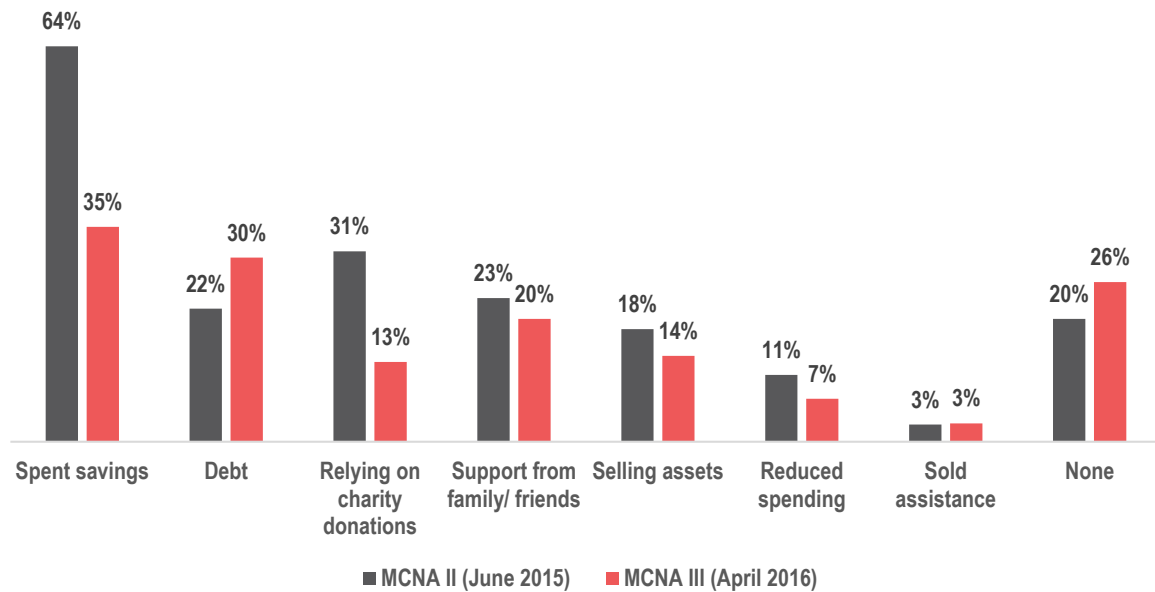
Table 4: Proportion of IDP households in debt in MCNA II (June 2015) and MCNA III (April 2016), by governorate

Area	Governorate	MCNA II	MCNA III
North	Dahuk	30%	46%
	Erbil	23%	30%
	Ninewa	33%	43%
	Sulaymaniyah	21%	19%
Centre	Babylon	7%	13%
	Diyala	31%	28%
	Kerbala	0%	3%
	Wassit	1%	1%
South	Basrah	20%	18%
	Missan	10%	1%
	Muthanna	4%	0%
	Najaf	17%	47%
	Qadissiya	4%	6%
	Thi-Qar	8%	24%

Seen in parallel to decreasing reliance on savings as alternative source of income – the proportion of IDP households relying on savings decreased drastically from MCNA II (64%) to MCNA III (35%) – this suggests that, **with prolonged displacement, households increasingly resort to accumulating debt to meet their needs.** While the proportion of households relying on ad hoc coping strategies has slightly decreased since the MCNA II from 80% to 74% of IDP households across Iraq, those who do employ coping strategies, increasingly rely on more damaging coping mechanisms, as the shift in debt illustrates.

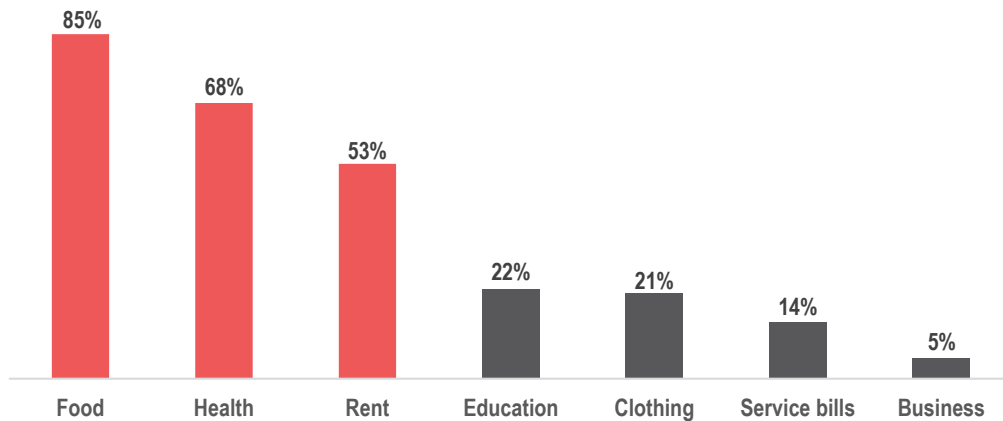
²⁰ For the purposes of longitudinal analysis between MCNA II and III the newly assessed governorates of Baghdad and Salah al-Din are excluded from this analysis.

Figure 3: Coping strategies employed by IDP households in the 30 days prior to the assessment, MCNA II & III



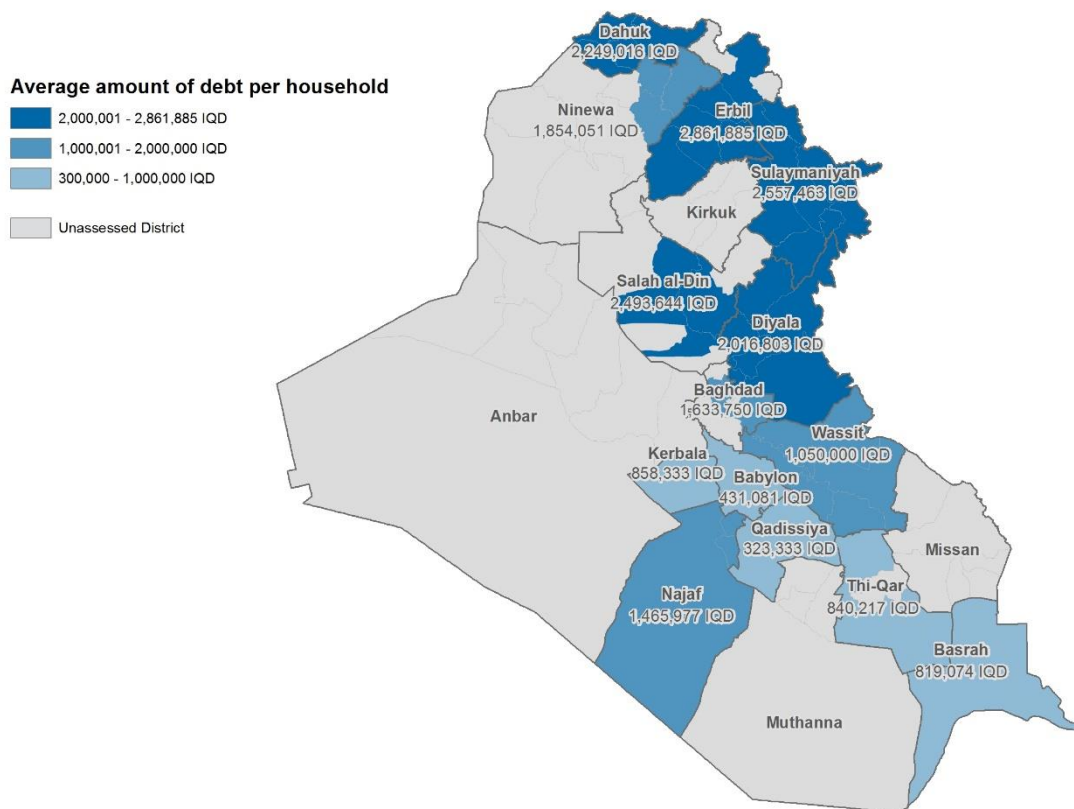
The need to buy food was the most reported reason for taking on debt, reported Iraq-wide by 85% of all IDP households, implying that **IDP households took on debt to satisfy their immediate, basic needs**. Paying for healthcare was reported by 68% of IDP households as reason for debt, followed by 53% of households who took on debt to pay for rent. Whilst households in Centre Iraq were particularly likely to take on debt for healthcare (78%), IDP households in North Iraq tended to take on debt to pay for rent (66%).

Figure 4: Primary reasons cited for taking on debt among households who reported taking on debt (32% country-wide)



Average amounts of accumulated debt per household were higher in North Iraq, as compared with Southern governorates. This trend mirrors the developments recorded from the MCNA I to the MCNA II where the level of debt in North Iraq had quadrupled.

Map 2: Average amount of debt per household



Food Security

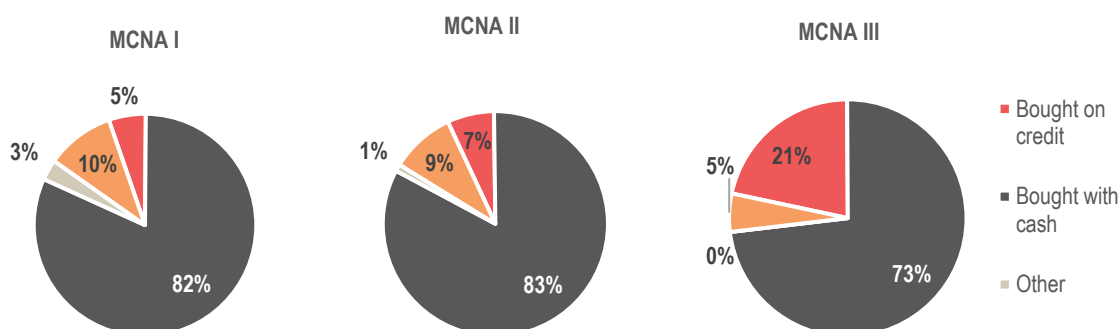
While the majority of IDP households were found to have an acceptable Food Consumption Score (86%), households struggled to meet their families' food needs and resorted to a range of food coping strategies as a result. This sub-section outlines assessment findings related to food security, including the main food sources, food coping strategies, access to markets, access to the local Public Distribution System and the Food Consumption Score of IDP households residing outside camps.

Main Food Source

Across the country 36% of IDP households relied primarily on unsustainable food sources – external assistance or purchasing food on credit – to meet their family's weekly food needs. This trend was particularly accentuated in South Iraq, where 55% of IDP households reported relying on outside assistance or debt to access food. In Centre Iraq, just over half of IDP households reported buying their food with cash (57%). This suggests that a sizeable part of the IDP population rely on potentially unsustainable sources of food, such as buying on credit or relying on outside assistance.

Interestingly in the KRI, an overall shift was recorded from relying on outside assistance towards buying food on credit as the main food source since October 2014 (MCNA I). In Dahuk, for instance, whilst 16% of IDP households reported primarily relying on outside assistance in October 2014 with only 1% primarily purchasing food on credit (MCNA I), in April 2016 a staggering 22% of households reported primarily buying food on credit with only 2% of households relying on outside food assistance. **In less than two years this is a twenty-fold increase in IDP households buying food on credit.**

Figure 4: Primary food source in 7 days prior to the assessment in the KRI, MCNA I (October 2014), MCNA II (June 2015), MCNA III (April 2016)



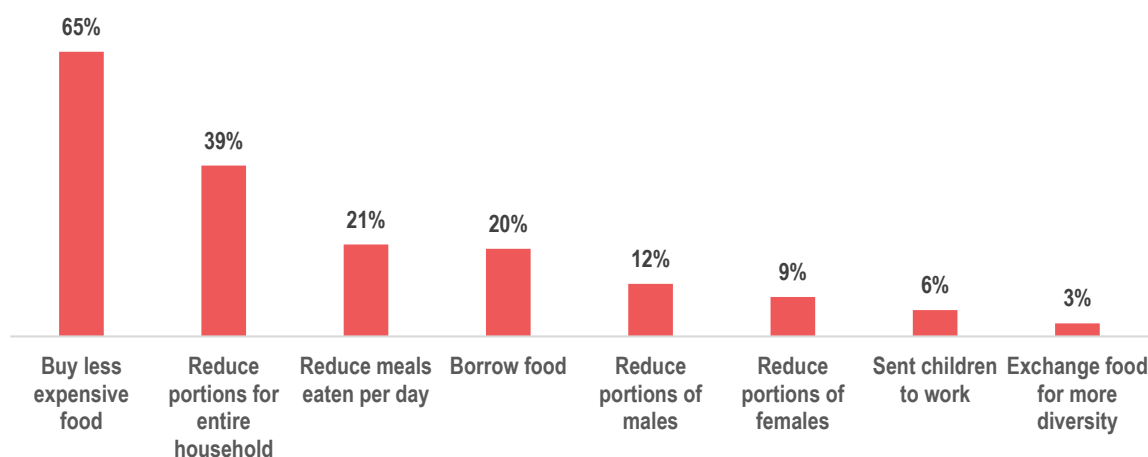
This development raises concerns about the sustainability of coping mechanisms used by IDP households in the KRI to fulfil their basic food needs. Also, this trend can serve as a warning of how the situation may evolve in South Iraq if households do not get access to more sustainable livelihoods or continued access to food aid. This also applies to Centre Iraq, where 19% of IDP households reported not having any source of income, and 24% of respondents already now primarily buy food on credit.

Iraq-wide 14% of households were found to have borderline or poor FCS. This triangulates with the findings of WFP's mVam which recorded that 11% of households had a poor or borderline FCS in April 2016.

Food Coping Strategies

Country-wide 74% of households reported to resort to some kind of coping strategy to access food.²¹ Considering the limited resources to buy food, the majority of IDP households resorted to changing their diet by reducing both the quality (65%) and quantity (81%) of their family's food.²² At the same time, the vast majority of IDP households outside camps lived at walkable distance from markets (96%) while 13% reported having faced problems accessing markets in the 30 days prior to the assessment

Figure 5: Coping strategies employed by households across Iraq at least once in the week prior to the assessment



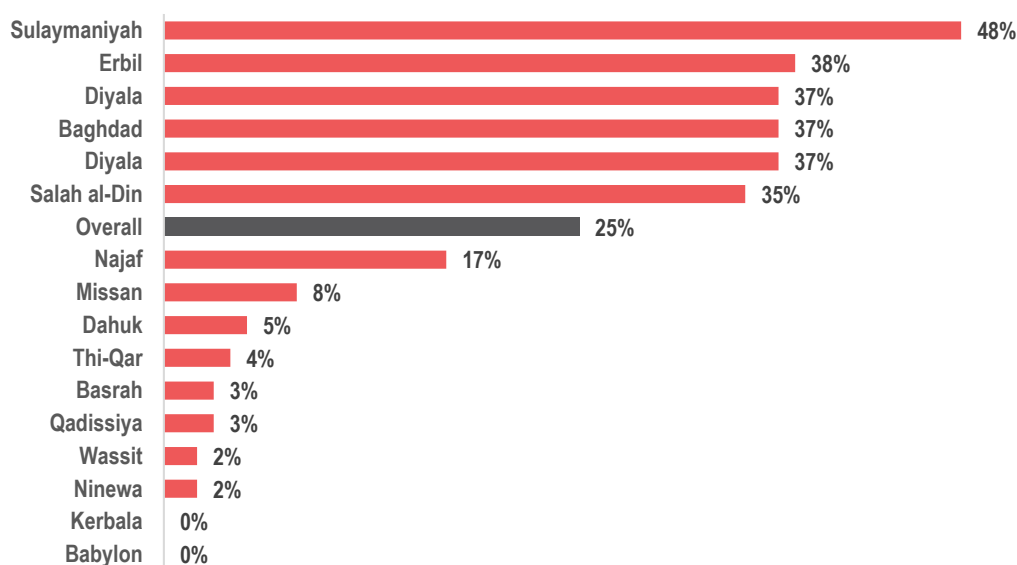
²¹ Excluding newly assessed Baghdad and Salah al-Din the country-wide average is slightly lower at 69% of households, compared to 77% of households in the MCNA II.

²² This question allowed for multi-select answers, which is why the total amount of coping strategies employed exceeds 100%.

Access to PDS²³

Whilst overall 75% of IDP households reported having been able to access their local public distribution system (PDS) since their displacement, the timing and amount received differs significantly across governorates. As only 1% of households reported to primarily rely on food assistance from the government, this suggests that government support, such as PDS, is supplementary to their food sources at best. Whereas across Iraq two in three IDP households reported accessing their local PDS in the same month or one month prior to the assessment, 26% of households in North Iraq reported having had access to PDS only more than two months ago. At the same time, only 5% of IDP households in North Iraq and 11% of households in Centre Iraq reported having received the full ration of food they were entitled to the last time they accessed their local public distribution system. In contrast, 58% of governorates in the South reported receiving the full ration.

Figure 6: Proportion of households who have not been able to access their local Public Distribution System since displacement, by governorate



Health

Medical care is increasingly becoming a priority for IDPs across Iraq with now 45% of households reporting healthcare as one of their three priority needs, an increase by 56% since June 2015 (MCNA II; MCNA III excl. Baghdad and Salah al-Din: 39%). This sub-section outlines assessment findings related to healthcare, including reported access and barriers to healthcare, primary healthcare providers, and reported health issues.

Access to healthcare

Access to medical care has become an increasingly priority among IDPs across Iraq, with 45% of IDP households reporting healthcare as one of their top three priority need. This has increased by 56% since the MCNA II (25%; MCNA III excl. Baghdad and Salah al-Din: 39%).²⁴ Notably, in the KRI a clear trend is visible towards rising healthcare needs: whilst reporting of healthcare as priority need had already tripled from the MCNA I to the MCNA II, it further increased by 76%, from 25% in June 2015 to an average 44% of IDP households residing in Dahuk, Erbil and Sulaymaniyah governorates. Also, households initially displaced in 2016 were more likely to report healthcare as a priority need (47%), compared to the 27% of households initially displaced in 2013.

Across Iraq, 43% of IDPs households had problems when trying to access healthcare services since displacement, a proportion which remained constant since the MCNA II.²⁵ Among them 81% reported the cost associated as the main barrier to accessing healthcare. In contrast, only 5% reported distance to a functioning healthcare

²³ The Public Distribution System (PDS) is a government-led food support system administered to both IDPs and host communities. Whether households receive full or half rations depends on the availability of goods and is administered centrally by the respective governments in the KRI and the rest of Iraq.

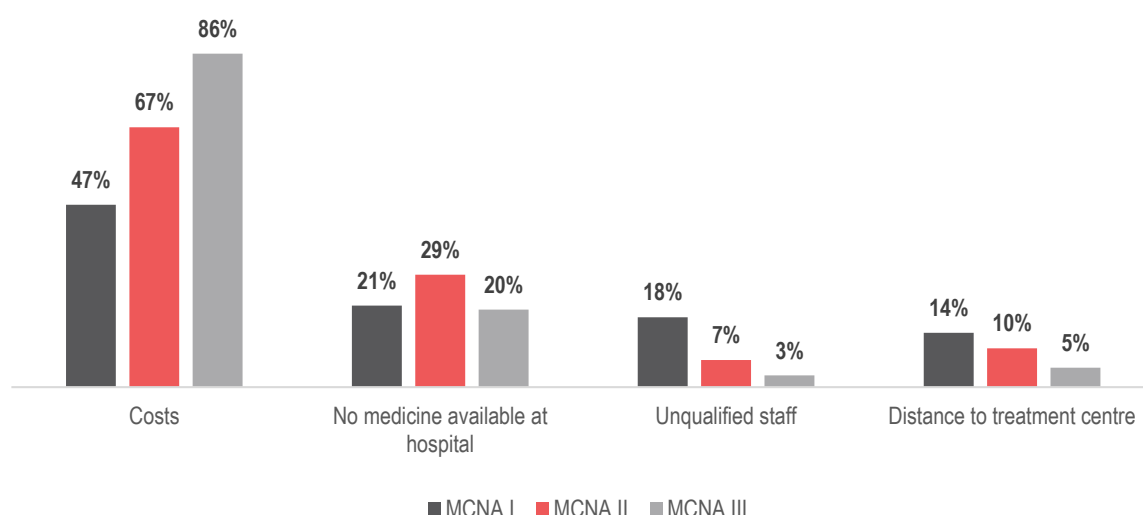
²⁴ This comparison excludes the governorates of Salah al-Din and Baghdad which were newly assessed in the MCNA III.

²⁵ Excluding Baghdad and Salah al-Din the country-wide average is 31%, compared to 35% of households in the MCNA II.s

facility as a barrier to healthcare, with other potential barriers – such as lack of documentation, means of transport or unqualified staff – each reported by 3% or less of households across Iraq. The costs associated to healthcare were also the most reported barrier to healthcare for IDP households living inside camps (78%),²⁶ illustrating how healthcare costs affect IDPs both inside and outside of camps.

In the KRI, whilst reporting of barriers such as distance to treatment facility and quality of medical staff substantially decreased over time, reporting of costs has steadily risen throughout the reporting period. **This suggests that whilst the quality and availability of healthcare services overall has improved, IDPs households now cannot financially afford to benefit from those services.**

Figure 7: Reported barriers to healthcare in the KRI, MCNA I (October 2014), MCNA II (June 2015), MCNA III (April 2016)



These findings also raise wider concerns about the lack of livelihoods among IDPs and the potential long-term impact on their health, as households who reported high levels of medical expenditures due to chronically sick household members accrued an overall significantly higher amount of debt. In the long-term this puts IDPs living outside camps at significant risk, either of resorting to ever more risky coping strategies to pay for healthcare or of leaving urgent medical needs unmet.

Shelter

With regional variations in shelter types across the country, many households reported living in inadequate shelters, with the high costs of shelter being the single most reported reason cited by households to move from their current home. This sub-section outlines assessment findings related to shelter types and shelter concerns.

Type of shelter

Similar to the trend identified in the MCNA II, this assessment found a significant regional division in shelter arrangements across Iraq: in South and Centre Iraq 38% and 31% of households, respectively, lived in critical shelters – public spaces, such as religious centres and schools, unfinished and/ or abandoned buildings. In contrast, 85% of IDP households residing in North Iraq lived in either houses or apartments.

²⁶ REACH Initiative, Camp Profiling Round V, June 2016

Table 5: Proportion of households by most reported types of accommodation and area

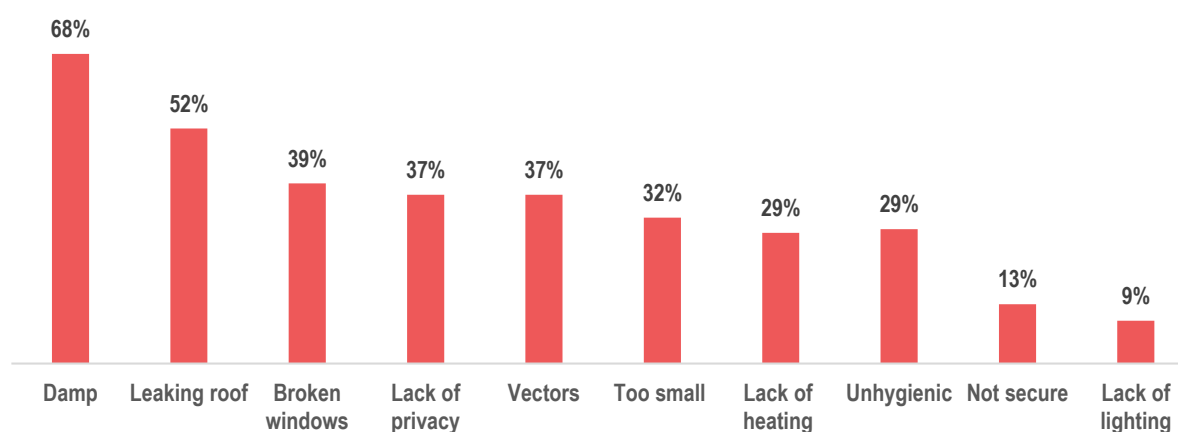
Area	House	Apartment	Mosque/ Hassayniya ²⁷	Unfinished building	Abandoned building	School	Container	Tent
North	78%	7%	0%	10%	2%	0%	1%	2%
Centre	59%	5%	10%	11%	5%	1%	3%	4%
South	53%	8%	29%	1%	7%	1%	0%	1%

Households living in critical shelters²⁸ were much more likely to share their shelter with other families (64%), compared to the country-wide 44% average. **Only 8% of households living in a critical shelter had a written agreement with the owner of the shelter, compared to 57% of households in non-critical shelters.** In addition, 87% of households living in critical shelters reported squatting, putting them at acute risk of short notice evictions. This raises important protection concerns especially for critical shelter types in Centre and South Iraq.

Whilst the most reported reason for moving from one's shelter in the MCNA II was the poor quality of the inhabited shelter (36%), this trend is now being reversed with those intending to move doing so to move to less quality but affordable housing (30%). Country-wide the assessment found that now shelter costs are the single most reported reason for moving, as reported by 30% of households who were planning to move from their current shelter (3%) across the country (compared to 22% who planned to move to access higher quality accommodation).²⁹ **As such, with long-term financial pressures increasing it is likely that more and more households will be forced to either accumulate debt to pay for rent and/or move to lower quality accommodation out of financial necessity.** More research may be needed to further investigate where households move to when unable to afford shelter costs.

Shelter concerns

Shelter issues reported by households reporting not living in adequate shelter (33%) were primarily associated to poor isolation (dampness reported by 68% of the subset reporting living in an inadequate shelter) and partly destroyed housing: a leaking roof was reported by 52% and 39% of households reported broken windows in their shelter. Lack of privacy was particularly reported by households living in critical shelters (50%), who were also more likely to report living in an inadequate shelter overall (47%).

Figure 8: Primary shelter issues reported by households reporting not to live in an adequate shelter, Iraq-wide

²⁷ Communal pilgrimage shelter, often along major roadways.

²⁸ Critical shelters are defined as unfinished and/or abandoned buildings and public spaces, such as schools or religious centres.

²⁹ Excluding Baghdad and Salah al-Din the country-wide average of households intending to move because of high costs is 24%, compared to 25% intending to move to better shelter.

Water and Sanitation

Households living in critical shelters were considerably more likely to share latrine facilities with other families, as reported by 38% compared to 12% of households living in houses or apartments. This sub-section outlines assessment findings related to water and sanitation, including access to drinking water, water scarcity, modes of waste disposal, and access to functional latrines and shower facilities.

Drinking water

Whilst the majority of IDP households across Iraq reported drinking water from either a private water network or a network shared with other families (72%), considerable variations were found across different governorates with substantially higher proportions of households in Centre (44%) and South Iraq (74%) buying their drinking water from the shop.

Table 6: Proportion of households by primary source of drinking water, by area

Area	Water network shared with other families	Private water network	Bought from the shop	Other ³⁰
North	33%	61%	4%	2%
Centre	20%	32%	44%	5%
South	3%	22%	74%	0%

In South Iraq three out of four households reported buying water from the shop, even though 99% of households reported having access to a municipal water connection, which they used for washing and cleaning. Further observation from enumerators suggests that **whilst the vast majority of households in South Iraq had access to a functional municipal water connection, they did not consider the water safe to drink.**

In contrast, in North Iraq, an average of 94% of households reported drinking water from the municipal water network with 79% of these households reportedly not treating the water before drinking. Whilst in Erbil and Sulaymaniyah 39% and 29% of households not treating their water for drinking respectively did not treat it because they considered the water safe to drink, 67% of households in Dahuk and 56% of households in Ninewa reported not treating it because they did not have the means to do so.

When households did report treating their water (58% of households which do not buy their water from the shop) they primarily relied on water filters, which were used by 32% of households Iraq-wide who were not buying drinking water from the shop. Second most reported water treatment sources were chlorination tablets, reported by 7% of households and boiling water before drinking, as reported by 5% of households across Iraq.

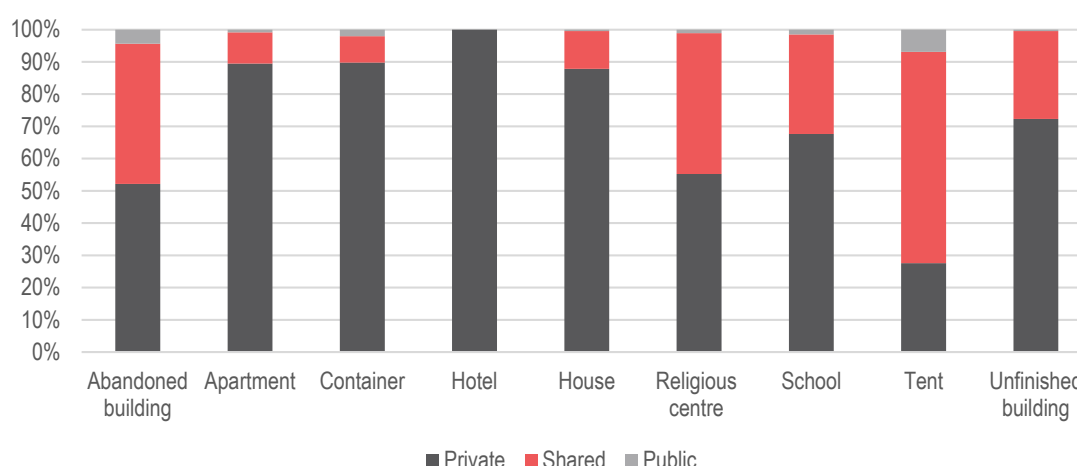
Households drinking water from a private or communal network (as opposed to buying water from the shop) were three times more likely to report cases of diarrhea. This suggests that drinking water from the network may negatively impact on people's health. In the light of the overall shift towards more households drinking water directly from the tap, often without treating it beforehand, more research is needed to further triangulate this finding and the negative impact it may have on the health of IDPs living outside camps.

Latrines

Across Iraq, 63% of households reported having access to a private latrine with 36% of households sharing their latrine with other families: only 1% of respondents reported relying primarily on public latrines. In general, households living in more critical shelters were considerably more likely to share latrine facilities with other families: 38% compared to 12% of households living in houses or apartments.

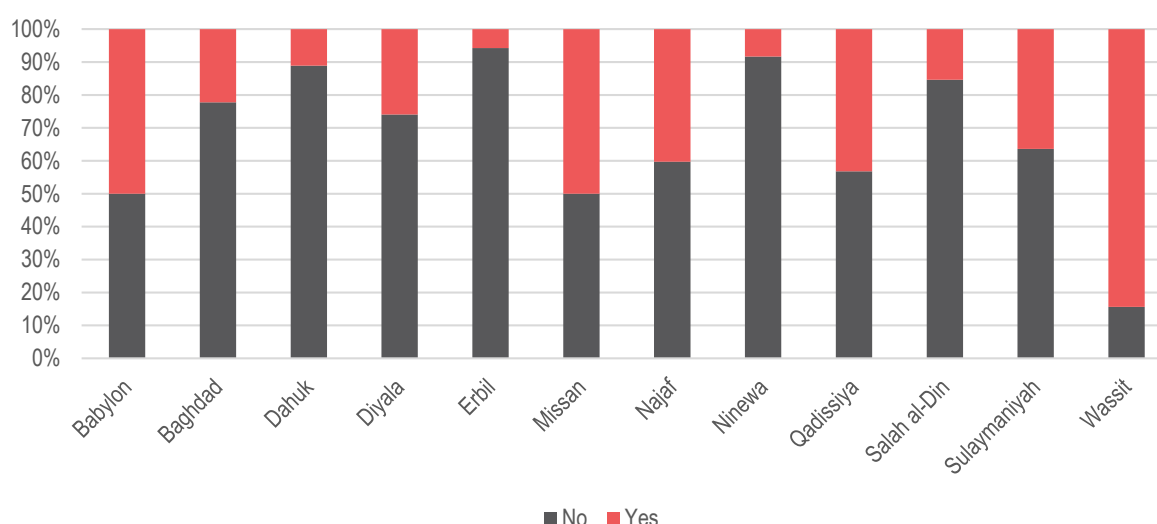
³⁰ This includes water trucking and digging wells to access drinking water.

Figure 9: Proportion of households with access to private, shared or public latrines, by shelter type



The usage of shared latrines in shelter which families share with others raises potential protection concerns. Whilst the vast majority of these were reported to be lockable from the inside (85%) and as having functional lighting (90%), the assessment found that **75% of shared or public latrines and shower facilities were reportedly not separated for males and females.**

Figure 10: Access to gender separate latrines amongst households sharing shelter with other households



Education

Findings suggest that school remains out of reach for many due to the associated costs with 44% of households not sending their children to school reporting this to be due to associated costs. This sub-section of the report outlines findings in relation to barriers to education, and costs associated to schooling.

Barriers to education

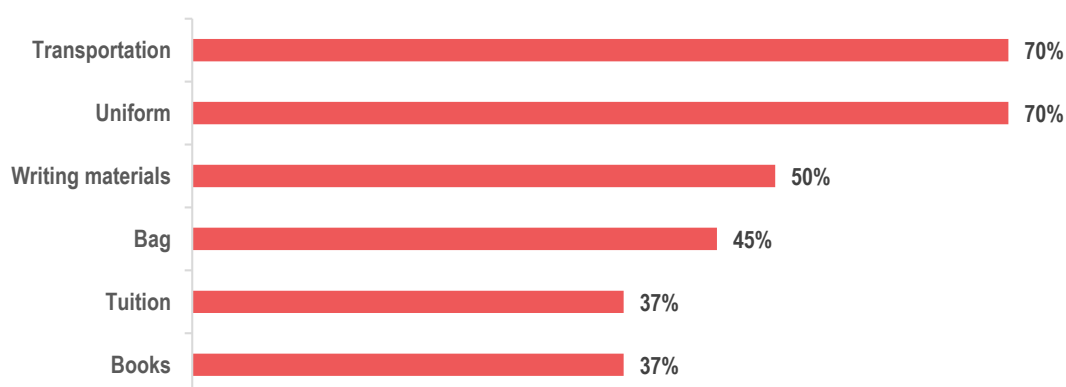
The single most reported barrier to education, as reported by 44% of households who did not send at least one of their children to school, were the costs associated with schooling. The proportion of households reporting costs as barrier remained comparable to MCNA II, reporting of distance to the closest school as a barrier to education halved from 30% to now 15% of households. Similarly, reporting of continuous movement as a barrier to education in displacement decreased by two thirds since the MCNA II from 30% to now 11%. **This indicates that whilst households become more stable and are in a better position to access services, theoretically, a lack of funds still prevents many children from attending school.**

Table 7: Top 5 reported barriers to education by governorate

Area	Costs	Continuous movement	School too far	Missed too much to catch up	Children traumatised
North	43%	25%	21%	5%	1%
Centre	50%	16%	11%	11%	8%
South	14%	16%	5%	1%	4%

When asked which costs related to education households were unable to afford, 70% of households reported not being able to afford transportation costs and school supplies, such as school uniforms (reported by 70% of households) and necessary writing materials (reported by 50%). **In the light of unsustainable livelihoods and an already extremely high drop-out rate of 71% these findings raise serious concerns about the ability of IDP children to attain an education outside camps and the long-term impact this is likely to have on their future.**

Figure 11: Costs associated to education that households cannot afford



CONCLUSION

The aim of this assessment was to create a broad, multi-sector understanding of the situation facing the internally displaced population living outside camps in Iraq. With many IDPs now living in prolonged displacement since their displacement in late 2013, this assessment also aimed to provide longer-term analysis of the evolving needs of IDPs outside camps, from 2014-2016.

This assessment found that after three years of struggling with protracted displacement, IDPs outside camps have often depleted their financial resources. This depletion in resources and savings has not been accompanied by an increase in livelihood opportunities, leading households to resort to increasingly negative coping mechanisms to afford basic needs. With savings exhausted, the proportion of IDP households taking on debt to afford basic services has significantly increased across the country: 30% of all households reported they had taken on debt in 2016, compared to 22% of assessed households in June 2015 (MCNA II).³¹ **Limited available funds and livelihood opportunities have had a negative impact on the ability of non-camp IDPs across the country to access essential basic services**, including healthcare, food, shelter and access to education.

In the short term, assessment findings indicate that food, health and targeted shelter and WASH assistance should be considered a priority for humanitarian intervention. Food remained the most reported priority need across Iraq (75%), as was the case in the MCNA II (72%) and the MCNA I (49%). At the same time, increasing proportions of assessed households in Northern governorates recorded poor or borderline food consumption profiles: in Erbil for instance 98% of IDP households had an acceptable FCS in June 2015 (MCNA II), compared to 93% in 2016.³² This suggests that IDP households in prolonged displacement, are increasingly suffering from the effects of a poor diet, despite the larger proportions taking on debt to maintain their consumption. There has also been an alarming increase in the proportion of households reporting purchasing food on credit, with **85% of all households taking on debt doing so to purchase food. Targeted food assistance should therefore continue to be considered for the most socio-economically deprived, in particular those in debt, while better access to PDS should also be supported** – particularly so in Sulaymaniyah and Erbil as 48% and 38% of households residing in these governorates respectively reported never having accessed PDS since their displacement.

Limited access to healthcare is increasingly a programmatic short-term priority: the number of households reporting healthcare as priority need has increased by 56% since June 2015 (MCNA II) across Iraq to 45% of households in 2016. The most commonly cited reason for not being able to access appropriate healthcare were limited funds (81%), indicating that many are not able to afford meeting their immediate medical needs. The inability of households to afford health services is likely to prevent IDPs from accessing necessary healthcare, which may result in long-term health risks and the deterioration of chronic illnesses among IDPs out of camps. As such, there is an **urgent need for targeted assistance to enable vulnerable groups to access regular healthcare.** For example, of households who hosted two or more chronically sick family members 39% were in debt, compared to 29% of households who did not host chronically ill individuals. **In South and Centre Iraq, an additional immediate need remains for targeted shelter and WASH assistance.** Particularly in critical shelter types, such as mosques, school and unfinished buildings, where almost half of the IDP population (47%) reported problems with regards to overcrowding, leaking roofs or broken windows. In addition, the water quality of the current network requires attention, as households drinking water directly from the tap, instead of bottled water, were **three times more likely to report having incurred diarrhea.**

Without further assistance, the ability of households to afford or access basic services will decrease in the medium to longer term, due to a combination of depleting household resources and limited livelihoods opportunities. The subsequent use of negative coping strategies will also severely undermine the capacity of IDP households to rebuild their lives once able to return to their area of origin, and erode their resilience to further shocks. To mitigate against this trend, humanitarian actors need to ensure that basic household needs can

³¹ This comparison excludes newly assessed governorates Baghdad and Salah al-Din. Country-wide average including newly assessed governorates the proportion of households in debt is 32%.

³² In Ninewa a decrease was recorded from 99% with acceptable FCS in June 2015 (MCNA II) to 96% now; in Sulaymaniyah from 98% to 95% of households.

increasingly be met through sustainable livelihoods solutions, whilst minimizing the use of negative coping mechanisms. To meet both objectives, **cluster-specific livelihoods-based interventions in the areas of food security, healthcare, WASH and shelter should be considered, in parallel to an overarching focus on resilience programming and increased support to local service providers.** In addition to the recommendations above, the following mid to long term programmatic gaps were identified:

- **Education:** Currently households' limited ability to provide for their most immediate needs means that education for children is secondary to spending on food, healthcare and shelter. Targeted assistance is needed to lower cost-related barriers to education, such as supporting transport to school and increasing the availability of schooling materials at minimal or no cost to households
- **Shelter:** In the mid to longer term, increasing proportions of households will be forced to either keep accumulating debt to pay for rent, or move to lower quality accommodation due to financial necessity. To mitigate against this trend, targeted shelter interventions should be considered for the most socio-economically vulnerable IDPs, including the 53% of IDP households taking on debt (32% of all IDPs) to pay rent.
- **WASH:** The varying quality and limited availability of municipal piped water requires increased support to local providers to improve the network, in addition to targeted sensitization campaigns to beneficiaries regarding the quality and storage of piped water. In addition, most IDP households in the Centre-South buy drinking water in shops, rather than using treated tap water, which raises concerns regarding the future ability of IDPs to afford and access clean drinking water in the long-term considering their precarious financial situation.
- **Health:** Support should be extended to local services to fill crucial gaps in the provision of health services, ensuring that both host communities and IDPs profit equally from given programming.

ANNEXES

Annex 1: Household Questionnaire

Download the full [Multi Cluster Needs Assessment III survey form](#) (pdf).

Annex 2: List of Assessed Districts

Governorate	Sample collected
Babylon	284
Hashimiya	66
Hilla	63
Mahawil	76
Musayab	79
Baghdad	111
Adhamia	18
Kadhimia	12
Karkh	47
Mada'in	28
Basrah	344
Abu Al-Khaseeb	75
Basrah	90
Fao	17
Midaina	46
Qurna	29
Shatt Al-Arab	31
Zubair	56
Dahuk	287
Amedi	69
Dahuk	72
Sumel	71
Zakho	75
Diyala	500
Baladrooz	68
Khalis	73
Khanaqin	76
Kifri	72
Muqdadiya	159
Ba'quba	52
Erbil	343

Governorate	Sample collected
Erbil	73
Koisnjaq	92
Makhmur	14
Shaqlawat	70
Soran	94
Kerbala	236
Ain Al-Tamur	68
Hindiya	94
Kerbala	74
Missan	197
Ali Al-Gharbi	34
Amara	101
Kahla	2
Maimouna	8
Mejar Al-Kabir	16
Qal'at Saleh	36
Muthanna	180
Khidhir	50
Rumaita	67
Samawa	63
Najaf	253
Manathara	69
Najaf	67
Kufa	117
Ninewa	157
Akre	82
Shikhan	71
Qadissiya	265
Afaq	70
Diwaniya	68
Hamza	60

Governorate	Sample collected
Shamiya	67
Salah al-Din	123
Balad	18
Daur	62
Samarra	12
Tikrit	29
Sulaymaniyah	654
Chamchamal	73
Darbandihkan	84
Dokan	75
Halabja	75
Kalar	73
Penjwin	14
Pshdar	60
Rania	71
Sulaymaniyah	73
Sharbazher	56
Thi-Qar	255
Chibayish	12
Nassriya	69
Rifa'i	55
Shatra	57
Suq Al-Shoyokh	62
Wassit	395
Azezia	83
Badra	44
Hai	59
Kut	74
Na'maniya	57
Suwaira	78