

REACH Informal Sites Profiling & Movement Intentions Survey

May 2023
Iraq

KEY MESSAGES

- Movement intentions varied across sub-district. However, return intentions were generally low, while intentions to remain in current locations were generally high. The most commonly reported barriers to return were a lack of housing in the Area of Origin (AoO), a lack of financial means to return, fear and trauma associated with the AoO, and a lack of livelihood options in the AoO.
- 24% of HHs reported to have been at risk of eviction at the time of data collection; however, this proportion greatly varies across sub-districts. 72% of HHs in Tikrit reported an eviction risk, while 53% in Markaz Al Baaj, 47% in Markaz Mosul, and 44% in Khan Dhari did so.
- Shelter support was the most commonly reported priority need (82% of HHs), particularly with regards to protection from climatic conditions. Other frequently reported priority needs included healthcare (61%), livelihoods support (51%), and food (46%).

CONTEXT & RATIONALE

As of July 2022, an estimated 79,470 Internally Displaced Persons (IDPs) were residing in 376 so-called informal sites (see below for a more specific definition). Informal sites are dispersed throughout the central and northern parts of Iraq and greatly vary in size, structure, and service provision. Compared to formal IDP camps, the lifecycle of informal sites can be more dynamic. The nature of informal sites impedes service provision and aid delivery to IDPs, and a range of basic needs remains unmet. Robust information on the nominal and spatial extent of IDPs' needs is required in order to support the effective delivery of aid to IDPs in informal sites. A number of factors are preventing durable solutions for IDPs, such as a lack of security, housing, and livelihoods in the Areas of Origin (AoO). Durable Solutions should be supported by evidence on the movement intentions of IDPs living in informal sites, as well as the barriers preventing returns to AoOs.

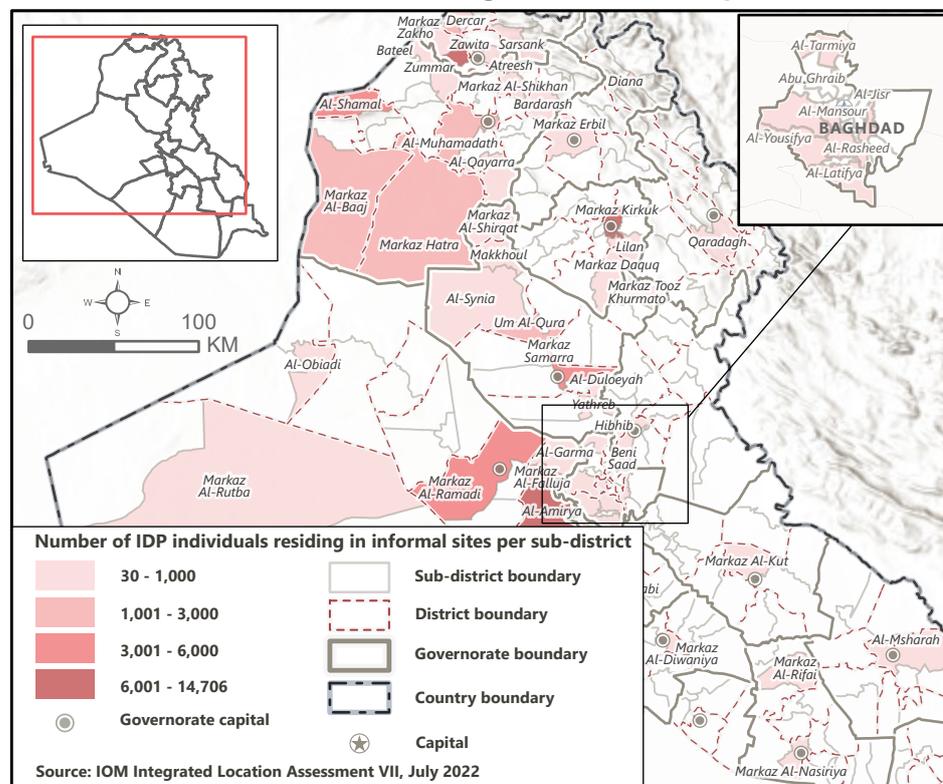
ASSESSMENT OVERVIEW

The Informal Sites Profiling & Movement Intentions Assessment provides information on the living conditions, multisectoral needs, and access to services of IDPs residing in informal sites, as well as residents' movement intentions and associated barriers to return. The assessment also provides information about climate induced displacement and exposure to environmental hazards in informal sites.

METHODOLOGY:

REACH collected 1,372 surveys of Households (HHs) residing in informal settlement throughout Iraq. The results are representative at sub-district level, with a confidence interval of 90% and a margin of error of 10%. For more information, please see the [Terms of Reference](#).

Distribution of IDP individuals residing in informal sites, per sub-district¹



Data for this assessment was collected with the kind support of:



¹ This map uses administrative boundaries as defined by UN OCHA. All following maps in this factsheet use boundaries defined by IOM.

LIST OF ABBREVIATIONS AND ACRONYMS

AoD	Area of displacement
AoO	Area of origin
DRC	Danish Refugee Council
HH	Household
IDP	Internally displaced person
ILA	Integrated Location Assessment
IOM	International Organisation for Migration
KI	Key informant
KII	Key informant interview
KRI	Kurdistan Region of Iraq
MoDM	Ministry of Displacement and Migration
NGO	Non-governmental organisation
PDS	Public Distribution System
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
USD	United States Dollars
WASH	Water, Sanitation and Hygiene

KEY DEFINITIONS

KRI	Kurdistan Region of Iraq, a devolved federal entity in the north of Iraq.
Governorate	The highest administrative boundary below the national level. Officially, there are 19 governorates in Iraq, three of which are located in KRI.
District & Sub-District	Governorates are divided into districts, which in turn are divided into sub-districts.
Informal Site	<ul style="list-style-type: none"> • Site where more than 5 displaced households have settled collectively • Sites not built to accommodate people, but serving that purpose, set up on state-owned or private land/buildings • IDP families are living in the site as a group, possibly with shared leadership • Shelter is sub-standard (critical shelter), e.g., tents, improvised shelters, unfinished buildings, or buildings not meant for living in, e.g., schools, mosques • Facilities in the site are likely sub-standard. Families share basic public/communal services and facilities, e.g., WASH facilities. • Government authorities have not assumed responsibility for management and administration • Services and assistance are delivered collectively, and even if available are not provided regularly • Land use is conflicting, or not in line with, the land use for the location as defined by approved urban master plans and/or detailed plans, if any • Degraded urban environment
Disability	For this round, the definition of disability followed the Washington Group Disability guidelines . Households self-reported whether a household member had difficulty or not on doing five basic tasks (seeing, hearing, walking, remembering, and washing themselves). If they reported experiencing a lot of difficulty or that they could not do at all, it was considered a disability.
Improved Water Source	Any of the following water sources are considered improved: piped water into compound, piped water to public tap, borehole, protected protected well, rainwater tank, protected spring. Bottled water and water trucking are not considered an improved water source for the purpose of this assessment, as HHs need to pay for both bottled water and water trucking. Frequent reporting of these sources may signal the unavailability of low-cost improved water sources.
Unimproved Water Source	Any of the following water sources are considered unimproved: unofficial connection to piped network, unprotected rainwater tank, unprotected well, unprotected spring.

TABLE OF CONTENTS

List of Acronyms and Abbreviations	2
Key Definitions	2
Summary of Findings	4
Multisectoral Needs and Vulnerability	4
Protection, Security, and Social Cohesion	4
Housing, Land, and Property	5
Movement Intentions	5
Informal Site Profiles at Sub-District Level	
Al Amirya	7
Al Latifya	9
Al Shamal	11
Al Yousifya	13
Altal	15
Banslawā Kasnāzan	17
Fayida	19
Khan Dhari	21
Markaz Abu Ghraib	23
Markaz Al Baaj	25
Markaz Al Balad	27
Markaz Al Musayab	29
Markaz Falluja	31
Markaz Kirkuk	33
Markaz Mosul	35
Markaz Samarra	37
Markaz Sumel	39
Markaz Tikrit	41
Markaz Tuz Khurmatu	43
Nahrawan	45
Rabia	47
Rizgari	49
Taza Khurmatu	51
Zawita	53
Methodology Note	55

SUMMARY OF FINDINGS

Multisectoral Needs and Vulnerability

The largest proportion of IDP HHs residing in informal sites hosting 30 or more HHs lived in unfinished or abandoned residential buildings (24% of HHs), followed by 18% of HHs that lived in tents. Notably, across all sub-districts surveyed, 41% of HHs reported living in shelters that were 50% or more damaged. However, this proportion is much higher in the sub-districts of Nahrawan (81%), Markaz Al Balad (77%), and Markaz Al Baaj (74%). Indeed, **shelter support was the most commonly reported priority need** at 82% of HHs. 67% of HHs reportedly needed protection from climatic conditions, while 37% reported a need for improved privacy and dignity, followed by 26% that reportedly needed improved safety and security.

Sixty-one percent of HHs reported healthcare as a priority need. 42% percent of HHs reported no available healthcare facility within 5km of their home. The proportion of HHs without a healthcare facility close by was especially high in Taza Khurmatu (98%), Markaz Falluja (95%), and Zawita (91%), as well as Al Yousifya (87%), Al Shamal (82%) and Markaz Ramadi (70%). Among all HHs, 80% reportedly required healthcare services in the three months prior to data collection, 62% of which were reportedly unable to access healthcare on at least one occasion. Among those HHs who attempted to access healthcare in the three months prior to data collection, the proportion of HHs that was reportedly unable to do so was especially high in Markaz Al Balad (82%), Khan Dhari (83%), and Markaz Al Musayab (81%). Among all HHs, the most commonly reported barriers to accessing healthcare were prohibitive costs (58%), followed by a lack of medicine available (19%), large distances to the treatment center (13%), and unavailability of necessary treatments (12%). Across all sub-districts surveyed, 31% of HHs reported the occurrence of at least one completed pregnancy in the two years prior to data collection. Of these HHs that reported a completed pregnancy, 4% reported a birth occurring at home. This proportion is markedly higher in the sub-districts of Al Yousifya (39%), Markaz Tirkrit (22%), and Al Shamal and Markaz Falluja (both 17%). While the occurrence of homebirths may signal a lack of access to maternal and neonatal healthcare, an absence of home births does not necessarily imply acceptable access.

Livelihood support was reported as a priority need by 51% of HHs. 67% of HHs reported informal employment as their primary income source over the 30 days prior to data collection, while 6% reported regular employment. Notably, these figures are not to be understood as employment rates, as they only

reflect the proportion of HHs relying on these types of income – however small the earnings from those might be. Indeed, 30% of HHs reported loans and debt as their primary income source, while a combined 15% reportedly relied on either community assistance, social services, NGO or charity assistance or the sale of assistance received. This low reliance on assistance, compared to findings for in-camp IDPs, reflects the 56% of HHs that reported not having received any type of assistance over the three months prior to data collection. 21% reported having received food assistance, while 11% reported having received NFI assistance. Both informal income sources as well as the low availability of assistance are in line with the finding that **38% of HHs had reportedly used or already exhausted a crisis or emergency coping strategy to afford basic needs** in the three months prior to data collection. This proportion is much higher among HHs in Markaz Al Baaj (85%), Markaz Sumel and Markaz Al Balad (64%), as well as Rizgari (61%) and Fayida (60%).

Food assistance was reported as a priority need by 46% of HHs. Indeed, **77% of all HHs reported challenges in accessing food**, particularly in Markaz Al Balad (100% of HHs), Al Shamal (93%), and Samarra (90%). The most reported barriers were limited financial resources (38%) as well as logistical constraints (30%) such as long distances to markets as well as movement restrictions.

Protection, Security, and Social Cohesion

Among all HHs, 14% reported missing key civil documents. This proportion was much higher in Markaz Al Baaj (51%), Markaz Sumel (50%), and Al Shamal (49%). While 17% of all HHs reported to be headed by a woman, 33% did so in Markaz Falluja, followed by 30% in Markaz Al Balad, 29% in Markaz Abu Ghraib, and 28% in Markaz Samarra and Al Yousifya. 12% of HHs reported having a member living with a disability. The sub-districts with more than 20% of HHs reportedly including a member living with a disability were Markaz Al Balad (25%), Rizgari (23%), and Markaz Al Baaj (22%).

Ten percent of IDPs reported **not feeling safe from harm and violence** in the site, albeit this proportion is much higher in Nahrawan (25%), Al Amiryia, Khan Dhari and Markaz Tikrit (19%), as well as Markaz Ramadi (17%) and Markaz Kirkuk (16%). Notably, 28% of those who reported not feeling safe in their current location preferred not to say why they felt that way, presumably out of fear of repercussions. Importantly, 27% of HHs who reported not feeling safe from harm and violence reported **gender-based violence** as a

reason. However, it must be assumed that the proportion of HHs with members that feel unsafe due to gender-based violence is underestimated due to underreporting. Male respondents might not be aware of or care about female HH members' experiences of gender-based violence. Female respondents might be ashamed or afraid to report gender-based violence, especially when male HH members and therefore possible perpetrators of violence were present during the interview.

Three percent of HHs reported security incidents occurring in or around the site in the three months prior to data collection, particularly incidents of physical violence such as beatings and shootings, problems with authorities, and discrimination against IDPs. The proportion of HHs reporting security incidents was higher in Markaz Samarra, where 11% reported incidents of physical violence. In Al Shamal, most of the 9% of HHs reporting incidents reported gender-based violence or clashes between armed groups. Apart from security incidents, **65% of HHs reported being concerned about exposure to hazards**, in particular to flooding (34%), extreme temperatures and heatwaves (18%), fires (13%), and drought (12%). Notably, 87% of HHs in Al Shamal were concerned about fires, along with 64% in Markaz Al Balad and 61% in Markaz Sumel. 83% of HHs in Samarra and 80% of HHs in Al Shamal were reportedly also concerned about extreme temperatures, while 72% of HHs in Khan Dhari as well as 67% of HHs in Markaz Al Baaj and Banslawia Kasnazan were concerned about flooding.

Overall, **15% of HHs reported not believing that the host community accepted IDPs living in informal sites**. This proportion was highest in Nahrawan (56%), Markaz Al Musayab (32%), Al Amirya (28%), Markaz Abu Ghraib (26%), and Al Latifya (25%). While only 2% of all HHs reported conflicts between IDPs and host community as a result of sharing resources, this proportion was higher in Al Latifya (7%), Al Yousifya and Rizgari (6%). 62% of HHs reported they would likely or very likely try to cooperate with others from a different tribal or ethnoreligious background to solve a community problem. This proportion was lowest in the sub-districts of Nahrawan and Banslawia Kasnazan, where only 30% and 31% reported they would likely or very likely attempt cooperation.

Housing, Land, and Property Rights

Across all sub-districts surveyed, only 4% of HHs reported tenancy security, i.e., either owning the property they live on or having a valid written tenancy agreement that has not expired. The proportion of HHs reporting tenancy security is below 5% in all but

three of the 25 sub-districts surveyed: 80% of HHs in Rabia sub-district reported owning the property they lived on, as well as 77% in Altal and 7% in Mosul. In line with overall low to non-existing levels of tenancy security, **24% of HHs reported to have been at risk of eviction** at the time of data collection; however, this proportion greatly varies across sub-districts.

Standing at 72% of all HHs, informal site residents in Markaz Tikrit were the most likely to report an eviction risk. 68% of those reportedly at risk of eviction in Markaz Tikrit reported requests to vacate issued by authorities as the main reason, while 22% also cited a lack of funds to pay rent. Correspondingly, 64% of HHs reported local authorities to be the main actors attempting to evict HHs, while 28% mentioned the owner of the property. In Markaz Al Baaj, 53% of all HHs reported being at risk of eviction, of which, similar to Markaz Tikrit, 58% reported requests by local authorities to be the main reason for eviction risks. 24% of HHs in Markaz Al Baaj also reported requests to vacate issued by the owner. Asked about the main actors attempting to evict HHs, 66% of HHs reported local authorities to be the main actors attempting to evict the HHs, followed by 34% who also reported to be at risk of eviction from the owner of the property. Other sub-districts with high proportions of HHs reportedly at risk of eviction included Markaz Al Mosul (47%), Khan Dhari (44%), and Markaz Ramadi (34%).

Movement Intentions

Reported return intentions show to be highly diverse across sub-districts surveyed. Decisions whether to return, remain, or move to a different location altogether are likely to depend on a host of interconnected factors. Conditions in informal sites could either drive decisions to return or to remain, depending on, inter alia, eviction risks, security, and social cohesion with the host community. Factors related to the AoO are just as likely to drive return decisions and could include the availability of livelihood options and basic services, the presence or absence of post-conflict tensions between different ethno-religious groups, and security factors. In addition, HH-specific socio-economic variables such as a lack of funds, old age, and fear or trauma associated with the AoO might prevent HHs from making the move, even if HHs had the desire to return and conditions in the AoO were permitting. Due to the diversity of movement intentions, this summary of findings can only provide a general overview of movement intentions patterns. Sub-district profiles below may be consulted for more specific information.

Across all sub-districts surveyed, **82% of HHs reportedly intended to remain** in their current

location for the twelve months following data collection, while only 5% reportedly intended to return to their AoO – willingly (4%) or unwillingly (1%). Importantly, 11% of HHs reportedly remained undecided about their movement intentions for the twelve months following data collection. The highest proportion of HHs reportedly intending to return was found in Markaz Fallujah (18%), followed by Markaz Abu Ghraib (17%), Al Musayab (16%), Al Yousifya (15%), Markaz Ramadi (13%), and Markaz Al Balad (11%).

Among those HHs reportedly not intending to return, **destruction of housing and property** in the AoO was the reason reported most frequently (40%), followed by a **lack of financial means** to return (34%), movement restrictions (30%), as well as **fear and trauma** associated with the AoO and a **lack of livelihoods** (both 26%). Correspondingly, 44% of HHs reported a lack of housing in the AoO, as one of three main barriers to return, alongside an instable security situation in the AoO (34%) and a lack of economic opportunities (24%).

Notably, the sub-districts with the lowest proportions of HHs reportedly intending to return do not fully coincide with the sub-districts with the highest proportions of HHs reportedly intending to remain. In other words, several sub-districts feature a **large proportion of HHs that are neither reporting an intention to return nor to remain but were reportedly undecided instead**. The sub-districts with the highest proportion of undecided HHs were Al Shamal (58%), Markaz Al Musayab (37%), Al Yousifya (26%), and Markaz Falluja (23%). Likely, these HHs are facing challenging conditions in their current location, while also being unable to return to their AoOs, either due to conditions in the AoO, due to HH-specific conditions, or due to an interplay of both. Which factors in particular are suspending HHs in this state of uncertainty is not a subject of this analysis, but certainly worth investigating in the interest of Durable Solutions.

Deciding whether to return to the AoO or remain in the current location may be the result of complex, iterative deliberation – a process which is presumably based, to some degree, on the information about the AoO a HHs is able to access. Indeed, 59% of HHs reported having access to enough information about their AoO to reach a decision on whether to return or not. This finding may indicate that for close to two-thirds of HHs, **movement intentions are based on, from the perspective of the HH, well-informed decisions**. The most commonly reported sources of information about the AoO were personal visits to the

location (43%), social media (32%), and friends and family who have returned to the location (26%), as well as those who are not living at the location (20%).

The sub-districts with the largest proportion of HHs reportedly not having enough access to information about their AoO to reach a return decision are Al Amiryah (67%), Markaz Abu Ghraib (63%), Al Yousifya and Nahrawan (56%), Markaz Al Musayab (54%), Al Latifya (50%), and Markaz Falluja (48%). Most commonly, HHs who reported information needs reported requiring information about the security situation in the AoO (52%), livelihood opportunities (33%), housing in the AoO (28%), and the availability of basic services in the AoO (27%). Notably, Markaz Musayab, Al Yousifya, and Markaz Falluja are also among the districts with the highest proportion of HHs reportedly undecided about their movement intentions. In contrast, however, HHs in Al Shamal were most likely to reportedly be undecided about their movement intentions, while only 1% of HHs in Al Shamal reported not having access to enough information about their AoO to reach a return decision. To which degree access to information factors into the formation of specific movement intentions is beyond the scope of this analysis, but corresponding insights would increase the capacity of organisations to respond to the information needs of IDPs in informal sites and promote sustainable, well-informed return decisions.

SUB-DISTRICT: AL AMIRYA



KEY FINDINGS

- Shelter support was reported as a priority need by 93% of HHs, particularly protection from climatic conditions. 24% of HHs reported a risk of eviction.
- Notably, 19% of HHs reported not feeling safe from harm and violence in their current area, while 28% of HHs reported not believing that the host community accepted IDPs living at the site.
- Eighty-one percent of HHs reportedly intended to remain in their current location for the 12 months following data collection, while 9% intended to return and 8% were reportedly undecided. This proportion of HHs who don't intend to remain may be related to feelings of insecurity and low reported host-community acceptance.
- To enable returns, HHs reportedly required improved security conditions in AoO. Two-thirds of HHs also reported requiring more information about their AoO to reach a return decision, mainly on the security situation.

DEMOGRAPHIC PROFILE

Distribution of age groups:



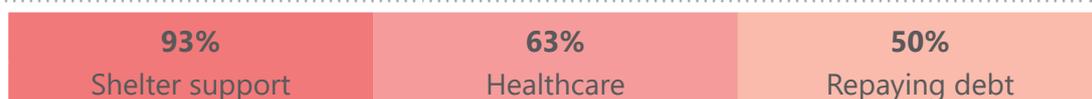
Mean HH size (members) 5
 Mean age of HH head 43
 Female-headed HHs 18%

PROTECTION

- Displacement** 99% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 33% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 47% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 14% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 6% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹

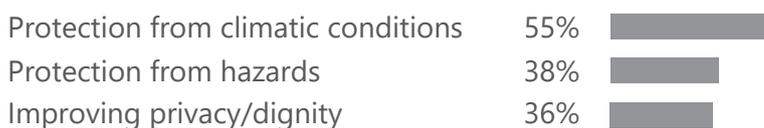


SHELTER

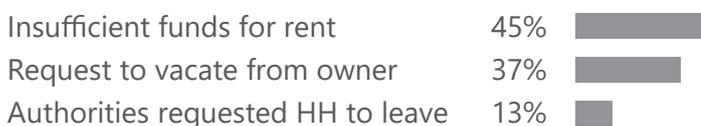
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



24% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 19% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 11% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 2% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 28% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 3% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

73% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	60%
No medicine available at facility	24%
No treatment available for my disease	13%

61% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	31%	
Bottled/water trucking	64%	
Unimproved water source	6%	

Reported access to sanitation:²

Improved, unshared sanitation facility	75%	
Unimproved/shared sanitation facility	25%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	62%	
Boys 6-11	68%	
Girls 12-17	42%	
Boys 12-17	54%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	49%	
Purchased on credit (debt)	40%	
Cash assistance	5%	

48% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Physical/logistical constraints	27%	
Limited financial resources	27%	
Security constraints	4%	

LIVELIHOODS

Median debt reported by HHs: 916 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	56%	
Loans/debt	32%	
Selling assistance received	11%	

44% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
	81%	81%
	9%	9%
	1%	1%
	8%	8%

Remain in current location
Return to AoO
Move to another location
Do not know

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	48%
Information on AoO	35%
Reconstruction of Homes	21%

Most commonly reported reasons not to return to AoO:^{1,3}

Movement restrictions	59%	
Fear/trauma associated with AoO	38%	
No financial means to return	32%	

67% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 52) reportedly required information on:¹

Security situation	29
Information on my housing	17
Livelihood opportunities	14

Failed returns:
6% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: AL LATIFYA

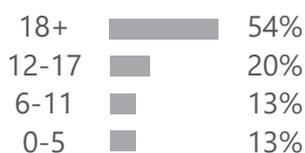


KEY FINDINGS

- Shelter support was reported as a priority need by 94% of HHs, particularly protection from climatic conditions.
- A quarter of HHs reported not believing that the host community accepted IDPs living at the site. 7% of HHs reported resource conflicts between IDP HHs and the host community, the highest proportion among all sub-districts surveyed.
- Purchased water (bottled/water trucking) was reported as the primary drinking water source by 91% of HHs, 50% of which reported this was out of personal preferences, while 50% reported a lack of alternatives. Overall, this indicates a shortage of safe and acceptable drinking water available to informal site residents in Al Latifya.
- Only 5% of HHs reportedly intend to return to their AoO within one year of data collection. However, 14% of HHs reported not yet knowing their intention.

DEMOGRAPHIC PROFILE

Distribution of age groups:



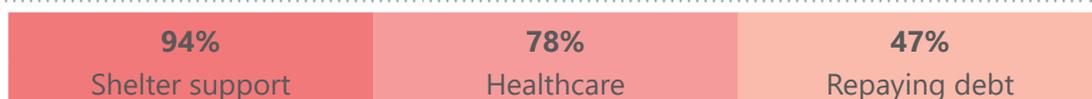
Mean HH size (members) 5
 Mean age of HH head 44
 Female-headed HHs 20%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 20% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 45% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 9% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 1% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹

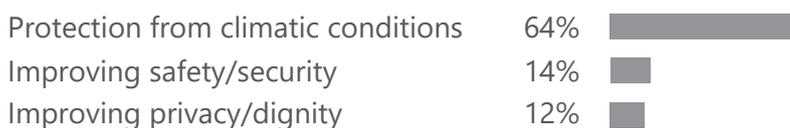


SHELTER

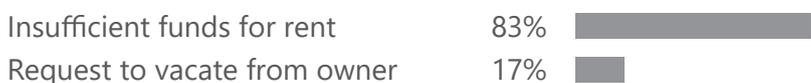
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



10% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



4% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 9% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 4% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 25% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 7% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

68% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

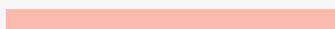
Cost of services/medicine too high	86%
No medicine available at facility	12%
Health facility too far away	10%

34% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

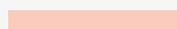
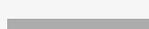
Improved water source	9%	
Bottled/water trucking	91%	
Unimproved water source	0%	

Reported access to sanitation:²

Improved, unshared sanitation facility	92%	
Unimproved/shared sanitation facility	8%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	62%	
Boys 6-11	62%	
Girls 12-17	37%	
Boys 12-17	53%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	53%	
Own cash	40%	
Gifted from family/friends	2%	

52% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	33%	
Physical/logistical constraints	24%	
No cooking facilities	4%	

LIVELIHOODS

Median debt reported by HHs: 458 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	52%	
Loans/debt	49%	
Retirement fund or pension	14%	

25% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
	81%	81%
	5%	5%
	0%	0%
	14%	14%

Remain in current location Return to AoO Move to another location Do not know

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	38%
Information on AoO	27%
Reconstruction of Homes	26%

Most commonly reported reasons not to return to AoO:^{1,3}

Movement restrictions	59%	
House in AoO damaged/destroyed	40%	
No financial means to return	32%	

50% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 35) reportedly required information on:¹

Basic services availability	14
Information on my housing	13
Security situation	12

Failed returns:
6% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: AL SHAMAL

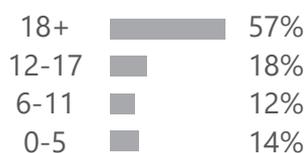


KEY FINDINGS

- Ninety-three percent of HHs reported difficulties accessing food, with financial and logistical constraints being the most reported barriers.
- Sixty-five percent of HHs reported healthcare as a priority need. 74% of HHs that attempted to access healthcare in the three months prior to data collection were reportedly unable to do so on at least one occasion.
- Eighty-two percent of HHs reported not having a functioning healthcare facility within 5km of their home. This general inaccessibility of healthcare might be related to the rather high proportion of home births reported.
- Half of HHs reported an unimproved water source as their primary source for drinking water, while 61% of HHs reported using shared or unimproved sanitation facilities. Both could exacerbate healthcare needs.
- Both reported intentions to remain, as well as intentions to return were low. Instead, 58% remained undecided, which highlight the insecurity surrounding IDPs in Al Shamal, 80% of which reportedly are from Al Baaj, while 20% are from Sinjar.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 7
 Mean age of HH head 42
 Female-headed HHs 8%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 0% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 51% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 11% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 49% of HHs reported missing civil documentation.⁴

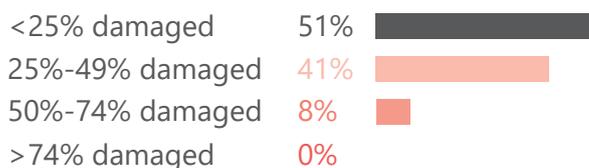
PRIORITY NEEDS

Top three reported by HHs:¹

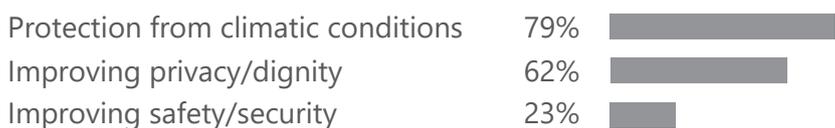


SHELTER

Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



21% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



2% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 1% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

74% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	63%
Health facility too far away	26%
No medicine available at facility	10%

82% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

17% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	29%	
Bottled/water trucking	21%	
Unimproved water source	50%	

Reported access to sanitation:²

Improved, unshared sanitation facility	39%	
Unimproved/shared sanitation facility	61%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	72%	
Boys 6-11	86%	
Girls 12-17	47%	
Boys 12-17	69%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	74%	
Food assistance (government)	17%	
Purchased on credit (debt)	7%	

93% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	85%	
Physical/logistical constraints	69%	
Livestock production interrupted	3%	

LIVELIHOODS

Median debt reported by HHs: 1145 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	88%	
Loans/debt	12%	
Regular employment	9%	

46% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
	87%	Remain in current location
	1%	Return to AoO
	3%	Move to another location
	9%	Do not know
		33%
		1%
		8%
		58%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Basic services in AoO	81%
Reconstruction of Homes	78%
Livelihood opportunities	58%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	76%	
No financial means to return	55%	
Basic services not available in AoO	51%	

1% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 100) reportedly required information on:¹

Information on my housing	1
Basic services availability	1

Failed returns:
13% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

HEALTH CARE

74% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	74%
No medicine available at facility	25%
Health facility too far away	23%

87% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

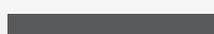
39% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	10%	
Bottled/water trucking	80%	
Unimproved water source	10%	

Reported access to sanitation:²

Improved, unshared sanitation facility	94%	
Unimproved/shared sanitation facility	6%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	38%	
Boys 6-11	61%	
Girls 12-17	60%	
Boys 12-17	61%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	49%	
Own cash	48%	
Begging	2%	

47% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	34%	
Physical/logistical constraints	23%	
No cooking facilities	2%	

LIVELIHOODS

Median debt reported by HHs: 763 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	88%	
Loans/debt	39%	
Retirement fund or pension	8%	

42% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

	3 months		12 months ⁵
	59%	Remain in current location	59% 
	15%	Return to AoO	15% 
	0%	Move to another location	0%
	26%	Do not know	26% 

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	41%
Basic services in AoO	35%
Reconstruction of Homes	31%

Most commonly reported reasons not to return to AoO:^{1,3}

Movement restrictions	73%	
No financial means to return	38%	
Lack of security forces	25%	

56% of HHs reported insufficient information about their AoO to reach a return decision.

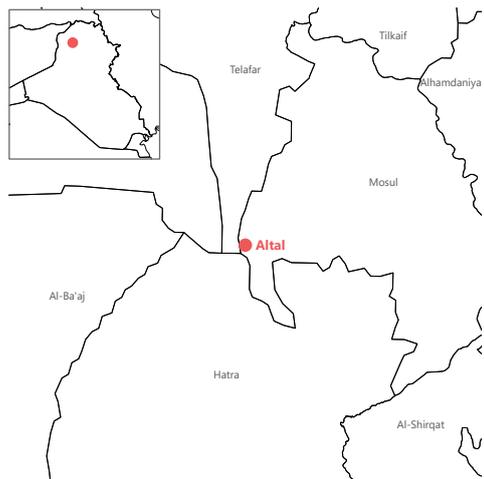
Those HHs that reported information needs (n = 34) reportedly required information on:¹

Information on my housing	14
Livelihood opportunities	13
Security situation	11

Failed returns:
8% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: ALTAL



KEY FINDINGS

- Shelter support was reported as a priority need by 73% of HHs, particularly protection from climatic conditions. In addition, 21% reported being at risk of eviction, mainly due to authorities requesting them to vacate.
- All HHs reported purchased water (bottled/water trucking) as their primary source of drinking water, and all HHs cited a lack of alternatives as the main reason.
- Forty-two percent of HHs reported not having access to improved, non-shared sanitation facilities, one of the highest proportions observed among all sub-districts surveyed.
- No HHs reported the intention to return to their AoO within 12 months of data collection. Instead, 97% reported the intention to remain. 80% of IDP HHs in informal sites in Altal were from other sub-districts in Al Hatra, where access to basic services and livelihood opportunities are scarce. Indeed, basic services was the most commonly reported reason not to return to the AoO.

DEMOGRAPHIC PROFILE

Distribution of age groups:



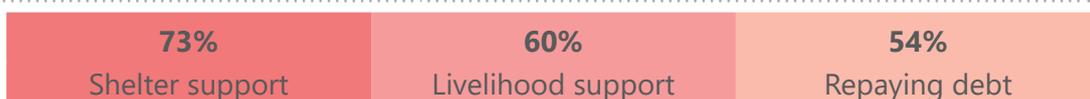
Mean HH size (members) 8
 Mean age of HH head 45
 Female-headed HHs 11%

PROTECTION

- Displacement** 91% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 11% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index**² 42% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 16% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 2% of HHs reported missing civil documentation.⁴

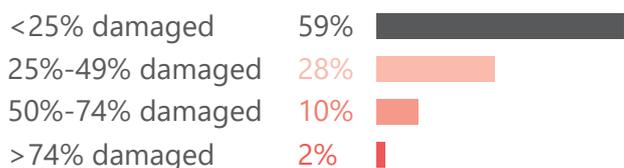
PRIORITY NEEDS

Top three reported by HHs:¹

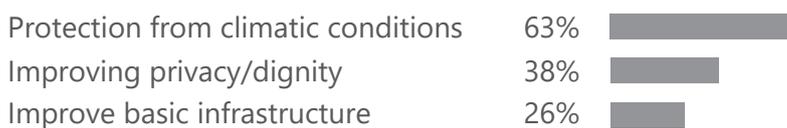


SHELTER

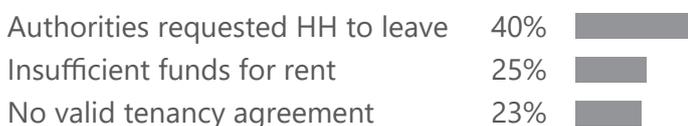
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



21% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



77% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 3% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 2% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 3% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 3% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 2% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

22% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	39%
Health facility too far away	26%
No medicine available at facility	13%

5% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

12% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	0%
Bottled/water trucking	100%
Unimproved water source	0%

Reported access to sanitation:²

Improved, unshared sanitation facility	58%
Unimproved/shared sanitation facility	42%

EDUCATION

School attendance by age group and sex:

Girls 6-11	47%
Boys 6-11	65%
Girls 12-17	38%
Boys 12-17	69%

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	52%
Own cash	24%
Food vouchers / PDS	13%

60% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Physical/logistical constraints	42%
Limited financial resources	31%
Available food is low quality	2%

LIVELIHOODS

Median debt reported by HHs: 687 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	71%
Loans/debt	21%
Regular employment	14%

27% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
97%	Remain in current location	97%
0%	Return to AoO	0%
0%	Move to another location	0%
3%	Do not know	3%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Basic services in AoO	52%
Increased security in AoO	46%
Reconstruction of Homes	39%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	55%
Lack of livelihoods in AoO	48%
No financial means to return	33%

39% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 15) reportedly required information on:¹

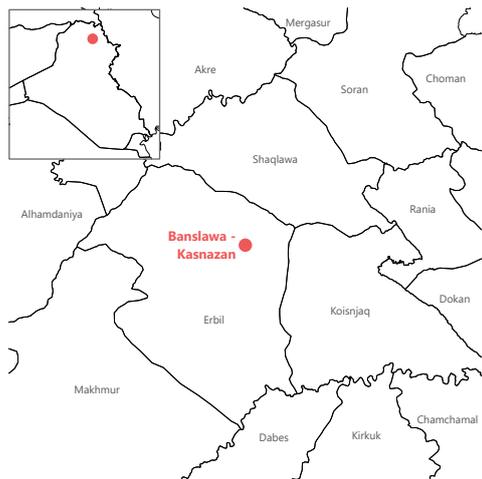
Security situation	11
Basic services availability	6
Safety of the area	5

Failed returns:

12% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: BANSLAWA KASNAZAN



KEY FINDINGS

- The majority of IDP HHs residing in informal sites in Banislawah Kasnazan reported they were from Kirkuk originally (86%).
- No HHs reported the intention to return to their AoO within the 12 months following data collection. 61% reported movement restrictions as a reason not to return, while 55% reported fear or trauma associated with the AoO. Both factors might be related to conflict dynamics concerning disputed territories such as Kirkuk.
- Fourteen percent of HHs reported not yet knowing their movement intentions for the 12 months following data collection. This may reflect the 31% of HHs that reported being at risk of eviction, mainly due to disputes over the ownership of the property and requests to vacate by the owner.

DEMOGRAPHIC PROFILE

Distribution of age groups:



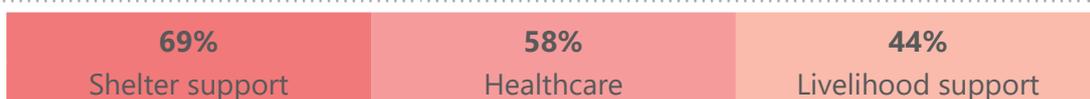
Mean HH size (members) 5
 Mean age of HH head 45
 Female-headed HHs 8%

PROTECTION

- Displacement** 97% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 25% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 45% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 19% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 11% of HHs reported missing civil documentation.⁴

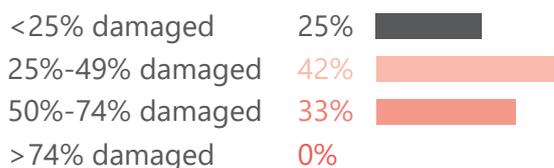
PRIORITY NEEDS

Top three reported by HHs:¹

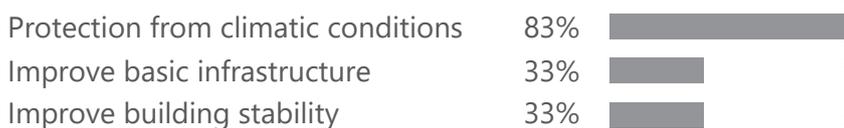


SHELTER

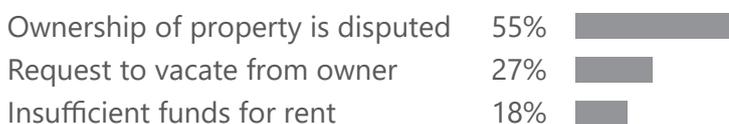
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



31% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 3%** of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 0%** of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0%** of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 11%** of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0%** of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

73% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

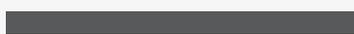
Cost of services/medicine too high	83%
Health facility too far away	19%
No treatment available for my disease	19%

22% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	97%	
Bottled/water trucking	3%	
Unimproved water source	0%	

Reported access to sanitation:²

Improved, unshared sanitation facility	92%	
Unimproved/shared sanitation facility	8%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	94%	
Boys 6-11	81%	
Girls 12-17	73%	
Boys 12-17	64%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	78%	
Purchased on credit (debt)	17%	
Cash assistance	6%	

44% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	39%	
Physical/logistical constraints	28%	
No cooking facilities	3%	

LIVELIHOODS

Median debt reported by HHs: 1908 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Regular employment	61%	
Loans/debt	39%	
Savings	14%	

47% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

	3 months		12 months ⁵
	92%	Remain in current location	86% 
	0%	Return to AoO	0%
	0%	Move to another location	0%
	8%	Do not know	14% 

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	83%
Livelihood opportunities	25%
Basic services in AoO	11%

Most commonly reported reasons not to return to AoO:^{1,3}

Movement restrictions	61%	
Fear/trauma associated with AoO	53%	
Fear of discrimination/rejection	47%	

0% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 0) reportedly required information on:¹

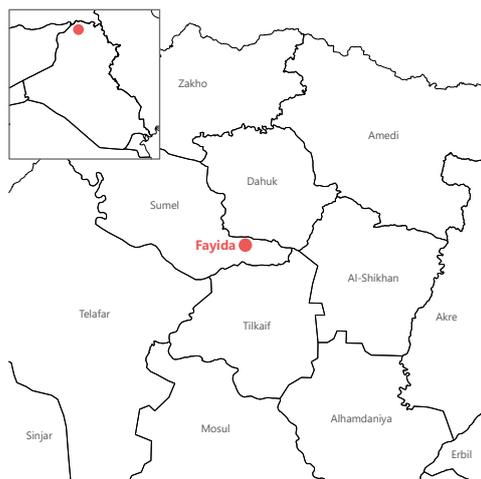
No HH reported information needs

Failed returns:

3% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: FAYIDA

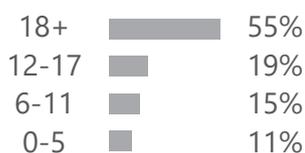


KEY FINDINGS

- Forty percent of IDP HHs reported missing civil documentation.
- No HH reported the intention to return to their AoO within 12 months of data collection. Notably, 86% of HHs residing in informal sites in Fayida sub-district reported being from Sinjar district originally, an area which saw widespread displacement of Ezidi families.
- The most comply reported barriers to return were destroyed or damaged housing in the AoO, a lack of basic services, as well as fear & trauma associated with the AoO. Improvements in security, housing, and basic services provision were reported as key enablers of return.
- Sixty-six percent of HHs reported difficulties accessing food, while 60% also reported having used or exhausted a crisis or emergency coping strategy to cover necessities during the thirty days prior to data collection.
- Unimproved water sources were reported as primary source for drinking water by 35% of HHs, while 25% of HHs also reported not having access to unshared, improved sanitation facilities.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 7
 Mean age of HH head 42
 Female-headed HHs 13%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 1% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 44% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 12% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 40% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹

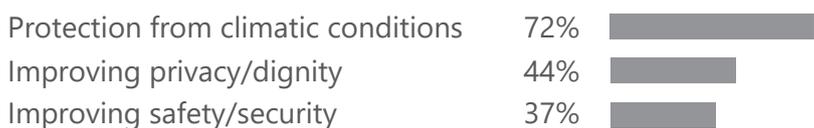


SHELTER

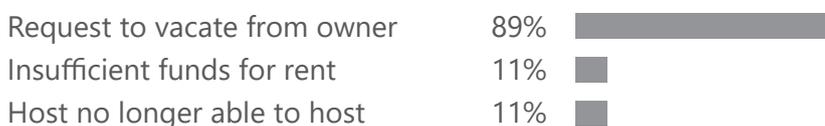
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



13% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 7% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

64% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	75%
Health facility too far away	28%
No medicine available at facility	19%

16% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	65%	
Bottled/water trucking	0%	
Unimproved water source	35%	

Reported access to sanitation:²

Improved, unshared sanitation facility	75%	
Unimproved/shared sanitation facility	25%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	87%	
Boys 6-11	88%	
Girls 12-17	74%	
Boys 12-17	75%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	46%	
Purchased on credit (debt)	39%	
Cash assistance	8%	

66% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	47%	
Physical/logistical constraints	25%	
Available food is low quality	9%	

LIVELIHOODS

Median debt reported by HHs: 954 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	68%	
Loans/debt	46%	
Retirement fund or pension	11%	

60% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	97%	Remain in current location	92%
	0%	Return to AoO	0%
	1%	Move to another location	0%
	1%	Do not know	8%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	85%
Basic services in AoO	73%
Reconstruction of Homes	60%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	53%	
Basic services not available in AoO	47%	
Fear/trauma associated with AoO	40%	

16% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 11) reportedly required information on:¹

Livelihood opportunities	9
Basic services availability	8
Security situation	8

Failed returns:

5% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: KHAN DHARI

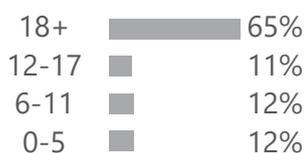


KEY FINDINGS

- Forty-four percent of HHs in Khan Dhari reported being at risk of eviction, mainly due to authorities requesting to vacate.
- Just under one fifth of HHs reported not feeling safe from harm and violence in the area of the site they lived in. 9% of HHs additionally reported locations in the site which were unsafe for women and girls.
- Despite reported eviction risks and feeling unsafe, 94% of HHs reportedly intended remaining in their current location, and no HHs reported an intention to return to their AoO in the 12 months following data collection. 60% of HHs reported being from Mahmoudiyah district originally.
- Destroyed or damaged housing and assets in the AoO were the most commonly reported barriers to return. The reconstruction of homes and NFIs, which were reported as the main enablers to return.
- Purchased water (bottled/water trucking) was reported as the primary drinking water source by 91% of HHs, 76% of which reported this was out of personal preferences, while 24% reported a lack of alternatives.

DEMOGRAPHIC PROFILE

Distribution of age groups:



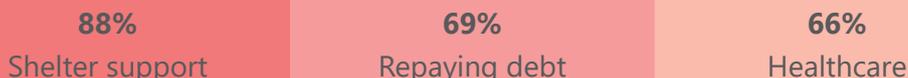
Mean HH size (members)	4
Mean age of HH head	39
Female-headed HHs	16%

PROTECTION

Displacement	of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
Climate Displacement	6% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
Red Flag Index ²	50% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
Disability	0% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability. ³
Civil Documents	0% of HHs reported missing civil documentation. ⁴

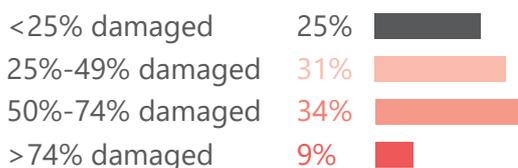
PRIORITY NEEDS

Top three reported by HHs:¹

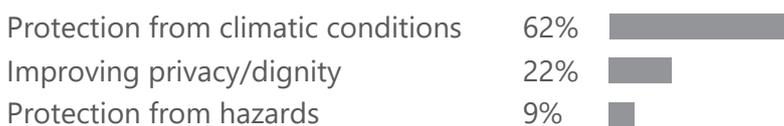


SHELTER

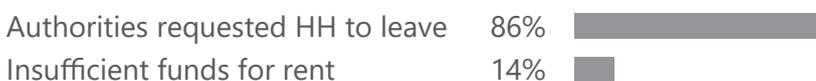
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



44% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 19% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 9% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 3% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 0% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

83% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	66%
No medicine available at facility	12%
No treatment available for my disease	12%

44% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	9%	
Bottled/water trucking	91%	
Unimproved water source	0%	

Reported access to sanitation:²

Improved, unshared sanitation facility	100%	
Unimproved/shared sanitation facility	0%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	62%	
Boys 6-11	50%	
Girls 12-17	42%	
Boys 12-17	40%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	81%	
Purchased on credit (debt)	16%	
Food assistance (local charity)	3%	

25% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	19%	
No cooking facilities	12%	
Physical/logistical constraints	6%	

LIVELIHOODS

Median debt reported by HHs: 458 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	72%	
Loans/debt	44%	
Retirement fund or pension	9%	

22% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
	94%	94%
	0%	0%
	0%	0%
	6%	6%

Remain in current location
Return to AoO
Move to another location
Do not know

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Reconstruction of Homes	50%
Healthcare services	31%
Furniture/Non-food items	28%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	53%	
Assets in AoO damaged/destroyed	34%	
Movement restrictions	31%	

25% of HHs reported insufficient information about their AoO to reach a return decision.

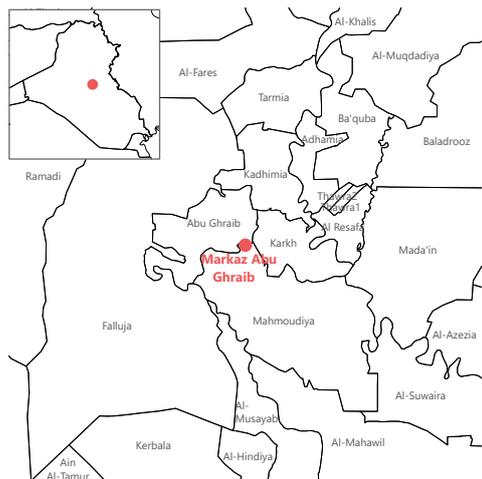
Those HHs that reported information needs (n = 8) reportedly required information on:¹

Information on my housing	6
Security situation	2
Safety of the area	2

Failed returns:
47% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ ABU GHRAIB

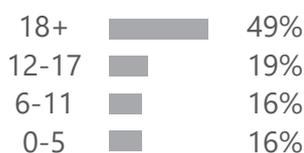


KEY FINDINGS

- Twenty-six percent of HHs in Markaz Abu Ghraib sub-district reported not believing that the host community accepted IDPs living in informal sites. 9% reported not feeling safe from harm and violence in the site.
- One third of HHs reported being at risk of eviction, in the majority of cases due to authorities requesting to vacate.
- Ninety percent of HHs in informal sites in Abu Ghraib were reportedly from Al Fallujah district originally. 17% of HHs reportedly intended to return to their AoO within 12 months of data collection, which is among the highest proportions in all sub-districts surveyed. This might reflect reported feelings of not being accepted by the host community.
- Nonetheless, 63% of HHs reported not having access to sufficient information about their AoO, most of which required information on the security situation. Perhaps related to this reported lack of information, 17% of HHs reported not yet knowing their intentions for the 12 months following data collection.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 5
 Mean age of HH head 41
 Female-headed HHs 29%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 45% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 52% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 17% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 2% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹

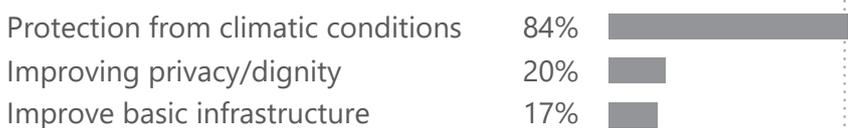


SHELTER

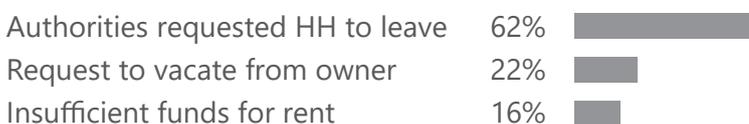
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



32% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 9% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 3% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 26% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

50% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

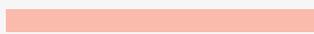
Cost of services/medicine too high	81%
No medicine available at facility	27%
No treatment available for my disease	23%

47% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

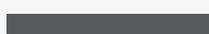
0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	14%	
Bottled/water trucking	86%	
Unimproved water source	0%	

Reported access to sanitation:²

Improved, unshared sanitation facility	91%	
Unimproved/shared sanitation facility	9%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	74%	
Boys 6-11	79%	
Girls 12-17	44%	
Boys 12-17	66%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	53%	
Own cash	42%	
Cash assistance	3%	

59% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	36%	
Physical/logistical constraints	31%	
Available food is low quality	2%	

LIVELIHOODS

Median debt reported by HHs: 763 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	68%	
Loans/debt	45%	
Retirement fund or pension	13%	

25% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	69%	Remain in current location	66% 
	16%	Return to AoO	17% 
	0%	Move to another location	0%
	16%	Do not know	17% 

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	34%
Healthcare services	34%
Basic services in AoO	33%

Most commonly reported reasons not to return to AoO:^{1,3}

Movement restrictions	67%	
No financial means to return	58%	
House in AoO damaged/destroyed	34%	

63% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 39) reportedly required information on:¹

Security situation	20
Livelihood opportunities	15
Basic services availability	11

Failed returns:
5% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ AL BA AJ



KEY FINDINGS

- Over half of HHs (52%) reported currently being at risk of eviction, mainly due to authorities requesting to vacate. Regardless of eviction risks, 95% of HHs reportedly intended to remain in their current location for the 12 months following data collection.
- Almost all HHs (98%) reported being from elsewhere in Al Baaj district originally. The most commonly reported barriers to return were a lack of livelihood options and basic services as well as housing in the AoO.
- Three-quarters of HHs reported difficulties accessing food, mainly due to physical and logistical constraints, as well as a lack of financial means. In addition, 88 HHs (5%) reported having used or exhausted a crisis or emergency coping mechanism to cover basic necessities during the thirty days prior to data collection.
- Unimproved water sources were reported as the primary sources for drinking water by over half of HHs (64%), while 36% report bottled water or water trucking as their primary source.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 7
 Mean age of HH head 42
 Female-headed HHs 20%

PROTECTION

- Displacement** 88% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 42% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 50% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 22% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 51% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹



SHELTER

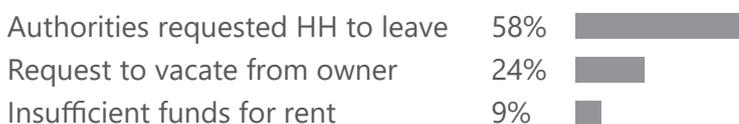
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



53% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 3% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 3% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 3% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

69% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	78%
No treatment available for my disease	35%
No medicine available at facility	30%

10% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

12% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	0%	
Bottled/water trucking	36%	
Unimproved water source	64%	

Reported access to sanitation:²

Improved, unshared sanitation facility	70%	
Unimproved/shared sanitation facility	30%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	59%	
Boys 6-11	65%	
Girls 12-17	48%	
Boys 12-17	73%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	53%	
Cash assistance	20%	
Own cash	14%	

76% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Physical/logistical constraints	56%	
Limited financial resources	17%	
No cooking facilities	8%	

LIVELIHOODS

Median debt reported by HHs: 763 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Loans/debt	40%	
Irregular employment	37%	
Support from friends/family	34%	

85% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	100%	Remain in current location	95% 
0%		Return to AoO	5% 
0%		Move to another location	0%
0%		Do not know	0%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Basic services in AoO	80%
Reconstruction of Homes	66%
Healthcare services	46%

Most commonly reported reasons not to return to AoO:^{1,3}

Lack of livelihoods in AoO	72%	
House in AoO damaged/destroyed	60%	
Basic services not available in AoO	53%	

6% of HHs reported insufficient information about their AoO to reach a return decision.

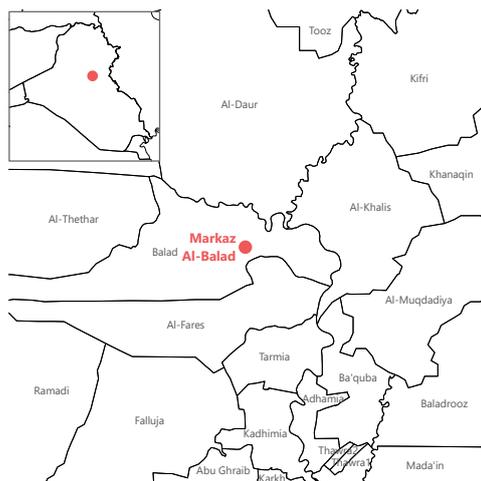
Those HHs that reported information needs (n = 2) reportedly required information on:¹

Security situation	2
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Failed returns:
15% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ AL BALAD



KEY FINDINGS

- Shelter support was mentioned as a priority need by 93% of HHs in Markaz Al Balad. Indeed, 77% of HHs reportedly lived in shelters which were damaged 50% or more.
- One-third of HHs reported that there were locations in the site where women and girls felt unsafe, while 18% reportedly did not believe that the host community accepted IDPs living in the site.
- One-quarter of HHs reported being at risk of eviction, mostly due to authorities or property owners requesting to vacate.
- All HHs reported difficulties accessing food, mostly due to financial and logistical constraints.
- Eleven percent of HHs reported an intention to return to their AoO within one year of data collection. 100% of HHs reported being from elsewhere in Balad district originally. The most commonly reported barriers to return were a lack of housing and livelihoods in the AoO, as well as movement restrictions.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 6
 Mean age of HH head 40
 Female-headed HHs 30%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 2% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 45% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 25% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 5% of HHs reported missing civil documentation.⁴

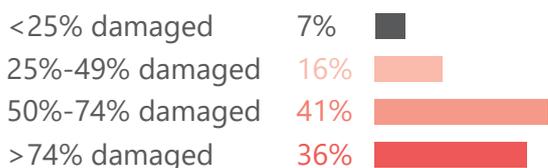
PRIORITY NEEDS

Top three reported by HHs:¹

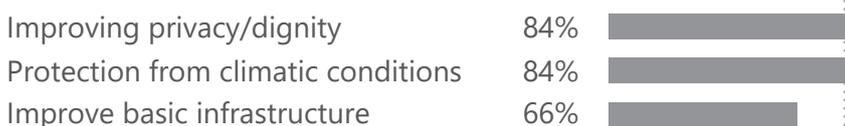


SHELTER

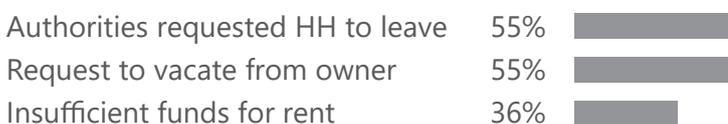
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



25% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



2% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 32% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 18% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 5% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

88% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

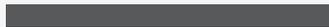
Cost of services/medicine too high	93%
Health facility too far away	16%
No treatment available for my disease	14%

61% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

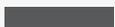
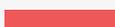
0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

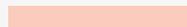
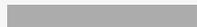
Improved water source	89%	
Bottled/water trucking	0%	
Unimproved water source	11%	

Reported access to sanitation:²

Improved, unshared sanitation facility	48%	
Unimproved/shared sanitation facility	52%	

EDUCATION

School attendance by age group and sex:

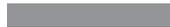
Girls 6-11	82%	
Boys 6-11	70%	
Girls 12-17	66%	
Boys 12-17	69%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	57%	
Own cash	32%	
Gifted from family/friends	7%	

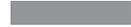
100% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	95%	
Physical/logistical constraints	84%	
Livestock production interrupted	7%	

LIVELIHOODS

Median debt reported by HHs: 1145 USD³

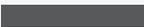
Reported primary HH income sources over the thirty days prior to data collection:¹

Loans/debt	55%	
Irregular employment	52%	
Support from friends/family	23%	

64% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	95%	Remain in current location	84% 
	2%	Return to AoO	11% 
	0%	Move to another location	2% 
	2%	Do not know	2% 

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	86%
Basic services in AoO	64%
Reconstruction of Homes	52%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	49%	
Movement restrictions	46%	
Lack of livelihoods in AoO	41%	

5% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 2) reportedly required information on:¹

Security situation	2
Basic services availability	1

Failed returns:
25% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ AL MUSAYAB

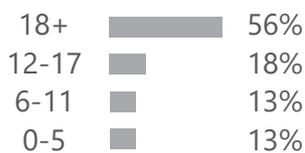


KEY FINDINGS

- One-third of HHs reportedly did not believe that the host community accepted IDPs living in informal sites in the area.
- Just under one-third of HHs also reported being at risk of eviction, mainly due to a lack of funds to pay rent.
- In line with not feeling accepted and being at risk of eviction, only 45% of HHs reportedly intended to remain in their current location during the 12 months following data collection. However, only 16% reported an intention to return during this time, while 39% of HHs reported not yet knowing their movement intention. These findings highlight significant insecurity around the living conditions of IDPs in Markaz Al Musayab.
- All HHs reported being from elsewhere in Musayab district originally.
- All HHs reported purchased water (bottled/water trucking) as their primary source of drinking water. 55% of those reported a lack of alternatives, while 45% reported personal preferences.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 5
 Mean age of HH head 39
 Female-headed HHs 23%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 29% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 47% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 6% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 3% of HHs reported missing civil documentation.⁴

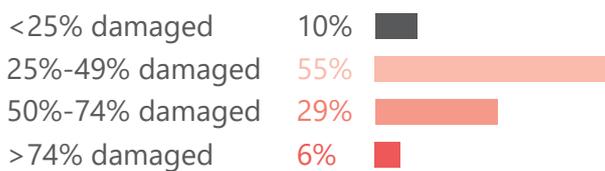
PRIORITY NEEDS

Top three reported by HHs:¹

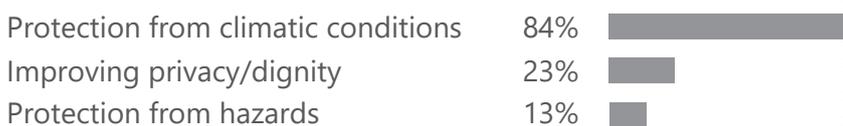


SHELTER

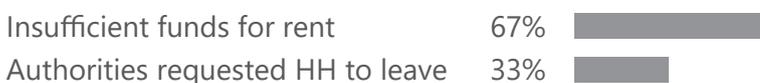
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



29% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 10% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 32% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

81% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

6% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

Cost of services/medicine too high	74%
Clinic did not provide referral	19%
Public health clinic not open	16%

WATER & SANITATION

Reported primary drinking water source:

Improved water source	0%
Bottled/water trucking	100%
Unimproved water source	0%

Reported access to sanitation:²

Improved, unshared sanitation facility	100%
Unimproved/shared sanitation facility	0%

EDUCATION

School attendance by age group and sex:

Girls 6-11	50%
Boys 6-11	83%
Girls 12-17	33%
Boys 12-17	75%

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	65%
Own cash	35%

55% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	42%
Physical/logistical constraints	29%
Security constraints	3%

LIVELIHOODS

Median debt reported by HHs: 1527 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	77%
Loans/debt	26%
Retirement fund or pension	10%

32% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
45%	Remain in current location	45%
16%	Return to AoO	16%
0%	Move to another location	0%
39%	Do not know	39%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	52%
Basic services in AoO	35%
Reconstruction of Homes	35%

Most commonly reported reasons not to return to AoO:^{1,3}

Movement restrictions	65%
House in AoO damaged/destroyed	42%
Assets in AoO damaged/destroyed	35%

55% of HHs reported insufficient information about their AoO to reach a return decision.

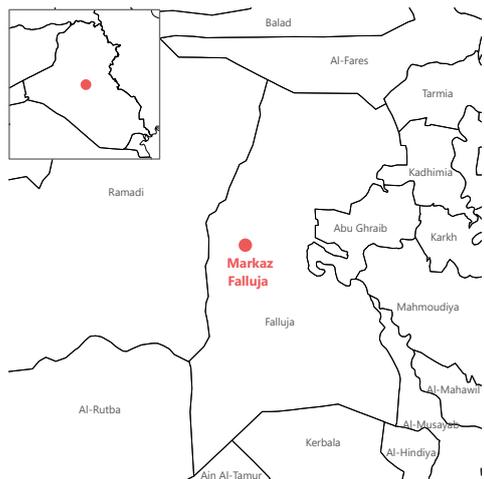
Those HHs that reported information needs (n = 17) reportedly required information on:¹

Security situation	7
Information on my housing	6
Livelihood opportunities	6

Failed returns:
0% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ FALLUJA



KEY FINDINGS

- One-third of HHs in Markaz Al Falluja has a female head of HH.
- Almost all HHs (95%) reported not having access to a healthcare facility within a 5 km distance. In addition, 74% of HHs reported requiring but not being able to access healthcare at some point during the three months prior to data collection.
- Only 53% reportedly intended to remain in their current location during the 12 months following data collection. However, only 18% reportedly intended to return, while 23% remained undecided about their intentions.
- Almost all HHs (97%) reported being from elsewhere in Falluja district originally. The most commonly reported enablers of return included improved security and increased basic services in the AoO, as well as information about the AoO.
- Indeed, 48% of HHs reported insufficient information about their AoO to reach a return decision. Those reporting information needs mainly required information on the security situation in the AoO.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 5
 Mean age of HH head 45
 Female-headed HHs 33%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 27% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 52% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 3% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 3% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹

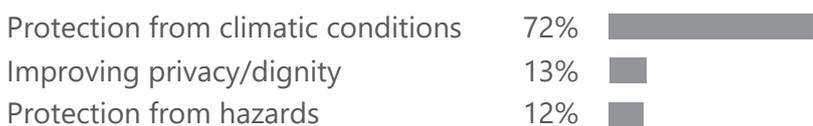


SHELTER

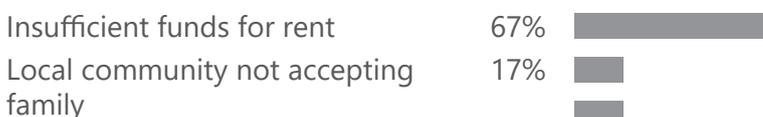
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



10% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 2% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 3% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 2% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 15% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

74% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	55%
No medicine available at facility	38%
Health facility too far away	22%

95% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

17% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	40%	
Bottled/water trucking	35%	
Unimproved water source	25%	

Reported access to sanitation:²

Improved, unshared sanitation facility	88%	
Unimproved/shared sanitation facility	12%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	86%	
Boys 6-11	71%	
Girls 12-17	39%	
Boys 12-17	75%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	48%	
Own cash	45%	
Cash assistance	3%	

45% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Physical/logistical constraints	32%	
Limited financial resources	13%	
No cooking facilities	2%	

LIVELIHOODS

Median debt reported by HHs: 954 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	62%	
Loans/debt	45%	
Selling assistance received	22%	

47% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
	57%	Remain in current location
	18%	Return to AoO
	2%	Move to another location
	23%	Do not know
		53%
		18%
		5%
		23%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	48%
Basic services in AoO	32%
Information on AoO	30%

Most commonly reported reasons not to return to AoO:^{1,3}

Movement restrictions	65%	
No financial means to return	33%	
Lack of security forces	31%	

48% of HHs reported insufficient information about their AoO to reach a return decision.

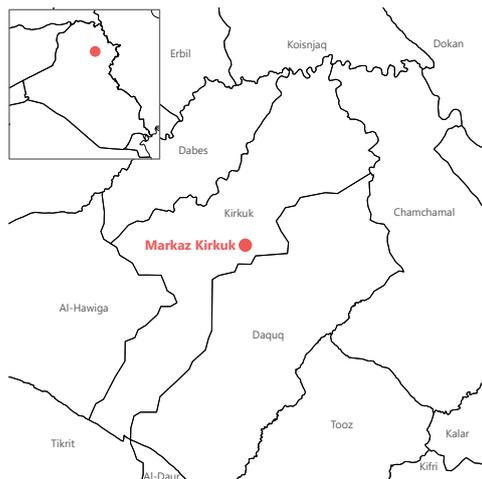
Those HHs that reported information needs (n = 29) reportedly required information on:¹

Security situation	20
Safety of the area	12
Information on my housing	8

Failed returns:
15% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ KIRKUK



KEY FINDINGS

- Shelter support was reported as a priority need by 91% of HHs, particularly regarding protection from climatic conditions.
- Twenty-eight percent of HHs reported to be at risk of eviction, mainly due to authorities requesting to vacate.
- Sixteen percent of HHs reported not feeling safe from harm and violence in their current location, while 5% also reportedly did not believe that the host community accepted IDPs living at the site.
- Notably, while 82% of HHs reportedly intended to remain in their current location for the 12 months following data collection, no HH reported an intention to return to their AoO. Instead, 16% of HHs reported not yet knowing their intention for the 12 months following data collection.
- IDP HHs residing in Kirkuk sub-district reported a variety of districts of origin. Reportedly, 40% were from Daquq district originally, while 16% were from elsewhere in Kirkuk district. In addition, 15% reported being from Tuz Khurmatu and Hawiga districts respectively.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 6
 Mean age of HH head 38
 Female-headed HHs 21%

PROTECTION

- Displacement** 97% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 11% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 49% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 8% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 4% of HHs reported missing civil documentation.⁴

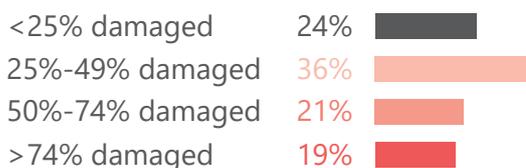
PRIORITY NEEDS

Top three reported by HHs:¹

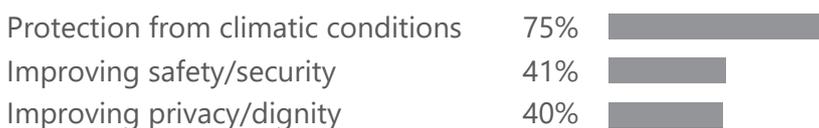


SHELTER

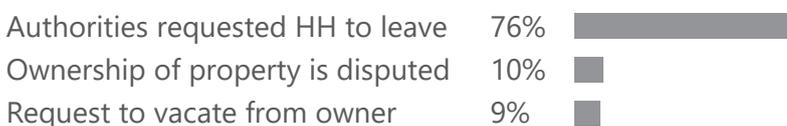
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



28% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



3% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 16% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 5% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

49% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	26%
Health facility too far away	2%
No treatment available for my disease	1%

5%

of HHs reported not having access to a functioning healthcare facility within 5km of their home.

3%

of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	91%	
Bottled/water trucking	0%	
Unimproved water source	9%	

Reported access to sanitation:²

Improved, unshared sanitation facility	90%	
Unimproved/shared sanitation facility	10%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	61%	
Boys 6-11	63%	
Girls 12-17	30%	
Boys 12-17	73%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	48%	
Purchased on credit (debt)	27%	
Food vouchers / PDS	19%	

43% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	36%	
Physical/logistical constraints	17%	
Livestock production interrupted	2%	

LIVELIHOODS

Median debt reported by HHs: 534 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	67%	
Loans/debt	28%	
Retirement fund or pension	12%	

19% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
	Remain in current location	
0%	Return to AoO	0%
0%	Move to another location	3%
3%	Do not know	16%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Reconstruction of Homes	38%
Basic services in AoO	29%
Information on AoO	28%

Most commonly reported reasons not to return to AoO:^{1,3}

Lack of livelihoods in AoO	38%	
No financial means to return	35%	
House in AoO damaged/destroyed	34%	

9%

of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 7) reportedly required information on:¹

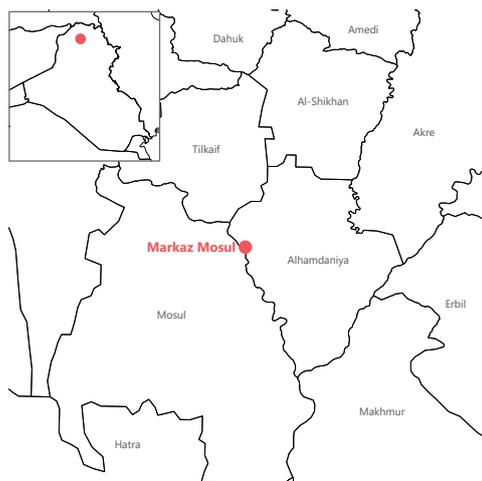
Livelihood opportunities	5
Basic services availability	3

Failed returns:

4% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ MOSUL



KEY FINDINGS

- Just under half of HHs (49%) reported being at risk of eviction, mainly due to authorities requesting to vacate.
- Eight percent of HHs reported that there were areas in the informal site where women and girls felt unsafe, while 5% of HHs also reported resource conflicts between IDPs and host community HHs.
- Despite half of HHs reportedly being at risk of eviction, 98% of HHs reportedly intended to remain in their current location in the 12 months following data collection. 37% of HHs reported being from Al Hatra district originally, while 38% of HHs reported being from elsewhere in Mosul district originally. Both locations are known for a lack of livelihood options, destroyed housing, and continuous conditions of insecurity, leaving little perspective for returns.
- Indeed, 16% of HHs reported previous attempts to return to their AoO, reportedly having failed mainly due to a lack of financial means, livelihood options, destroyed housing, insecurity, and discrimination in the AoO.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 8
 Mean age of HH head 42
 Female-headed HHs 9%

PROTECTION

- Displacement** 84% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 13% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 53% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 8% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 18% of HHs reported missing civil documentation.⁴

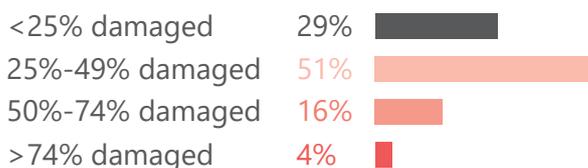
PRIORITY NEEDS

Top three reported by HHs:¹

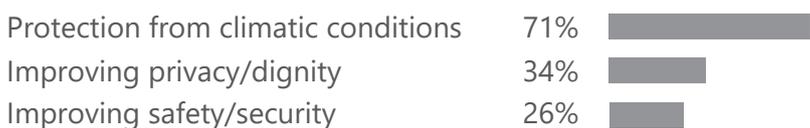


SHELTER

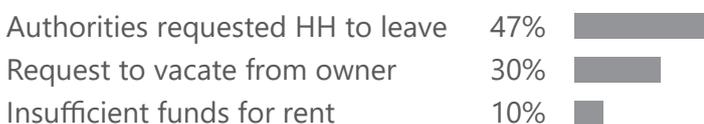
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



47% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



9% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0%** of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 7%** of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0%** of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 0%** of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 4%** of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

34% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

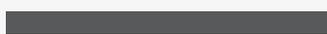
Cost of services/medicine too high	43%
Health facility too far away	22%
No medicine available at facility	14%

54% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

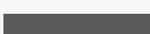
0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	89%	
Bottled/water trucking	6%	
Unimproved water source	5%	

Reported access to sanitation:²

Improved, unshared sanitation facility	67%	
Unimproved/shared sanitation facility	33%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	33%	
Boys 6-11	49%	
Girls 12-17	23%	
Boys 12-17	39%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	45%	
Purchased on credit (debt)	42%	
Food vouchers / PDS	10%	

50% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	28%	
Physical/logistical constraints	23%	
Available food is low quality	4%	

LIVELIHOODS

Median debt reported by HHs: 534 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	86%	
Loans/debt	18%	
Retirement fund or pension	5%	

37% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	98%	Remain in current location	98%
	2%	Return to AoO	2%
	0%	Move to another location	0%
	0%	Do not know	0%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Reconstruction of Homes	47%
Livelihood opportunities	45%
Basic services in AoO	33%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	65%	
Lack of livelihoods in AoO	49%	
No financial means to return	43%	

12% of HHs reported insufficient information about their AoO to reach a return decision.

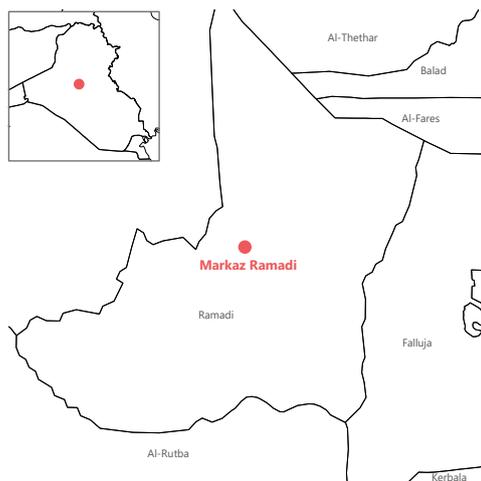
Those HHs that reported information needs (n = 8) reportedly required information on:¹

Livelihood opportunities	7
Security situation	3
Basic services availability	3

Failed returns:
16% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ RAMADI



KEY FINDINGS

- HHs residing in informal sites in Ramadi sub-district reported vulnerabilities across several key protection indicators, including not feeling safe from harm and violence (17%), not believing that the host community accepted IDPs living at the site (20%), and the presence of unexploded ordnance (6%).
- One-third of HHs reported being at risk of eviction, mainly due to authorities requesting to vacate.
- Seventy percent of HHs reported not having access to a functioning healthcare facility within 5km of their home.
- Only 75% of HHs reported an intention to remain in their current location in the 12 months following data collection. This comparatively low proportion might reflect conditions related to protection as well as poor access to services such as healthcare.
- Half of HHs reported being from elsewhere in Ramadi district originally, while 17% reported being from Heet, a district just 70km from Ramadi.

DEMOGRAPHIC PROFILE

Distribution of age groups:



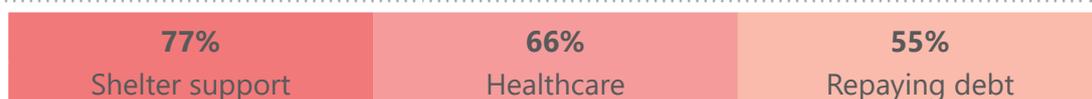
Mean HH size (members) 5
 Mean age of HH head 46
 Female-headed HHs 20%

PROTECTION

- Displacement** 99% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 27% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 46% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 17% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 4% of HHs reported missing civil documentation.⁴

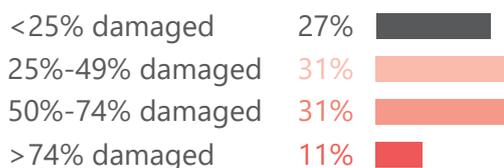
PRIORITY NEEDS

Top three reported by HHs:¹

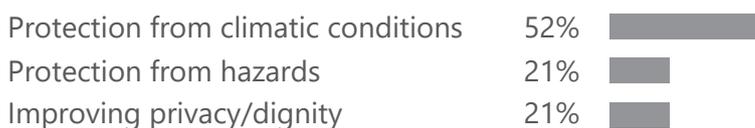


SHELTER

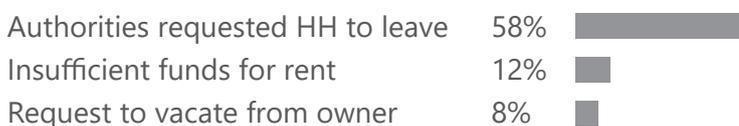
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



34% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 17% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 7% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 6% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 20% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 4% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

65% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	66%
No medicine available at facility	25%
No treatment available for my disease	18%

70% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	44%	
Bottled/water trucking	49%	
Unimproved water source	7%	

Reported access to sanitation:²

Improved, unshared sanitation facility	83%	
Unimproved/shared sanitation facility	17%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	60%	
Boys 6-11	71%	
Girls 12-17	29%	
Boys 12-17	43%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	48%	
Own cash	47%	
Food assistance (government)	1%	

49% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	28%	
Physical/logistical constraints	24%	
Security constraints	3%	

LIVELIHOODS

Median debt reported by HHs: 763 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	61%	
Loans/debt	37%	
Retirement fund or pension	18%	

31% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months⁵
	75%	Remain in current location
	13%	Return to AoO
	0%	Move to another location
	13%	Do not know
		75%
		13%
		0%
		13%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Livelihood opportunities	25%
Information on AoO	20%
Basic services in AoO	20%

Most commonly reported reasons not to return to AoO:^{1,3}

No financial means to return	56%	
Lack of livelihoods in AoO	29%	
House in AoO damaged/destroyed	29%	

39% of HHs reported insufficient information about their AoO to reach a return decision.

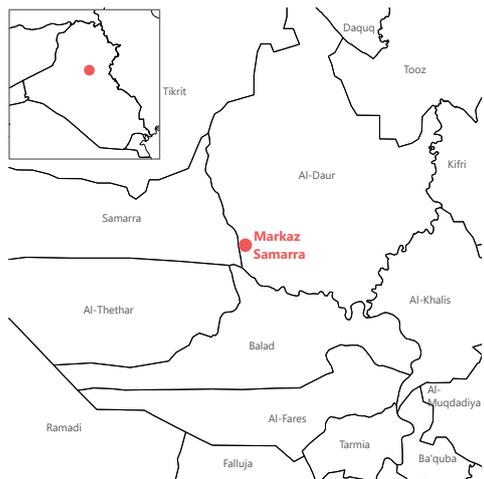
Those HHs that reported information needs (n = 28) reportedly required information on:¹

Security situation	10
Livelihood opportunities	7
Information on my housing	6

Failed returns:
17% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ SAMARRA

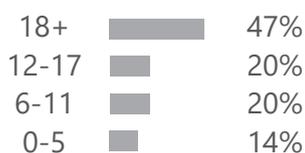


KEY FINDINGS

- Shelter support was reported as a priority need by 97% of HHs, mainly regarding protection from climatic conditions and improvement of privacy.
- Ninety percent of HHs reported difficulties accessing food, mainly due to financial and logistical constraints.
- Twenty-seven percent of HHs reported currently being at risk of eviction, mainly due to authorities requesting to vacate.
- Despite the reported risk of eviction, all HHs reported the intention to remain in their current location for the 12 months following data collection. 78% of HHs reported being from elsewhere in Samarra district originally. The most reported barriers to return were a lack of housing and livelihoods in the AoO, as well as movement restrictions.
- Among all HHs, 90% reported basic services in the AoO as a key factor that would enable their return, alongside 59% who reported the reconstruction of homes, and 51% who reported increased security in the AoO as a key enabler of returns.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members)	8
Mean age of HH head	43
Female-headed HHs	28%

PROTECTION

- Displacement** 93% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 26% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 45% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 8% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 7% of HHs reported missing civil documentation.⁴

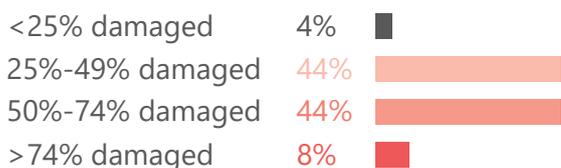
PRIORITY NEEDS

Top three reported by HHs:¹

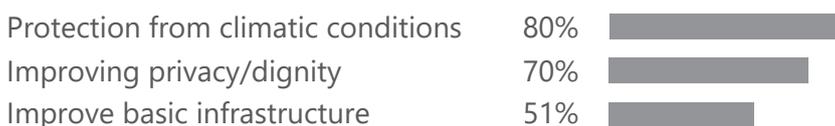


SHELTER

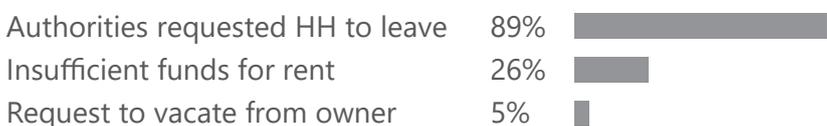
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



27% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 2% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 3% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 6% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

28% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

No medicine available at facility	69%
No treatment available for my disease	36%
Waiting time too long	32%

20% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

8% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

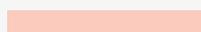
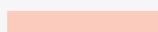
Improved water source	97%	
Bottled/water trucking	1%	
Unimproved water source	2%	

Reported access to sanitation:²

Improved, unshared sanitation facility	78%	
Unimproved/shared sanitation facility	22%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	71%	
Boys 6-11	75%	
Girls 12-17	56%	
Boys 12-17	69%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	61%	
Food vouchers / PDS	20%	
Purchased on credit (debt)	16%	

90% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Physical/logistical constraints	76%	
Limited financial resources	74%	
No cooking facilities	36%	

LIVELIHOODS

Median debt reported by HHs: 1527 USD³

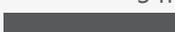
Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	86%	
Loans/debt	30%	
Support from friends/family	8%	

16% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	100%	Remain in current location	100%
	0%	Return to AoO	0%
	0%	Move to another location	0%
	0%	Do not know	0%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Basic services in AoO	90%
Reconstruction of Homes	59%
Increased security in AoO	51%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	52%	
Lack of livelihoods in AoO	42%	
Movement restrictions	40%	

15% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 11) reportedly required information on:¹

Livelihood opportunities	10
Security situation	8
Basic services availability	7

Failed returns:

9% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ SUMEL

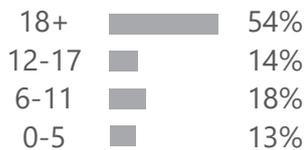


KEY FINDINGS

- Half of HHs residing in informal sites in Markaz Sumel sub-district reported missing civil documents, which is among the highest proportions recorded in all sub-districts surveyed.
- Three quarters of HHs that reported that they had required healthcare services at some point in the past three months were reportedly unable to access services on at least one occasion. Two-fifths of HHs reported an unimproved water source as their primary source for drinking water.
- Seventy percent of HHs reported difficulties accessing food, mostly due to financial and logistical/physical constraints. In addition, 64% of HHs also reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection.
- Only 1% of HHs reported an intention to return to their AoO in the 12 months following data collection. The main barriers reported related to a lack of basic services and housing in the AoO. 97% of HHs reported being from Sinjar district originally.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 8
 Mean age of HH head 44
 Female-headed HHs 8%

PROTECTION

Displacement

of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.

Climate Displacement

0% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.

Red Flag Index ²

41% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.

Disability

18% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³

Civil Documents

50% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹

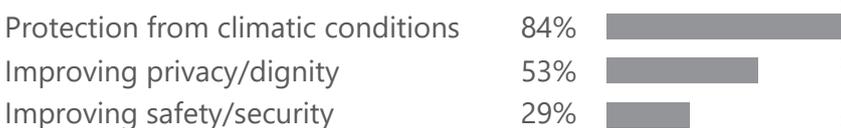


SHELTER

Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



4% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

0% of HHs reported not feeling safe from **harm and violence** in the area of the site.

0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.

0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.

10% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.

0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

74% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	85%
Health facility too far away	30%
No medicine available at facility	14%

17% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

7% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	58%	
Bottled/water trucking	0%	
Unimproved water source	42%	

Reported access to sanitation:²

Improved, unshared sanitation facility	83%	
Unimproved/shared sanitation facility	17%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	86%	
Boys 6-11	85%	
Girls 12-17	78%	
Boys 12-17	87%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	53%	
Purchased on credit (debt)	35%	
Cash assistance	5%	

70% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	46%	
Physical/logistical constraints	31%	
Available food is low quality	7%	

LIVELIHOODS

Median debt reported by HHs: 763 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	73%	
Loans/debt	45%	
Retirement fund or pension	13%	

64% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	100%	Remain in current location	91%
0%		Return to AoO	1%
0%		Move to another location	1%
0%		Do not know	7%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	81%
Basic services in AoO	81%
Reconstruction of Homes	72%

Most commonly reported reasons not to return to AoO:^{1,3}

Basic services not available in AoO	63%	
House in AoO damaged/destroyed	62%	
Lack of security forces	37%	

7% of HHs reported insufficient information about their AoO to reach a return decision.

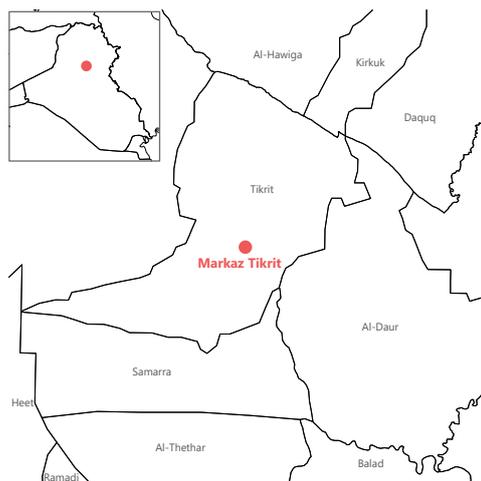
Those HHs that reported information needs (n = 5) reportedly required information on:¹

Security situation	4
Safety of the area	4
Livelihood opportunities	3

Failed returns:
9% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ TIKRIT



KEY FINDINGS

- Shelter support was reported as a priority need by 97% of HHs, particularly related to improving shelter safety/security. 19% of HHs reported not feeling safe from harm and violence in the site, while 14% also reportedly did not believe that the host community accepted IDPs living at the site.
- Seventy-two percent of IDPs reported being at risk of eviction, mainly due to authorities requesting to vacate.
- Reported enrolment rates were low for boys as well as girls, with between 17% and 26% of children being enrolled in school. Physical limitations such as a lack of transport or long distances as well as a lack of interest on part of the children were reported as the main reasons.
- None withstanding the high incidence of reported eviction risks, 99% of HHs reportedly intended to remain in their current location in the 12 months following data collection. Barriers to return most commonly reported were a lack of livelihoods in the AoO, a lack of financial means to return, as well as damaged and destroyed housing in the AoO.

DEMOGRAPHIC PROFILE

Distribution of age groups:



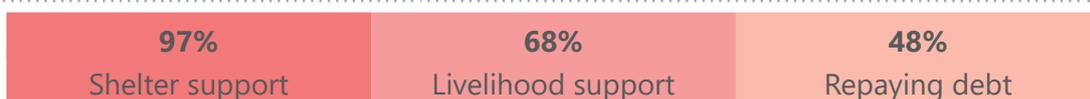
Mean HH size (members) 6
 Mean age of HH head 41
 Female-headed HHs 12%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 10% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 51% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 6% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 4% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹

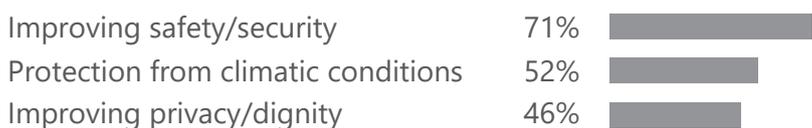


SHELTER

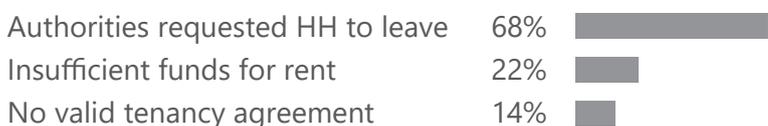
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



72% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 19% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 14% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

48% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	35%
No treatment available for my disease	3%

10% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

22% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	97%	
Bottled/water trucking	1%	
Unimproved water source	1%	

Reported access to sanitation:²

Improved, unshared sanitation facility	88%	
Unimproved/shared sanitation facility	12%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	25%	
Boys 6-11	25%	
Girls 12-17	26%	
Boys 12-17	17%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Food vouchers / PDS	48%	
Own cash	28%	
Purchased on credit (debt)	20%	

29% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	23%	
Physical/logistical constraints	16%	

LIVELIHOODS

Median debt reported by HHs: 763 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	90%	
Loans/debt	13%	
Support from friends/family	4%	

19% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	100%	Remain in current location	99%
	0%	Return to AoO	0%
	0%	Move to another location	0%
	0%	Do not know	1%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Reconstruction of Homes	46%
Livelihood opportunities	46%
Basic services in AoO	35%

Most commonly reported reasons not to return to AoO:^{1,3}

Lack of livelihoods in AoO	55%	
No financial means to return	49%	
House in AoO damaged/destroyed	39%	

16% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 11) reportedly required information on:¹

Livelihood opportunities	8
Security situation	4
Humanitarian assistance	3

Failed returns:

12% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: MARKAZ TUZ KHURMATU

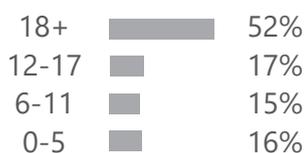


KEY FINDINGS

- Seventeen percent of HHs reported being at risk of eviction.
- Despite reported eviction risks, 94% of HHs reported an intention to remain in their current location for the 12 months following data collection. 64% of HHs reported being from elsewhere in Tuz Khurmatu district, while 25% reported being from Kifri district originally.
- The most commonly reported barriers to return were a lack of housing and livelihoods in the AoO, as well as fear and trauma associated with the AoO.
- Twenty-two percent of HHs reported not having access to sufficient information to reach a return decision. Those who reported information needs reportedly required information on security conditions and livelihood opportunities in the AoO.
- Indeed, increased security and reconstruction of housing in the AoO, as well as information about the security situation in the AoO were reported as key enablers to return.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 6
 Mean age of HH head 44
 Female-headed HHs 11%

PROTECTION

- Displacement** 94% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 17% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 41% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 3% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 0% of HHs reported missing civil documentation.⁴

PRIORITY NEEDS

Top three reported by HHs:¹



SHELTER

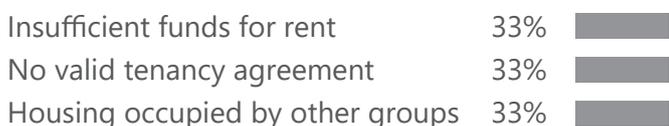
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



17% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 14% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

63% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

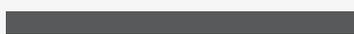
6% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

9% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

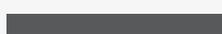
Cost of services/medicine too high	44%
No treatment available for my disease	8%
No medicine available at facility	6%

WATER & SANITATION

Reported primary drinking water source:

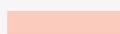
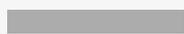
Improved water source	97%	
Bottled/water trucking	0%	
Unimproved water source	3%	

Reported access to sanitation:²

Improved, unshared sanitation facility	100%	
Unimproved/shared sanitation facility	0%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	73%	
Boys 6-11	75%	
Girls 12-17	42%	
Boys 12-17	64%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Food vouchers / PDS	61%	
Purchased on credit (debt)	19%	
Own cash	17%	

42% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Physical/logistical constraints	33%	
Limited financial resources	33%	
Available food is low quality	6%	

LIVELIHOODS

Median debt reported by HHs: 443 USD³

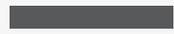
Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	81%	
Loans/debt	28%	
Savings	17%	

17% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	94%	Remain in current location	94%
	0%	Return to AoO	0%
	0%	Move to another location	0%
	6%	Do not know	6%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	47%
Reconstruction of Homes	44%
Information on AoO	42%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	53%	
Fear/trauma associated with AoO	36%	
Lack of livelihoods in AoO	33%	

22% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 8) reportedly required information on:¹

Security situation	6
Livelihood opportunities	6
Humanitarian assistance	4

Failed returns:

8% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: NAHRAWAN

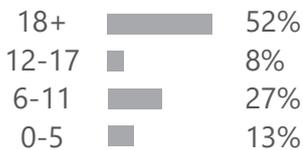


KEY FINDINGS

- One quarter of HHs reported not feeling safe from harm and violence in the site, while 56% of HHs also reportedly did not believe that the host community accepted IDPs living at the site.
- Purchased water (bottled/water trucking) was reported as the primary drinking water source by 93% of HHs, 70% of which reported a lack of alternatives. Overall, this indicates a shortage of safe and acceptable drinking water available to informal site residents in Nahrawan.
- Only 4% reported an intention to return to their AoO. A lack of financial means to return as well as damaged and destroyed housing were the most commonly reported barriers to return. 81% of HHs reported being from Khanaqin district originally.
- Instead, 37% of HHs reported not yet knowing their intention for the 12 months following data collection. In line with this unclarity, 56% of HHs reported requiring more information about their AoO to reach a return decision, mainly about the security situation.

DEMOGRAPHIC PROFILE

Distribution of age groups:



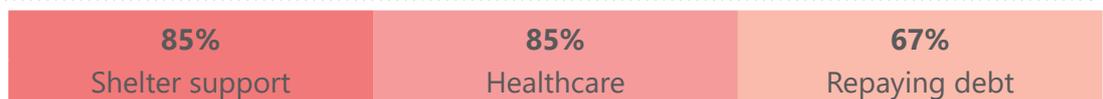
Mean HH size (members) 5
 Mean age of HH head 37
 Female-headed HHs 19%

PROTECTION

- Displacement** of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 41% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 62% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 7% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 0% of HHs reported missing civil documentation.⁴

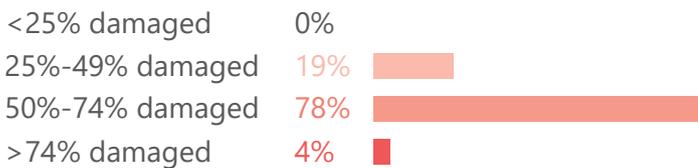
PRIORITY NEEDS

Top three reported by HHs:¹

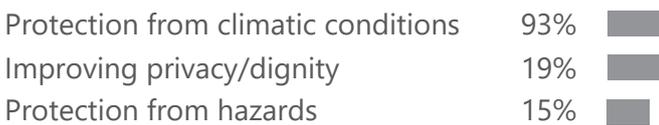


SHELTER

Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



7% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

26% of HHs reported not feeling safe from **harm and violence** in the area of the site.

0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.

0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.

56% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.

0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

69% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	85%
No medicine available at facility	11%
No treatment available for my disease	11%

52% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	0%	<div style="width: 0%;"></div>
Bottled/water trucking	93%	<div style="width: 93%;"></div>
Unimproved water source	7%	<div style="width: 7%;"></div>

Reported access to sanitation:²

Improved, unshared sanitation facility	100%	<div style="width: 100%;"></div>
Unimproved/shared sanitation facility	0%	<div style="width: 0%;"></div>

EDUCATION

School attendance by age group and sex:

Girls 6-11	17%	<div style="width: 17%;"></div>
Boys 6-11	24%	<div style="width: 24%;"></div>
Girls 12-17	25%	<div style="width: 25%;"></div>
Boys 12-17	38%	<div style="width: 38%;"></div>

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	67%	<div style="width: 67%;"></div>
Own cash	33%	<div style="width: 33%;"></div>

67% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Physical/logistical constraints	52%	<div style="width: 52%;"></div>
Limited financial resources	52%	<div style="width: 52%;"></div>

LIVELIHOODS

Median debt reported by HHs: 1527 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Loans/debt	59%	<div style="width: 59%;"></div>
Irregular employment	52%	<div style="width: 52%;"></div>
Support from friends/family	11%	<div style="width: 11%;"></div>

15% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
<div style="width: 59%;"></div> 59%	Remain in current location	<div style="width: 59%;"></div> 59%
<div style="width: 4%;"></div> 4%	Return to AoO	<div style="width: 4%;"></div> 4%
<div style="width: 0%;"></div> 0%	Move to another location	<div style="width: 0%;"></div> 0%
<div style="width: 37%;"></div> 37%	Do not know	<div style="width: 37%;"></div> 37%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	41%
Information on AoO	22%
Legal services	19%

Most commonly reported reasons not to return to AoO:^{1,3}

No financial means to return	46%	<div style="width: 46%;"></div>
House in AoO damaged/destroyed	42%	<div style="width: 42%;"></div>
Movement restrictions	35%	<div style="width: 35%;"></div>

56% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 15) reportedly required information on:¹

Security situation	10
Information on my housing	3
Livelihood opportunities	2

Failed returns:
0% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: RABIA



KEY FINDINGS

- Seven percent of HHs residing in informal sites in Rabia reported locations in the site where women and girls felt unsafe in particular.
- Eleven percent of HHs that reported completed pregnancies during the two years prior to data collection reported at least one birth taking place at home instead of a healthcare facility. This proportion is among the highest of all sub-district surveyed and reason for concern, as giving birth without medical support can be a significant health risk for both mother and child.
- Almost all HHs in Rabia reportedly intended to remain in their current location for the three months following data collection. Most HHs reported being from Ninewa originally, 62% reportedly being from Al Hatra district, and 18% from Al Baaj and Telafar districts respectively.
- The most commonly reported barriers to return were a lack of basic services, housing, and livelihood options in the AoO. 25% of HHs also reported requiring more information on their AoO to reach a return decision, particularly on livelihoods and security in the AoO.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 9
 Mean age of HH head 44
 Female-headed HHs 10%

PROTECTION

- Displacement** 88% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 33% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 43% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 5% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 10% of HHs reported missing civil documentation.⁴

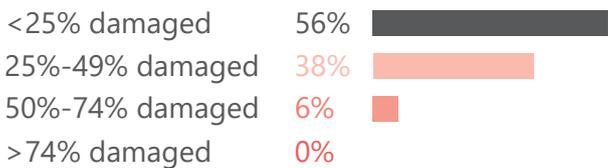
PRIORITY NEEDS

Top three reported by HHs:¹

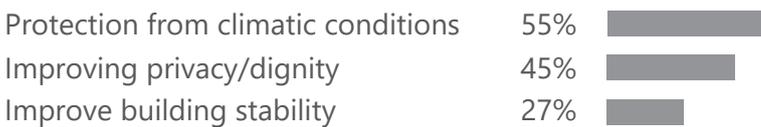


SHELTER

Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



3% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:



80% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0%** of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 7%** of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0%** of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 6%** of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 2%** of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

24% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

Cost of services/medicine too high	39%
No medicine available at facility	13%
Health facility too far away	12%

34% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

11% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	47%	
Bottled/water trucking	45%	
Unimproved water source	8%	

Reported access to sanitation:²

Improved, unshared sanitation facility	54%	
Unimproved/shared sanitation facility	46%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	31%	
Boys 6-11	36%	
Girls 12-17	22%	
Boys 12-17	21%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	51%	
Own cash	36%	
Food vouchers / PDS	13%	

44% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	32%	
Physical/logistical constraints	23%	
No cooking facilities	5%	

LIVELIHOODS

Median debt reported by HHs: 1527 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	81%	
Loans/debt	14%	
Regular employment	8%	

35% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	96%	Remain in current location	96%
	0%	Return to AoO	0%
	4%	Move to another location	4%
	0%	Do not know	0%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Basic services in AoO	59%
Increased security in AoO	37%
Livelihood opportunities	37%

Most commonly reported reasons not to return to AoO:^{1,3}

Basic services not available in AoO	64%	
House in AoO damaged/destroyed	45%	
Lack of livelihoods in AoO	44%	

25% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 15) reportedly required information on:¹

Livelihood opportunities	9
Security situation	8
Safety of the area	4

Failed returns:
9% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: RIZGARI



KEY FINDINGS

- Healthcare was reported as a priority need by 72% of HHs residing in informal sites in Rizgari. 67% of HHs that attempted to access healthcare in the three months prior to data collection reported the cost of services and/or medicine as the main barrier to healthcare.
- A third of HHs also reported an unimproved water source as their primary source for drinking water, while 19% also reported using unimproved or shared sanitation facilities. Both could pose a significant health risk.
- Two-thirds of HHs reported food as a priority need, and 77% of HHs reported difficulties accessing food, mainly due to financial and logistical challenges. In addition, 61% of HHs reported having used a crisis or emergency coping strategy to in the thirty days prior to data collection.
- Ninety-six percent of HHs reportedly intended to remain in their current location for the 12 months following data collection. 96% of HHs reported being from Sinjar district originally, a district where barriers to return are related to destroyed housing, a lack of basic services, and insecurity.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 6
 Mean age of HH head 46
 Female-headed HHs 7%

PROTECTION

- Displacement** 99% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 0% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 42% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 23% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 30% of HHs reported missing civil documentation.⁴

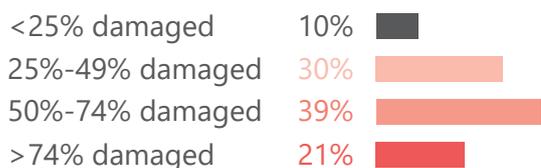
PRIORITY NEEDS

Top three reported by HHs:¹

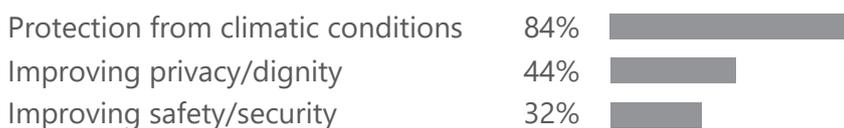


SHELTER

Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



2% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 10% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 6% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

67% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

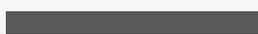
Cost of services/medicine too high	81%
Health facility too far away	28%
No medicine available at facility	14%

11% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	70%	
Bottled/water trucking	0%	
Unimproved water source	30%	

Reported access to sanitation:²

Improved, unshared sanitation facility	81%	
Unimproved/shared sanitation facility	19%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	91%	
Boys 6-11	76%	
Girls 12-17	81%	
Boys 12-17	84%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Purchased on credit (debt)	50%	
Own cash	32%	
Food vouchers / PDS	8%	

77% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	51%	
Physical/logistical constraints	35%	
No cooking facilities	4%	

LIVELIHOODS

Median debt reported by HHs: 1145 USD³

Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	71%	
Loans/debt	51%	
Support from friends/family	9%	

61% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	100%	Remain in current location	96% 
0%		Return to AoO	0%
0%		Move to another location	0%
0%		Do not know	4% 

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Increased security in AoO	78%
Basic services in AoO	68%
Reconstruction of Homes	68%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	62%	
Basic services not available in AoO	53%	
Lack of security forces	44%	

14% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 8) reportedly required information on:¹

Security situation	7
Livelihood opportunities	4
Safety of the area	4

Failed returns:
5% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: TAZA KHURMATU

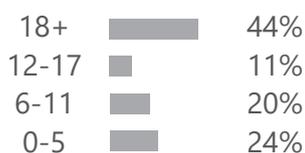


KEY FINDINGS

- Shelter support was mentioned as a priority need by 95% of HHs, particularly with regards to improving shelter safety and security, privacy and dignity, and protection from climatic conditions.
- Fifteen percent of HHs reported not believing that members of the host community accepted IDPs living at the site, and 10% did not feel safe from harm and violence.
- Almost all HHs reported not having access to a functioning health facility within 5km of their home. In addition, 28% reported using shared or unimproved sanitation facilities, while 26% reported an unimproved water source as their primary source for drinking water. Both unimproved sanitation and drinking water sources could pose significant health risks.
- No HH reported an intention to return to their AoO within 12 months of data collection. Instead, 92% reported an intention to remain, while 8% were reportedly undecided. 43% of HHs in Taza Khurmatu reported being from Al Hatra district originally, while 30% reported being from Tikrit.

DEMOGRAPHIC PROFILE

Distribution of age groups:



Mean HH size (members) 8
 Mean age of HH head 39
 Female-headed HHs 10%

PROTECTION

- Displacement** 98% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 18% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 53% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 10% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 5% of HHs reported missing civil documentation.⁴

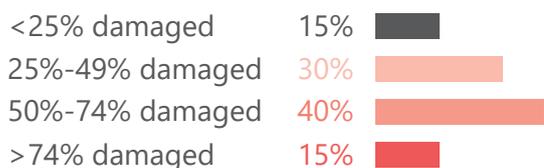
PRIORITY NEEDS

Top three reported by HHs:¹



SHELTER

Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



18% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

10% of HHs reported not feeling safe from **harm and violence** in the area of the site.

2% of HHs reported that there were locations in the site where **women and girls felt unsafe**.

0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.

15% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.

0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

53% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

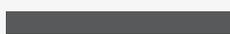
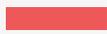
Cost of services/medicine too high	22%
Clinic did not provide referral	8%
Health facility too far away	5%

98% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

4% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

Improved water source	62%	
Bottled/water trucking	10%	
Unimproved water source	28%	

Reported access to sanitation:²

Improved, unshared sanitation facility	72%	
Unimproved/shared sanitation facility	28%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	31%	
Boys 6-11	71%	
Girls 12-17	10%	
Boys 12-17	34%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	40%	
Purchased on credit (debt)	30%	
Food vouchers / PDS	28%	

52% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Limited financial resources	35%	
Physical/logistical constraints	30%	
No cooking facilities	10%	

LIVELIHOODS

Median debt reported by HHs: 1527 USD³

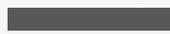
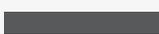
Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	78%	
Loans/debt	12%	
Retirement fund or pension	8%	

40% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵	
	95%	Remain in current location	92% 
0%		Return to AoO	0%
0%		Move to another location	0%
5%		Do not know	8% 

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Livelihood opportunities	38%
Information on AoO	32%
Increased security in AoO	30%

Most commonly reported reasons not to return to AoO:^{1,3}

No financial means to return	48%	
Lack of livelihoods in AoO	35%	
Fear/trauma associated with AoO	32%	

18% of HHs reported insufficient information about their AoO to reach a return decision.

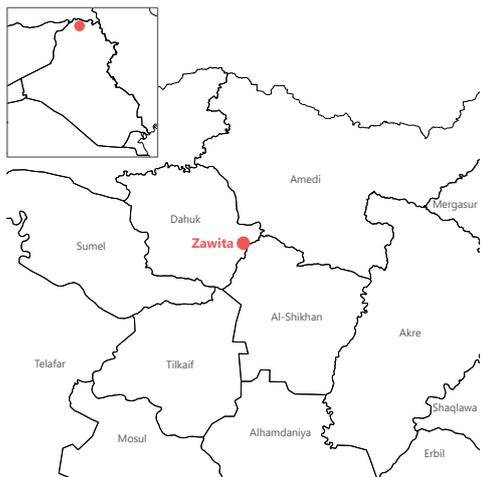
Those HHs that reported information needs (n = 7) reportedly required information on:¹

Security situation	4
Livelihood opportunities	4
Safety of the area	2

Failed returns:
12% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

SUB-DISTRICT: ZAWITA



KEY FINDINGS

- One-third of HHs reported missing civil documents.
- Twelve percent of HHs reported not believing that the host community accepted IDPs living at the site.
- Only 9% of HHs reported having access to a healthcare facility within 5km of their home, which is among the lowest proportions recorded in all sub-districts surveyed. 52% of HHs that attempted to access healthcare in the three months prior to data collection reported the cost of services and/or medicine as the main barrier to healthcare.
- Fifty-eight percent of HHs reported difficulties accessing food, mostly due to financial and logistical/physical constraints.
- While three-fourths of HHs reportedly intended to remain in their current location for the 12 months following data collection, 6% reportedly intended to return, while 3% reportedly intended to move to another location and 15% remained undecided. All IDP HHs living in informal sites in Zawita sub-district reported being from Sinjar originally.

DEMOGRAPHIC PROFILE

Distribution of age groups:



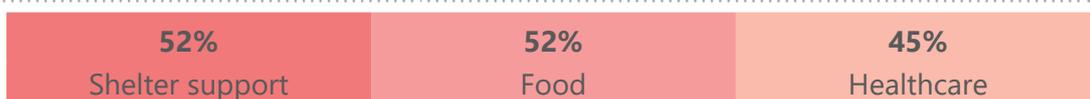
Mean HH size (members) 10
 Mean age of HH head 44
 Female-headed HHs 6%

PROTECTION

- Displacement** 97% of HHs reportedly displaced due to armed conflict, violence, or violations of human rights.
- Climate Displacement** 0% of HHs reportedly displaced due to environmental degradation or social conflict over natural resources.
- Red Flag Index** ² 52% of HHs were classified as highly or extremely vulnerable according to the Red Flag Index.
- Disability** 18% of HHs reportedly included at least one individual living with at least one domain of physical/mental disability.³
- Civil Documents** 33% of HHs reported missing civil documentation.⁴

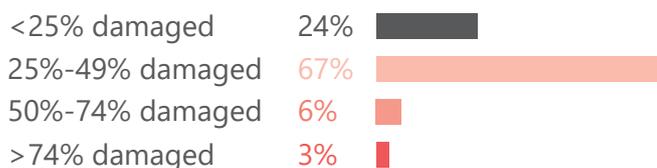
PRIORITY NEEDS

Top three reported by HHs:¹

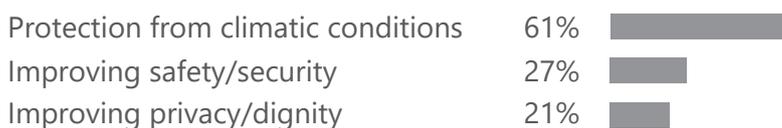


SHELTER

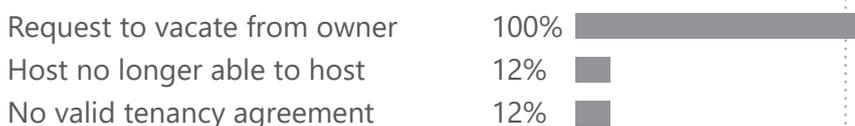
Proportion of HHs that reported damage to their current shelter:



Three most commonly reported priority shelter needs:¹



24% of HHs reported a current risk of eviction. The most commonly reported reasons among those HHs were:¹



0% of HHs reported tenure security.⁵

SECURITY & SOCIAL COHESION

- 0% of HHs reported not feeling safe from **harm and violence** in the area of the site.
- 0% of HHs reported that there were locations in the site where **women and girls felt unsafe**.
- 0% of HHs reported a perceived risk of **unexploded ordnance** or unknown chemicals around the site.
- 12% of HHs reportedly did not believe that the **host community accepts** IDPs living at the site.
- 0% of HHs reported conflicts between host community and IDPs over the **sharing of natural resources**.

¹ Respondents could select multiple options, results may exceed 100%. ² The Red Flag Index combines 16 indicators from three domains of vulnerability: susceptibility, coping capacities, and adaptability. More information in the [Terms of Reference](#). ³ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#). The figures reported here relate to disability level 3, meaning that individuals report to "have a lot of difficulty" or "cannot do at all" for at least one functional domain (speaking, self-care, walking, etc.). ⁴ PDS card, civil individual identity, national certificate, and child's birth certificate. ⁵ HHs are considered to have tenure security if they reported owning the property they are living on or having a valid, written tenancy agreement.

HEALTH CARE

52% of HHs that required healthcare reported being unable to access healthcare services in at least one instance in the three months prior to data collection. Most commonly reported barriers among all HHs that attempted to access healthcare:¹

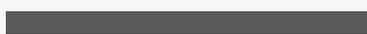
Cost of services/medicine too high	67%
Health facility too far away	18%
No medicine available at facility	15%

91% of HHs reported not having access to a functioning healthcare facility within 5km of their home.

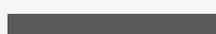
0% of HHs reported women giving birth at home, among the HHs that reported at least one completed pregnancy in the two years prior to data collection.

WATER & SANITATION

Reported primary drinking water source:

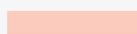
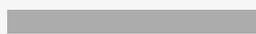
Improved water source	100%	
Bottled/water trucking	0%	
Unimproved water source	0%	

Reported access to sanitation:²

Improved, unshared sanitation facility	94%	
Unimproved/shared sanitation facility	6%	

EDUCATION

School attendance by age group and sex:

Girls 6-11	79%	
Boys 6-11	83%	
Girls 12-17	48%	
Boys 12-17	91%	

FOOD SECURITY

Reported primary financial sources of food over the seven days prior to data collection:¹

Own cash	52%	
Purchased on credit (debt)	42%	
Food vouchers / PDS	6%	

58% of HHs reported difficulties accessing food. Most commonly reported difficulties among those HH:¹

Physical/logistical constraints	33%	
Limited financial resources	33%	

LIVELIHOODS

Median debt reported by HHs: 3053 USD³

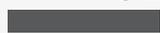
Reported primary HH income sources over the thirty days prior to data collection:¹

Irregular employment	58%	
Regular employment	39%	
Loans/debt	36%	

36% of HHs reported having used or exhausted a crisis or emergency coping strategy during the thirty days prior to data collection to afford basic needs.⁴

MOVEMENT INTENTIONS & BARRIERS TO RETURN

Reported movement intentions for the three and twelve months following data collection:

3 months		12 months ⁵
	88%	
	6%	
	3%	
	3%	
	Remain in current location	75%
	Return to AoO	6%
	Move to another location	3%
	Do not know	15%

Most reported factors that would enable HHs return to AoO (question asked to all HHs):¹

Reconstruction of Homes	91%
Increased security in AoO	82%
Basic services in AoO	67%

Most commonly reported reasons not to return to AoO:^{1,3}

House in AoO damaged/destroyed	80%	
Lack of security forces	60%	
Basic services not available in AoO	50%	

3% of HHs reported insufficient information about their AoO to reach a return decision.

Those HHs that reported information needs (n = 100) reportedly required information on:¹

Basic services availability	1
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Failed returns:

0% of HHs reported having attempted but failed to return to their AoO.

1 Respondents could select multiple options, results may exceed 100%. 2 Improved sanitation includes flush or pour flush toilet, pit latrines with a slab or platform, and ventilated improved pit latrines, as long as those facilities are not shared with other HHs. 3 Exchange rate of 1 USD: 1,310 IQD, sourced from xe.com at 14/04/2023. 4 Crisis and emergency coping strategies include selling means of transport and other productive assets, children dropping out of school, reducing expenditure on non-food items (health, education), engaging in high-risk or illegal activities, sending children to work, the whole family migrating, and marrying children or adults for financial gain. 5 Question only asked to those not intending to return to their AoO within 12 months of data collection.

METHODOLOGY OVERVIEW

From 14 February until 1 May, REACH and partner organisations conducted 1,372 structured face to face HH interviews and 82 key informant interviews in 25 sub-districts across Iraq using survey tools built in Kobo. Where locations were inaccessible for REACH field teams, IOM (Al Shamal, Samarra, and Balad sub-districts) and DRC (Al Baaj sub-district) kindly supported data collection after receiving training on the survey tool from the REACH assessment team. For HH interviews, sampling was stratified at sub-district level. A sampling frame was built based on the [IOM Integrated Location Assessment \(ILA\) VII \(July 2022\)](#), which provides a list of all known informal sites (primary sampling units - PSUs) as well as estimated number of HHs living at the location (secondary sampling units - SSUs). Data on additional informal sites not included in the ILA was provided by ACTED and included in the sampling frame. Due to operational constraints, the sampling frame was constructed taking into account all informal sites with 30 or more HHs residing at the location. Sample size was calculated to reach a 90% confidence interval and 10% margin of error at sub-district level. All PSUs were then assigned a share of the sub-district sample size corresponding to the number of IDP HHs living at the site in proportion to the overall IDP population at sub-district level. Respondent HHs were selected by randomly sampling geo locations

within the estimated boundaries of the site and interviewing the nearest available HH. Following this methodology, findings presented in this factsheet may be considered representative at sub-district level for IDPs living in informal sites with 30 or more HHs. However, findings must be considered indicative for Tuz Khurmatu, as sample size could not be reached for this sub-district.

Other limitations include the fact that data collection has taken place during the muslim month of ramadan, where fasting, and particularly the breaking of fast has been shown to distort food consumption data and related indicators, such as food expenditure. In addition, the ILA VII reported informal sites with 30 or more HHs in the sub-districts of Kut and Al Garma. However, these sites were abandoned at the time of data collection and the corresponding sub-districts therefore not included in this assessment. Informal sites are also reported in Al Musayab sub-district, which was inaccessible for REACH as well as partners at the time of data collection. Lastly, REACH has found in the past that populations in need might report inaccurately on their needs, for example to increase their chances to be included on distribution lists. Indeed, respondents at several locations mistook the assessment for a listing exercise, despite explanation by the field officers. In light of this, it might be possible that respondents could have been inclined to overstate specific needs. For more information on the methodology, please see the [Terms of Reference](#).

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).