



# MULTI-SECTOR NEEDS ASSESSMENT OF SYRIAN REFUGEES RESIDING IN CAMPS

**KURDISTAN REGION OF IRAQ**

**ASSESSMENT REPORT**

**MARCH 2015**

## EXECUTIVE SUMMARY

With the conflict in Syria showing no signs of abating in its fourth year, refugees that have flooded into neighbouring countries are facing a drawn out situation of asylum. By November 2014 223,923 Syrian refugees (79,296 households) had sought refuge in the Kurdistan Region of Iraq (KRI).<sup>1</sup> 42% of these were residing in nine camps across the three governorates of the KRI and adjacent disputed territories.

REACH Initiative (REACH) has been actively supporting information management efforts undertaken by humanitarian actors in Iraq since November 2012. In consultation with UNHCR, REACH was mobilised to collect multi-sector baseline data at the household level of Syrian refugee households in camp settings across the KRI. Data collection took place between 2<sup>nd</sup> and 15<sup>th</sup> December, with a total sample of 1,981 households across nine camps assessed.<sup>2</sup>

This assessment seeks to identify gaps and opportunities in the provision of assistance across Syrian refugee camps across the KRI, with a focus on areas that can contribute to resilience-based and sustainable programming, in order to better inform the humanitarian community and enable effective prioritization assistance. Vitally the assessment will allow for comparative analysis between Syrian refugees living in camps and those living outside camps among the host community, and where possible compare findings to ascertain any changes over time since the previous Multi-Sector Needs Assessment (MSNA) conducted in May 2014. A third round of MSNA data collection is planned for the second half of 2015, in order to continue identifying trends. More specifically, this report presents sector specific assessment findings on education, livelihoods, shelter and non-food items, food security, water and sanitation, health, as well as protection, of refugees across the camps in the KRI. Key findings further detailed in the report include:

- **Education:** 31% of the population across camps is of school age (from 6 to 17). However the school attendance rate of children aged 6 to 17 in camps across the KRI remains low at 71%, with a slightly higher attendance amongst females (73%) than males (68%). Findings indicate that children higher in age are less likely to access education services – in part due to the lack of availability in some of the camps. The main cited reasons for non-attendance across the camps included curriculum quality, lack of funds, and/ or language differences.
- **Livelihoods:** 87% of households across the KRI reported earning an income (from all sources including humanitarian assistance but excluding savings) in the month preceding the assessment – similar to 88% that reported earning an income in the May 2014 MSNA, indicating that overall livelihood opportunities for refugees living in camps have remained stagnant. Overall 60% of households earning an income reported facing difficulties accessing employment, largely due to increased competition. 3% also reported being denied work due to their status as a refugee. Average monthly incomes were therefore low at 424,790 IQD (361 USD), and households were saving on average only 51,693 IQD (44 USD) per month. Subsequently, as many as 58% across the KRI reported being in debt. The limited livelihoods raises concerns as 14% of households have not been able to afford their basic needs since arrival at their camp.
- **Shelter and Non-food items:** In terms of non-food assistance received, the receipt of shelter and fuel assistance varied across camps. Half of the households in Darashakran reported having received shelter

<sup>1</sup> UNHCR, Registration trends for Syrian persons of concern, 31 October 2014.

<sup>2</sup> Akre, Domiz One and Two in Dahuk governorate, Basirma, Darashakran, Kawergosk and Qushtapa in Erbil governorate, Gawilan in contested areas in Ninewa governorate proximate to Erbil, and Arbat in Sulaymaniyah governorate.

assistance in the six months prior to the assessment to improve the quality of their shelter (mostly shelter materials such as plastic sheeting rather than tent replacement), similar to 40% and 30% in Basirma and Kawergosk respectively. In comparison, only 15% of households in Domiz Two and 16% in Qushtapa reported the same. In turn, as many as 98% of households in Domiz Two and 97% and 95% in Gawilan and Akre respectively had received fuel assistance in 30 days preceding the assessment, compared to only 0.3% in Qushtapa.<sup>3</sup>

- **Food Security:** 88% of households had an acceptable Food Consumption Score (FCS), revealing a slight drop in FCS since May 2014 when across the camps between 100% and 93% of households had an acceptable score. Overall camps in Dahuk still have the highest FCS and lowest Coping Strategy Indexes (CSI), with camps in Erbil and Sulaymaniyah displaying a higher level of food insecurity. In Dahuk 95% of households relied on WFP assistance in comparison to an average of 51% in Erbil (with the exception of the outlier Gawilan) and 45% in Arbat, indicating that households in the latter camps were complementing their food parcels with other sources. It is perhaps therefore unsurprising that the assessment found a positive correlation between a low household income and a low FCS.
- **WASH:** 37% perceived drinking water to be unsafe, with many households boiling the water as treatment. The most common source of drinking water was private access to a piped water network, apart from in Kawergosk, Qushtapa and Arbat where households relied mainly on communal access to a piped water network. In comparison, for non-drinking purposes communal access was used by the majority in every camp apart from Darashakran. Overall 20% reported perceiving water insufficiency in the 30 days preceding assessment, with the highest frequency in Basirma (4 days). To cope with insufficiency the majority would borrow from friends or families, while a smaller proportion reduced consumption.
- **Health:** 17% of households reported that at least one member had suffered from health issues in the two weeks before the assessment. Of the households with a member suffering from health issues, 48% across the KRI sought medical care, mainly in public hospitals or clinics. 30% of those households seeking treatment had difficulties, most commonly due to cost and availability of services. In terms of infant healthcare, across the KRI 24% of children under the age of 5 years old had not received vaccinations against polio. In addition, diarrhoea was the most reported ailment amongst children under 5 years old.
- **Intentions:** 97% of households across the KRI are not planning to leave their camp. The main reason for not leaving is the inability to afford the cost of travel and/or rent. 55% intend to leave in less than one month – in large part for better access to services and employment. Most of those who do intend to leave plan to stay relatively nearby, within the same district or governorate. Only 8% of those planning to leave intend to move back to Syria.
- **Social cohesion:** On average 67% of households across the KRI reported that support from local communities, including both the host and refugee communities, upon arrival had been either extremely helpful or good, especially favourable in the Dahuk camps. The majority (51%) perceived the hospitality levels in the area have stayed the same in the three months leading up to the assessment, while 18% thought it had increased a lot – especially in Erbil governorate.
- **Protection:** Over 90% of the population over the age of 12 in each of the Dahuk camps are in possession of KRI residency, while the average in Erbil was 85% and 14% in Arbat. A lack of residency inhibits refugees' movement across most checkpoints, complicates access to jobs and diminishes legal rights. Indeed, across

<sup>3</sup> These findings are based on the recollection and perception of beneficiaries, rendering the approach complementary to CCCM/SPHERE standards.

the KRI 40% of households did not know where to obtain marriage and/or birth certificates. In terms of vulnerable households, half of female headed households (6% of households) are widowed, and 5% of head of households are over 60 years old. In addition, 3% of households across the KRI reported hosting separated or unaccompanied minors, with minimal variation between camps. 4% of children aged 6 to 14 were reported to be working, slightly more common for boys.

With the protraction of the Syrian refugee crisis, the Regional Refugee and Resilience Plan (3RP) for 2015 and 2016 focuses on resilience-based and sustainable approaches, which has been reflected in a shift towards development in programming in response to the Syrian refugee crisis.<sup>4</sup> This has become even more critical taking into account the eruption of the internal displacement crisis in Iraq since the start of 2014 coupled with the influx of Syrian arrivals from Kobane in the last quarter of 2014. Subsequent overcrowding and competition for humanitarian resources, service provision and jobs have risen sharply for refugees living in camps. **This assessment found that across the KRI the average monthly income for refugees living in Syrian camps has not improved since May 2014 despite being prioritised by the 3RP, and competition was now the main cited reason for difficulties accessing employment. With the protraction of both the refugee and IDP crises, growing inflation in Dahuk and Sulaymaniyah<sup>5</sup> and competition continues to rise, and it is likely that this will soon translate into a reduction in wages and income for Syrian refugees.** In turn, a smaller proportion of households across most camps are able to meet their basic needs, and the average FCS in almost all camps outside Dahuk decreased. With households featuring lower FCS directly correlated with lower brackets of income, it would appear that the saturation of refugees and IDPs in the KRI is currently already inhibiting the growth of self-reliance amongst refugee households. Currently overall perceptions of host community hospitality are positive, indicating that minimal social tensions exist, however these results did not account for relations between the two communities with IDPs, and do not preclude relations worsening in the future as pressure increases.

**It is vital that future programming builds the capacity of refugees to opportunities in the KRI to avoid dependency on depleting humanitarian assistance, whilst pre-empting social conflict that might arise in reaction to continued competition between different communities in the KRI.**

<sup>4</sup> Regional Refugee and Resilience Plan 2015-2016, [Iraq](#), 18 December 2014.

<sup>5</sup> Kurdistan Regional Statistics Office (KRSO), [Consumer Price Index Report](#), February 2015.

## CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>2</b>
<b>CONTENTS .....</b>	<b>5</b>
Abbreviations and Acronyms .....	7
List of Maps, Figures and Tables .....	7
<b>INTRODUCTION .....</b>	<b>9</b>
<b>METHODOLOGY .....</b>	<b>11</b>
Objective .....	11
Sampling .....	12
Limitations .....	12
<b>FINDINGS .....</b>	<b>13</b>
Assessed Population Profile .....	13
Head of Household Characteristics .....	13
Households Including Persons with Disabilities .....	14
Intentions .....	14
Education .....	15
Attendance Rates .....	15
Reasons for Non-Attendance .....	16
Livelihoods .....	17
Income .....	17
Access to Employment .....	22
Meeting Basic Needs .....	23
Shelter and Non-Food Items .....	25
Cooking Fuel .....	26
Heating Fuel .....	27
Food Security .....	27
Food Consumption Score .....	29
Coping Strategy Index .....	32
Water .....	32
Sanitation .....	34
Health .....	34
Obstetric Care .....	37



Vaccinations .....	38
Needs .....	38
Protection .....	39
Household Registration with UNHCR .....	39
Household Residency Status .....	40
Vulnerable Groups .....	41
Host Community Support .....	42
<b>CONCLUSION .....</b>	<b>44</b>
<b>ANNEXES .....</b>	<b>46</b>
Annex I: Sampling Frame .....	46
Annex II: Questionnaire .....	47

**Cover picture:** Darashakran camp, ©REACH

### About REACH Initiative

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH was created in 2010 to facilitate 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. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information about REACH and to access our information products, please visit: [www.reach-initiative.org](http://www.reach-initiative.org). You can also write to us at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us @REACH\_info

## Abbreviations and Acronyms

<b>3RP</b>	Regional Refugee and Resilience Plan
<b>CSI</b>	Coping Strategy Index
<b>FCS</b>	Food Consumption Score
<b>HIS</b>	Health Information System
<b>IQD</b>	Iraqi Dinar
<b>KRG</b>	Kurdistan Regional Government
<b>KRI</b>	Kurdistan Region of Iraq
<b>MSNA</b>	Multi-Sector Needs Assessment
<b>NFI</b>	Non-food Items
<b>NGO</b>	Non-Governmental Organization
<b>ODK</b>	Open Data Kit
<b>PHC</b>	Primary Health Care Centres
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WFP</b>	World Food Programme
<b>WG</b>	Sector Working Group

## List of Maps, Figures and Tables

Map 1: Syrian refugee camp locations across the KRI .....	11
Table 1: Linear regression model for household income, positive effects in green; negative effects in red.....	20
Table 2: Food Consumption Score groupings and weights.....	29
Table 3: Linear regression model for Food Consumption Score, with negative effects in red, positive effects in green.....	31
Figure 1: Demographic profile.....	13
Figure 2: Relationship status of head of household .....	14
Figure 3: Proportion of school-aged children reportedly attending formal education by camp, sex, age-group....	16
Figure 4: Proportion of reasons for non-attendance in formal education, of households where at least one child is not attending school.....	16
Figure 5: Proportion of households able to afford school supplies compared with proportion of households willing to contribute fees, by camp.....	17
Figure 6: Type of primary livelihood per household .....	18
Figure 7: Proportion of the population by sex between the ages of 18 and 59 that work.....	19
Figure 8: Average household income (IQD) in the month preceding assessment .....	20

Figure 9: Average household expenditure (labelled, IQD) in the month preceding assessment, against the average income .....	21
Figure 10: Proportion of households in debt .....	22
Figure 11: Average household debt .....	22
Figure 12: Proportions of Syrian refugee, host community and IDP populations in the three governorates of the KRI in December 2014.....	23
Figure 13: Three most cited problems experienced by households facing difficulties accessing jobs .....	23
Figure 14: Proportion of households that have not been able to meet their basic needs.....	24
Figure 15: Unmet needs amongst the households that have not been able to meet their basic needs .....	24
Figure 16: Top three types of livelihoods-based assistance received.....	25
Figure 17: Top three types of assistance received.....	25
Figure 18: Proportion that received shelter assistance within six months prior to the assessment.....	26
Figure 19: Three most common sources of cooking fuel .....	27
Figure 20: Main food source by camp .....	28
Figure 21: Poor, borderline and acceptable Food Consumption Scores per camp.....	30
Figure 22: The two most common primary sources of drinking water .....	32
Figure 23: The two most common primary sources of non-drinking water.....	33
Figure 24: Top three strategies to coping with unclean water, of households who perceived water unsafe for drinking .....	33
Figure 25: The two most commonly applied coping strategies for water shortages.....	34
Figure 26: Households with one or more sick members in the two weeks preceding assessment.....	34
Figure 27: Households with one or more members perceived suffering from a chronic illness .....	35
Figure 28: Top three illnesses reported by households with one or more members over the age of five suffering from a chronic illness .....	36
Figure 29: Households with one or more members perceived suffering from a chronic illness who have been able to access medical treatment .....	36
Figure 30: Source of medical treatment received by households that sought and were able to access treatment.....	37
Figure 31: Proportion of households where the pregnant member visited an ante-natal clinic, of households where a woman is pregnant or lactating .....	38
Figure 32: Proportion of children under the age of five who had received Polio vaccination .....	38
Figure 33: Top three priority needs .....	39
Figure 34: Households with at least one member registered with the UNHCR.....	39
Figure 35: Proportion of camp population over the age of 12 with in possession of residency.....	40
Figure 36: Households with access to a community leader .....	41
Figure 37: Household members feeling physically unsafe when leaving the home .....	41
Figure 38: Degree of support received from local community upon arrival, including both the host and refugee communities.....	42
Figure 39: Cited reasons for problems faced by refugees when accessing public services in the KRI.....	43



## INTRODUCTION

By November 2014, 223,923 Syrian refugees had sought refuge in the Kurdistan Region of Iraq (KRI).<sup>6</sup> 42% (92,074 individuals) of these were residing in nine camps across the three governorates of the KRI and adjacent disputed territories - Dahuk (Akre, Domiz One and Two camps), Erbil (Basirma, Darashakran, Kawergosk and Qushtapa camps), Sulaymaniyah (Arbat camp) and Gawilan camp situated in areas in Ninewa proximate to Erbil.

REACH Initiative (REACH) has been actively supporting information management efforts undertaken by humanitarian actors in Iraq since November 2012 and was requested by the UNHCR to conduct a second Multi-Sector Needs Assessment (MSNA) of Syrian refugees living in camps and non-camps across the KRI. This will firstly allow analysis of differences in priority needs and assistance received between Syrian refugees in camps and those living in host communities. Second, the combination of indicators with the previous baseline MSNA assessment was designed to allow for some identification of changes over time. A third MSNA later in 2015 will seek to take this analysis further identify trends.

The overall humanitarian situation in the Kurdistan Region of Iraq (KRI) has become increasingly complex since the last Multi-Sector Needs Assessment (MSNA) carried out in May 2014. On the one hand, the Syrian refugee situation in the KRI appeared to have stabilised in the second half of 2014: the majority of Syrian refugees arrived between August and December 2013 and the Peshkabour border was closed to refugees from the Syria side in the last quarter of 2014, and only a slim minority intending to leave their camp of residence in the KRI.<sup>7</sup> Humanitarian programming subsequently saw a shift towards sustainable programs and development. On the other hand, by December 2014 the admittance of 26,057 refugees escaping fighting in Kobane in northern Syria through the border with Turkey has stretched thin the capacity of camps in particular. Overall Erbil governorate hosts the largest proportion of refugees from Kobane (72%), followed by Dahuk (22%) and Sulaymaniyah (6%).<sup>8</sup> While the large majority of Kobane refugees (an estimated 88%) moved to host communities, the remaining families have settled in camps in Erbil and Sulaymaniyah. By the end of December camps in Erbil and Dahuk governorates had reached full capacity (although construction of extension in Domiz is currently underway). Overcrowding raises serious protection concerns, and the rise in population has increased competition for humanitarian distributions and camp services. The issue of overstretched camp capacity is now a key challenge.

In turn, the eruption of the internal displacement crisis in Iraq since the start of 2014, where by December 798,492 displaced Iraqi individuals had been identified residing in the KRI specifically, has further saturated the humanitarian landscape.<sup>9</sup> Humanitarian resources amongst both non-governmental agencies and the Kurdistan Regional Government (KRG) have been diverted to simultaneously respond to this humanitarian crisis, and competition for public services and jobs has escalated. Moreover, the delayed approval of the Iraqi federal budget in December has severely impacted humanitarian funding, postponed salaries for those running public services and inhibited socio-economic investments which might have cushioned the rise in competition. With Dahuk authorities heavily involved in camp management in Dahuk, and Kurdistan Regional Government (KRG) paying for infrastructure costs as well as contributing to health and education costs for camps in Erbil, a protraction of the current conflict in Iraq and discord between the KRG and the central government in Baghdad will continue to hamper service provision for refugees in camps.

<sup>6</sup> UNHCR note 1 *supra*

<sup>7</sup> REACH, 'Intentions Assessment of Syrian Refugees in Camps, Kurdistan Region of Iraq,' February 2014 – pending publication.

<sup>8</sup> Iraq RRP6 Monthly update, [Protection](#), December 2014.

<sup>9</sup> 133,082 families, figures based on an average family size of six. International Organization for Migration, [Displacement Tracking Matrix](#), 25 December 2014.

In December the combined number of Syrian refugees and Iraqi IDPs in the KRI amounted to roughly 20% of the population of the region (five million).<sup>10</sup> With the Regional Refugee and Resilience Plan (3RP) in Iraq currently underfunded by 59%,<sup>11</sup> the importance of resilience-based assistance as highlighted by the 3RP for 2015 and 2016 has become even more critical. It is vital that future programming builds the capacity of refugees to build upon opportunities in the KRI and to avoid dependency on depleting humanitarian assistance, whilst pre-empting social conflict that might arise due to competition between different communities in the KRI. This assessment seeks to identify gaps and opportunities in the provision of assistance across Syrian refugee camps across the KRI, with a focus on areas that can contribute to resilience-based and sustainable programming, in order to better inform the humanitarian community and enable effective prioritization assistance. The previous MSNA highlighted key issues that warrant particular attention, in relation to difference in food distribution between camps, insufficient income, low education attendance rates, lack of assistance and food, unsafe drinking water and need for medical assistance. Access to livelihoods, especially for vulnerable groups, and continued education for adolescents are especially crucial to strengthen self-reliance and avoid long-term destabilization.

The first part of the report introduces the methodology designed and applied by REACH, followed by a comprehensive profile of the Syrian refugee populations covered by the assessment. The second part of the report outlines sector specific assessment findings on education, livelihoods, shelter and non-food items, food security, water and sanitation, health, as well as protection of refugees across the camps, where possible compared to findings of the previous MSNA, then followed by recommendations to support humanitarian planning.

<sup>10</sup> UNHCR, Information Kit, Syrian Refugees Iraq, no.9, December 2014.

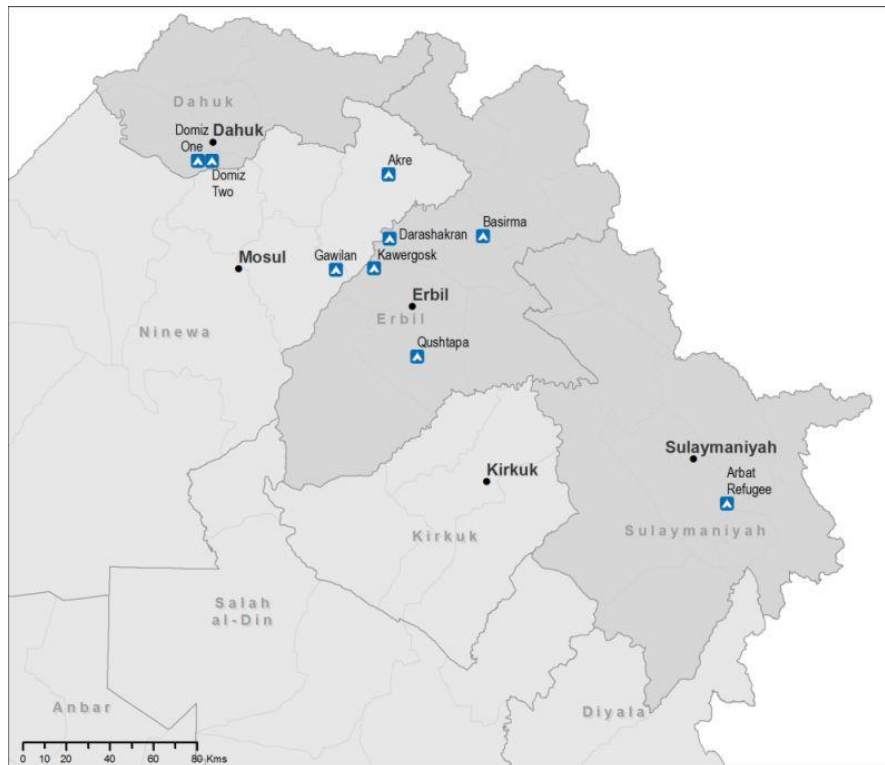
<sup>11</sup> UNHCR Syria regional refugee response, [Inter-agency information sharing portal](#), accessed 24 February 2015.

## METHODOLOGY

### Objective

In December 2014 REACH was mobilised to collect multi-sector baseline data at the household level of Syrian refugee households in camp settings across the KRI. Data collection would be comparable with the MSNA for non-camp refugees completed the following week. Data collection for the camp assessment took place between 2<sup>nd</sup> and 15<sup>th</sup> December 2014 and covered nine camps in all three governorates of Erbil, Sulaymaniyah and Dahuk, as well as contested areas of Ninewa (see Map 1).

Map 1: Syrian refugee camp locations across the KRI



The overall objective of this assessment was to gather information at household-level to better understand the situation of Syrian refugees living in camps in the KRI, and to enable a comparative analysis between Syrian refugees living in camps and those living outside camps among the host community. The assessment sought to identify key gaps that remain in service provision in camps, both within sectors and between sectors. By identifying successes and priority needs, and where possible compare findings to ascertain any changes over time since the previous MSNA conducted in May 2014, the assessment seeks to highlight good practices and future recommendations in assistance services to meet these needs. Key findings on the situation in camps are presented in this report which will be disseminated among all relevant actors in order to enable effective prioritization of humanitarian assistance.

The development of the list of indicators and the final questionnaire took place in consultation with UNHCR and sector working groups (WGs). The involvement of all interested humanitarian actors in the design of the survey form was encouraged to ensure that the analysis will be able to inform future humanitarian assistance.

## Sampling

The sampling frame for this assessment figures was designed using the UNHCR camp registration figures at the time of assessment, to yield a 5% margin of error and a 95% level of confidence.<sup>12</sup> A total random sample of 2,678 households (13,390 individuals, based on an average household size of five), between 173 and 371 households in each camp, were interviewed across the KRI, to ensure findings can be generalised to the camp level. The sample sizes were designed to yield a Table 1 shows and the size of random samples collected in each of the camps.<sup>13</sup>

Systematic random sampling was used in all of the camps. This entails following a clear pattern, in this case rows of shelters, selecting households to be interviewed based on a fixed interval with a randomly generated starting point. This interval is determined in each camp based on the total number of households in the population and the required sample size (calculated as outlined above).

The household-level survey<sup>14</sup> was conducted using a questionnaire administered by REACH enumerators on Android-based smartphones with an ODK platform, enabling data entry directly during the interview. Data analysis was both quantitative and qualitative, triangulated with field observation, dialogue with camp management and secondary data review, to provide analytical depth to statistically significant findings.

## Limitations

With regard to comparing findings with those in the previous camp MSNA in May 2014, certain limitations need to be highlighted. Due to the changes in population sizes between May and December 2014 and different sample size calculations used (the previous MSNA used a 95% confidence level and a 10% margin of error), it is not possible to directly compare statistical findings from the two rounds of data collection at the same confidence or margin of error. Moreover, in order to ensure that this round of data collection was relevant to current humanitarian actors and stakeholders, some indicators, definitions and disaggregations have been revised since the previous MSNA – this implies that not all indicators can be directly compared across the two May and December assessments. However, as both assessments individually provide findings that can be generalised to the camp level, broader trends and observations are comparable and will be discussed in the report where appropriate.

Moreover, it should be noted that the overall confidence level of 95% applies to those findings which pertain to the full sample. Any findings presented solely on subsets of the population – e.g. households with a female head of household, or households caring for a separated minor – inevitably have a lower confidence level. In particular those findings which relate to a very small subset of the population should therefore be treated as indicative only.

<sup>12</sup> For further details on the sampling methodology, refer to <http://opa.uprrp.edu/InvinsDocs/KrejcieandMorgan.pdf>, which provides a short academic explanation of how the sample is determined. For the sampling matrix, please refer to Annex I.

<sup>13</sup> A slightly larger sample than necessary was collected in order to be able to exclude any errors found. This explains, for example, why the sample collected in Arbat Transit exceeds that in Basirma despite having a smaller population.

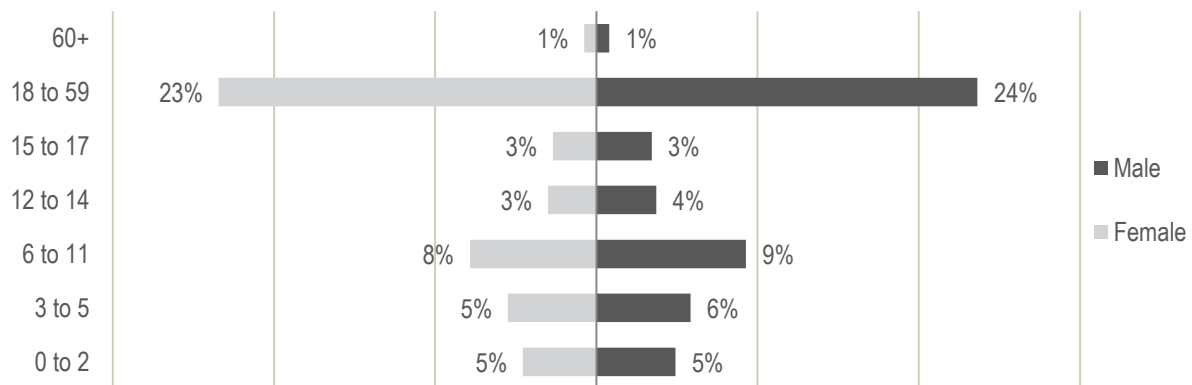
<sup>14</sup> Please refer to Annex II for the questionnaire in full.

## FINDINGS

### Assessed Population Profile

This section first presents the profile of the assessed population. The demographic chart below reveals that the proportion of men and women in the camps across the KRI are evenly split, with a marginally larger proportion of men (52%) than women (48%). The age categories used do not follow a specific interval, but correspond with groups as agreed upon with specific sectors such as protection and education. Children under the age of 18 make up 50% of the population across Syrian refugee camps in the KRI.

Figure 1: Demographic profile

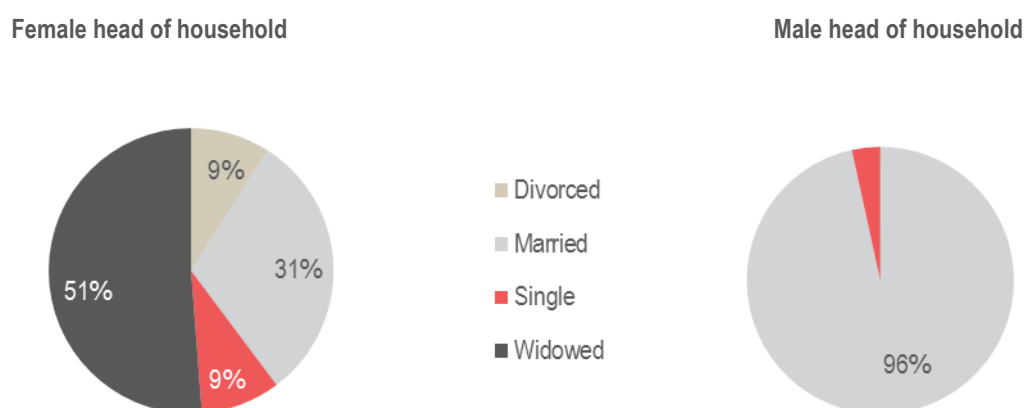


The average household consisted of just over five individual members, with a standard deviation of two. Most households (79%) had between three and seven members. Typically, households comprised a married couple of middle-aged parents with three children.

### Head of Household Characteristics

Overwhelmingly (94%) households across the KRI featured a male head of household, 96% of which were married. The remaining male heads of households were almost exclusively single. In comparison, only 31% of female headed households were married, with 51% widowed and 9% respectively single and divorced. There was little variation across camps, where Akre featured the highest proportion (9%) of female headed households, while only 3% of the households in Arbat reported a female head. There were no divorced female heads of households in Arbat, Basirma, Darashakran and Gawilan, but as many as 19% of female headed households in Akre and 18% in Domiz One were divorced.

Figure 2: Relationship status of head of household



The average head of household age was 38 years, with a small proportion (5%) over 60 years old. Notably all camps apart from Basirma, Domiz One, Kawergosk and Qushtapa, reported at least one minor as the head of household – in total 0.3% of the entire KRI population. Across the KRI 14% of heads of households reported from a perceived medical condition, with little variation across the camps, rendering the dependent members in the families potentially vulnerable should they lose their head of household.

### Households Including Persons with Disabilities

12% of households living in Syrian refugee camps across the KRI reported at least one person in the household with a permanent disability. Of these households, the most common reported type (61%) was a physical disability. The other disability types were mental (20%), visual (15%), speech (11%) and auditory (7%). A particularly large proportion of households (85%) including a member with a disability in Arbat camp specified a physical disability.

### Intentions

The vast majority of households (97%) living in Syrian refugee camps across the KRI in December 2014 are not planning to leave their camp. As identified in a dedicated report by REACH on the intentions of Syrian refugees living in camps, they are unable to afford the cost of travel and rent, and perceive that cultural and social challenges, such as language barriers, will inhibit their integration into communities elsewhere.<sup>15</sup> Of those who intended to leave, the largest proportion of households intended to move within the same district or governorate within the KRI. 55% of respondents intending to leave reported planning to leave the camp in less than one month. With regard to reasons for leaving, respondents frequently cited access to better services as well as a focus on gaining employment. For those households who reported intending to return to their area of origin in Syria (8% of those planning to leave their camp), the most cited reason was to join friends and family. Relatively few households planning to move back to their area of origin reported an improvement in security as encouraging them to return. This indicates that many of those leaving the KRI for Syria are doing so due to a perceived relative deterioration in the ability for Syrian refugees to meet their basic needs rather than a normalisation in their area of origin. Many of the households intending to leave include vulnerable members; just over half of households across the KRI intending to leave had at least one child under 5 years old, meanwhile, a minority included a pregnant or lactating woman. Moreover, a small minority of households now intending to leave had a member with a disability.<sup>16</sup> This indicates that many households will remain in need of continued targeted

<sup>15</sup> More detailed analysis of the intentions of Syrian refugees can be found in a dedicated report by REACH entitled, 'Intentions Assessment of Syrian Refugees in Camps, Kurdistan Region of Iraq,' February 2015 – pending publication.

<sup>16</sup> Figures of this subset were too small to be statistically relevant, but gave an indication of overall trends.



assistance outside the camp. To conclude, the current situation of relatively static movement for Syrian refugees living in camps in the KRI is likely to continue into the foreseeable future, as the main drivers of displacement in Syria remain and inhibit return, but life outside camps elsewhere remains too challenging.

## Education

With regard to education, this report considers only primary school level and above, i.e. ages from 6 to 17, because it was found during the previous MSNA that many respondents did not consider pre-school essential. In addition, provision of schooling in refugee camps has focused on primary and secondary education. The demographic age groupings (6 to 11, 12 to 14 and 15 to 17) during data collection align with disaggregations related to protection and to remain in accordance with official KRI education levels (for comparable results with the Multi-Cluster Needs Assessment (MCNA) and Host Community Needs Assessment (HCNA)). Therefore although in most camps education does not go beyond secondary school which finishes at the age of 17 (where 15 to 17 is considered upper secondary school), it is not possible to disaggregate to this particular age. It is therefore important to bear in mind that non-attendance rates for the age group 15 to 17 also result from the lack of schooling availability.

### Attendance Rates

Overall 31% of the population across camps is of school age (from ages 6 to 17), with the average number of school aged children per family equal to 1.6 (two) persons. The school attendance rate from ages 6 to 17 in camps across the KRI is 71%, while for ages between 6 to 14 it amounts to 90%. This reflects the lack of upper secondary schooling, whereby very few camps offer these services. The lowest attendance rates between ages 6 and 17 were found in Qushtapa (65%) and Domiz Two (67%). There was slightly higher attendance amongst females (73%) than males (68%), with little variation across the camps. In line with these findings, the UNHCR camp profiles of December 2014 demonstrated that sector standards on education in each of the camps were consistently not met.<sup>17</sup>

The average attendance rate in formal education across the KRI saw a general balance of more girls than boys. For boys aged 6 to 11 83% were enrolled, compared to 86% of girls. In turn on average 68% of boys and 73% of girls between the ages of 12 and 14 attend, while 27% of boys and 37% of girls aged 15 to 17 attend. Although findings on education are not directly comparable to the May MSNA (due to the difference in sampling and breakdown of attendance by age group in December rather than school stage), the KRI-wide pattern in gender balance across the KRI was similar.

As seen in the figure below, there is a clear correlation between age and attendance rates, whereby the older the child the less likely it is that they will be enrolled in formal education. The lack of education for adolescent Syrian refugees living in camps across the KRI is of particular concern, because education and skills among this population are crucial to avoid destabilization in the longer term by helping to mend social fabric and rebuild broken economies.<sup>18</sup>

<sup>17</sup> UNHCR, note 10 *supra*.

<sup>18</sup> MercyCrops, ['Lost generation or generation now?'](#), June 2014.

Figure 3: Proportion of school-aged children reportedly attending formal education by camp, sex, age-group

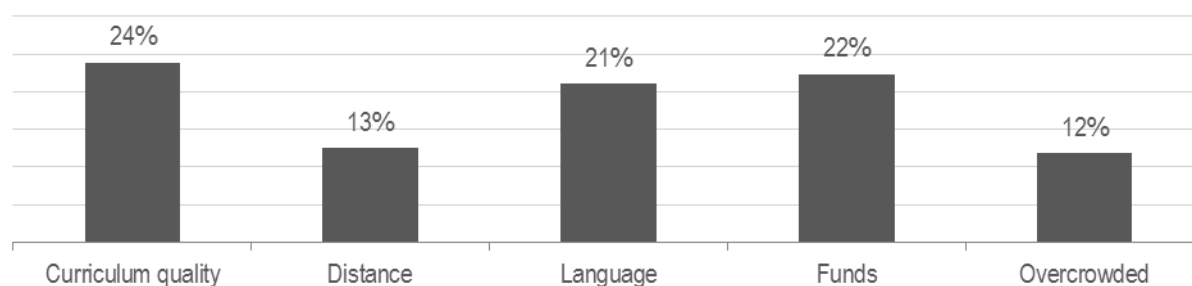
		Male 6-11	Female 6-11	Male 12-14	Female 12-14	Male 15-17	Female 15-17
Dahuk	Akre	86%	91%	56%	80%	22%	57%
	Domiz One	84%	85%	70%	69%	31%	46%
Erbil	Domiz Two	83%	83%	63%	59%	23%	46%
	Basirma	81%	83%	90%	88%	39%	23%
	Darashakran	86%	93%	70%	74%	26%	34%
	Gawilan	82%	88%	69%	66%	33%	29%
	Kawergosk	85%	88%	83%	78%	21%	42%
	Qushtapa	84%	83%	53%	76%	18%	38%
Sul.	Arbat	76%	80%	56%	71%	30%	19%

No households reported that their children had dropped out of formal education all together. None either reported that they attend informal education instead (education activities which are not accredited by the public education system and which can entail anything from Koranic lessons to arts and crafts, music and arts, etc.). Rather, relatively large proportions of households whose children do not attend formal education reported that their children had never attended education in the KRI, including 26% of households with non-attending girls aged 12 to 14 in Darashakran and 43% of households with non-attending girls aged 15 to 17 in Basirma.

### Reasons for Non-Attendance

The main cited reasons for non-attendance across the camps included curriculum quality (24%), lack of funds (22%), language differences (21%), distance to schools (13%), and schools being overcrowded (11%) – according to respondents the average estimated class size across camps was 25 people. It is important to note here that these respondents were able to cite several reasons, and therefore figures could be cumulative.

Figure 4: Proportion of reasons for non-attendance in formal education, of households where at least one child is not attending school

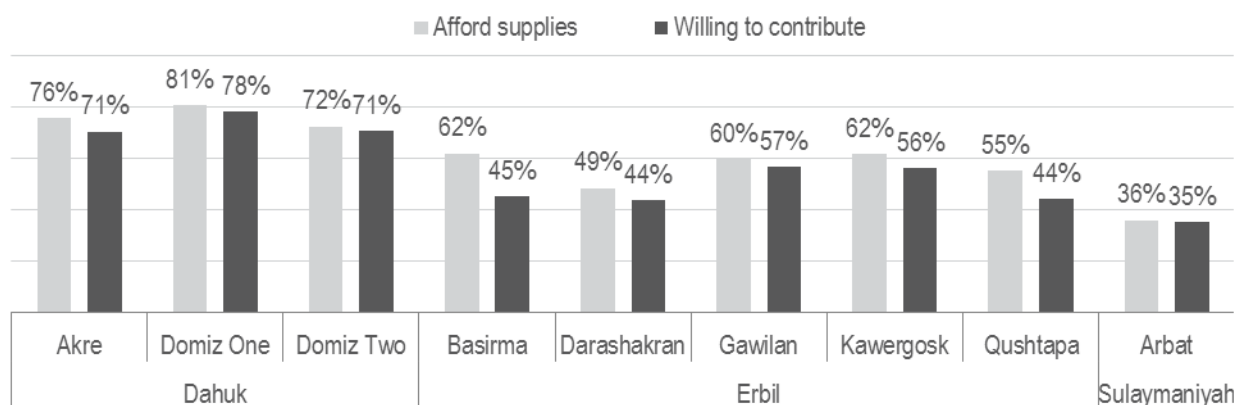


Curriculum quality was overall the most cited reason by households where at least one boy aged 6 to 11 is not attending formal education, particularly in Darashakran (55%), Domiz One (43%) and Kawergosk (38%). This was similarly the main reason for boys aged 15 to 17. In turn, lack of funds was the most cited reason for girls aged 6 to 11, including 45% in Basirma and 44% in Domiz One. This was also the most common reason amongst boys and girls aged 12 to 14, with the highest in Domiz One (28%) for boys and Akre (38%) for girls. Lastly, difference in language was the biggest problem for girls aged 15 to 17.

Bullying and harassment were also reported as inhibiting school attendance, by 7% of households across the KRI where at least one child is not attending formal education. Particular concerns are raised in Qushtapa and Basirma, where 28% of households with girls aged 6 to 11 and 17% with both boys and girls ages 12 to 14 respectively not attending reported this as a deterrent.

As seen in the graph below, compared to the other camps Dahuk featured the highest proportions of households who could afford school supplies (such as books, stationery, bags and uniforms) and were also more willing to contribute fees for education, including the cost of materials, books and uniforms. There is a direct correlation across all camps of those able to afford school supplies and those willing to contribute fees. Households in Arbat were the least able to afford costs for education. The assessment found a correlation between camps where households earned a lower average income and low proportions able to afford costs for education, such as Arbat.

Figure 5: Proportion of households able to afford school supplies compared with proportion of households willing to contribute fees, by camp



## Livelihoods

Access to livelihoods is key to building self-reliance and resilience of Syrian refugees living in camps across the KRI. Sufficient income is central to refugees being able to meet their basic needs, improve their living conditions in the camp and save in case of emergency expenses or for plans ahead. Lack of income on the other hand heightens dependence on negative coping strategies and services provided by the Kurdish government, UN and partner organizations, and local charities. Although findings on employment rate, income and debt levels, and livelihoods cannot be directly compared with the previous MSNA due to differences in grouping of data and typology, observations on general trends for employment rates and income levels can be made.

### Income

87% of households across the KRI reported earning an income (from all sources including humanitarian assistance but excluding savings) in the month preceding the assessment. This is similar to the 88% of households in May 2014, indicating that overall livelihood opportunities for refugees living in camps have remained stagnant. The overwhelming majority of households in Dahuk earned an income; 100% in Domiz Two,

98% in Domiz One and 96% in Akre. In turn, this ranged between 85% and 88% in the Erbil camps, whereas only 59% of households in Arbat reported earning an income – highlighting particular economic vulnerability in this camp.

Of those who reported an income, the salary arrangement indicates the level of stability of this income. The majority of households earning an income across the camps received a daily salary (70%), with little variation. From this it is clear that only a minority of households have economic security. The second most common form of salary was monthly, between 30% of households in Domiz Two and Qushtapa respectively and 17% in Akre. Instead Akre saw a larger proportion (9%) compared to the other camps who received payments based on need. Lastly, labour in exchange for services or shelter was only reported by a handful of households across the KRI.

The two most common types of primary livelihood were first agricultural waged labour and then skilled waged labour – as seen in Figure 12. Agricultural waged labour was slightly more common in Dahuk (58%), than Erbil (43%) and Arbat (36%). In turn, the highest proportion of households that reported being economically inactive was found in Arbat (26%), whereas this was least common across Dahuk. The discrepancy between the figures for those not earning an income and those economically inactive in Arbat can be explained by the proportion of households that received economic assistance as income but not any salary in return for work.

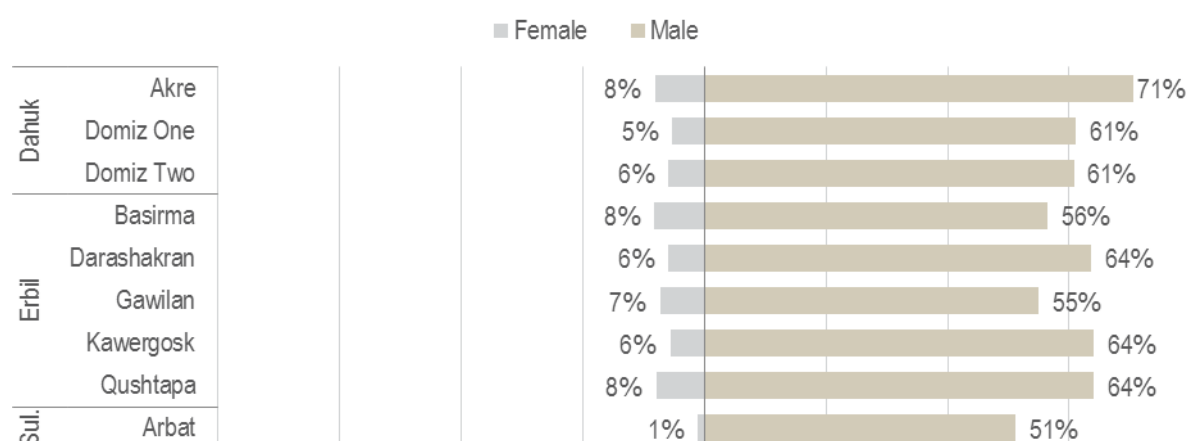
Figure 6: Type of primary livelihood per household



In terms of vulnerabilities, 7% of those with no economic activity were female widowed heads of household. Particularly large proportions of female widowed households without a salaried income were found Akre (19%) and Domiz One (15%). 2% across the camps with no economic activity were divorced or single respectively. With regard to households with an elderly (over 60 years old) head of household, 35% were economically inactive, while 34% relied on agricultural waged labour – this is concerning giving the physical nature of the work.

On average 33% of the population over the age of 17 across the camps was working at the time of assessment. This varied greatly by sex, especially between the ages of 18 and 59 (see Figure 13). On average 61% of the male population between 18 and 59 were reportedly working, compared to only 6% of women. This trend was similar for those over the age of 60, where on average 14% of the male population across all camps was working compared to 11% of women in Akre and 7% in Qushtapa and not in any of the other camps. Of the women that were working, 17% belonged to a female headed household.

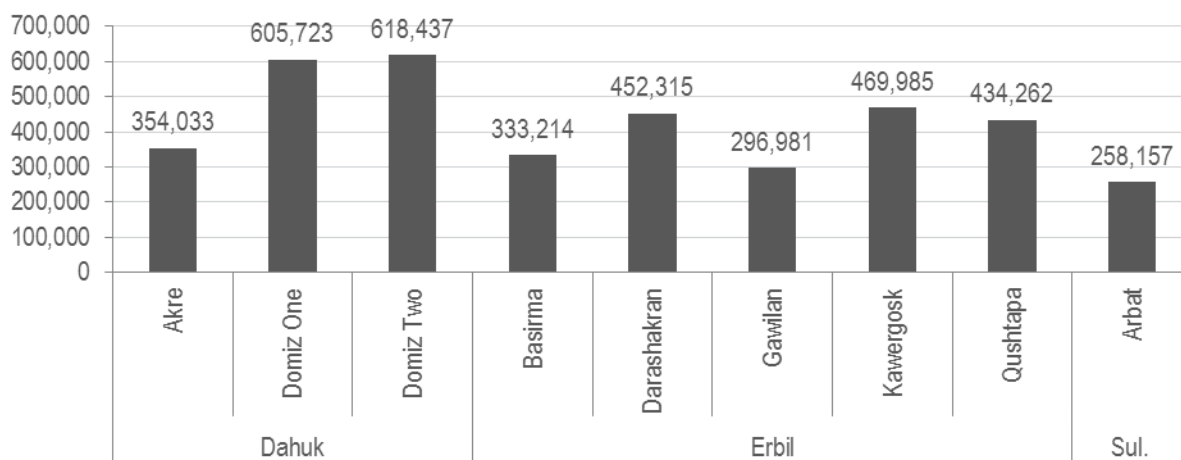
Figure 7: Proportion of the population by sex between the ages of 18 and 59 that work



Households were asked if they resorted to any negative strategies to cope with limited income in the 30 days preceding the assessment. All households confirmed that they spent savings, bought on credit or borrowed money, and spent less money. Meanwhile, none reported selling household or productive assets, engaging in high risk or degrading jobs or sending either adults or children to beg. It should be noted here that households are unlikely to admit the latter practices which are culturally taboo – compounded with the 5% margin of error, it cannot be assumed that these practices do not take place at all.

In the month preceding the assessment the average income for refugees in camps across the KRI was 424,790 IQD (365 USD). Bearing in mind the difference in margin of error, the average income in May was 485,000 IQD (416 USD), indicating that generally there has been no significant improvement in income earned or that salaries had yet decreased as a result of competition for work at the time of assessment. As seen in Figure 14 below, there were however considerable income differences between camps in December. Households in Domiz Two reported the highest income of 618,437 IQD (USD 531 USD), significantly higher than the KRI average. Households in Domiz One also displayed a high average, whereas Akre had amongst the four lowest across the KRI. This is likely due to Domiz One and Two's proximity to economic opportunities in Dahuk, as well as the high rate of residency amongst households. Moreover, Domiz has the most developed internal economy of the camps across the KRI, with shops, restaurants and small businesses run by residents. On the other hand, Akre's infrastructure, a large square two-storey building with an internal courtyard has limited space for the development of an internal economy in the same way. In Darashakran, Kawergosk and Qushtapa each the income was slightly above the KRI wide average, between 469,985 (403 USD) and 434,262 IQD (373 USD). In comparison, Basirma, Gawilan and Arbat demonstrated larger deviations from the average, in particular Gawilan (296,981 IQD, 255 USD) and Arbat (258,157 IQD, 222 USD). Gawilan is relatively removed from urban centres.

Figure 8: Average household income (IQD) in the month preceding assessment



To quantify the effects of the variables explored thus far in the analysis on aggregate household incomes, a linear regression model was fitted for camps of residence and livelihood types, as seen in Table 2 below (where the Coefficient B represents the effect of the variable on the household's average income, in USD). Variables that were indicated as insignificant were removed stepwise to obtain a model where all remaining variables were statistically significant at the 5% level or more, enabling us to draw the following conclusions.

Table 1: Linear regression model for household income, positive effects in green; negative effects in red

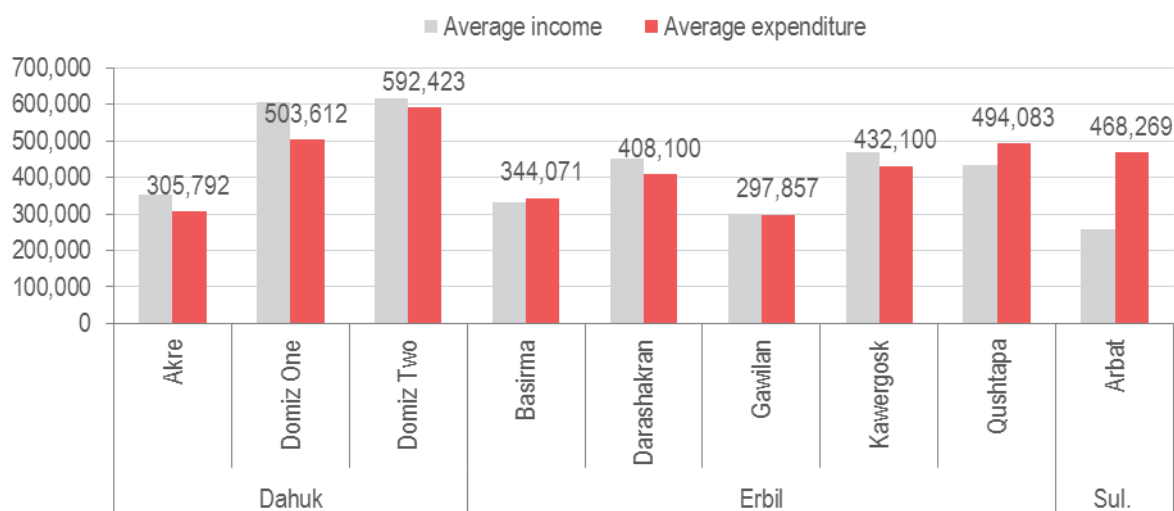
Variable	Effect in USD on Household Income (Coefficient B)
Arbat camp	-250
Qushtapa camp	-127
Kawergosk camp	-88
Akre camp	-180
Gawilan camp	-218
Darashakran camp	-105
Basirma camp	-189
No livelihood	-207
Skilled wage labour	67
Skilled service labour	227
Trade vocation	235



Overall, residing in all camps had a negative effect on a given household's income, particularly reduced for households living in Arbat and Gawilan, where the decrease in household incomes is estimated to be 294,149 IQD (250 USD) and 256,498 IQD (218 USD) respectively. In comparison, the lowest negative effect was found amongst households residing in Kawergosk camp – by 103,540 IQD (88 USD). No statistically significant effects were found for Domiz One or agricultural waged labour. As expected, unemployment had the largest negative effect on household incomes, reducing them by an estimated 243,555 IQD (207 USD). In turn, the more skilled a job the more positive its effect on income, in line with common market tendencies – where waged labour only gains 78,832 IQD (67 USD) compared to those involved in trade vocation where income is estimated increased by 275,323 (235 USD).

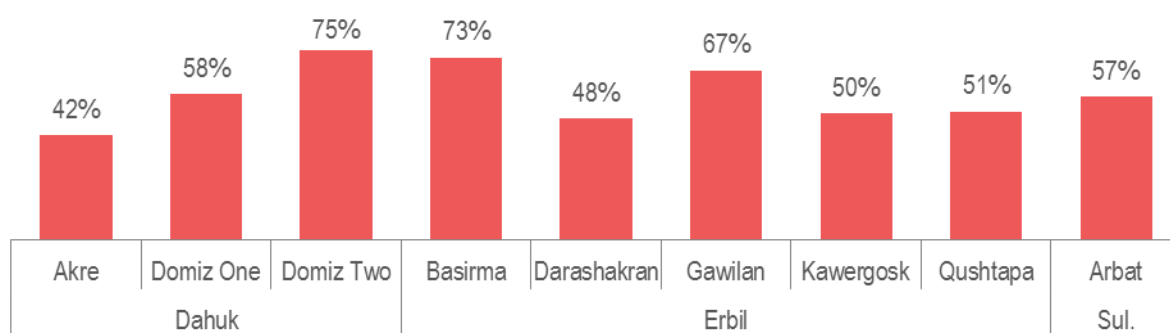
When looking at expenditure, across the KRI households were saving very little – on average 51,693 IQD (44 USD) - and this varied significantly between camps. Households in Dahuk were on average able to save a little, between 26,014 IQD (22 USD) in Domiz Two and 102,111 IQD (87 USD) in Domiz One, whereas only Darashakran and Kawergosk out of the remaining camps were able to save, with 44,216 IQD (38 USD) and 37,885 IQD (32 USD) respectively. Households in Arbat were again the most economically vulnerable as they were on average spending more than twice their income in the month preceding the assessment. Households in Qushtapa, Basirma and Gawilan also spent on average more than their income, although this gap was much less with 59,821, 10,857 and 876 IQD (51, 9, and 1 USD) on average spent more than was earned (see Figure 15).

Figure 9: Average household expenditure (labelled, IQD) in the month preceding assessment, against the average income



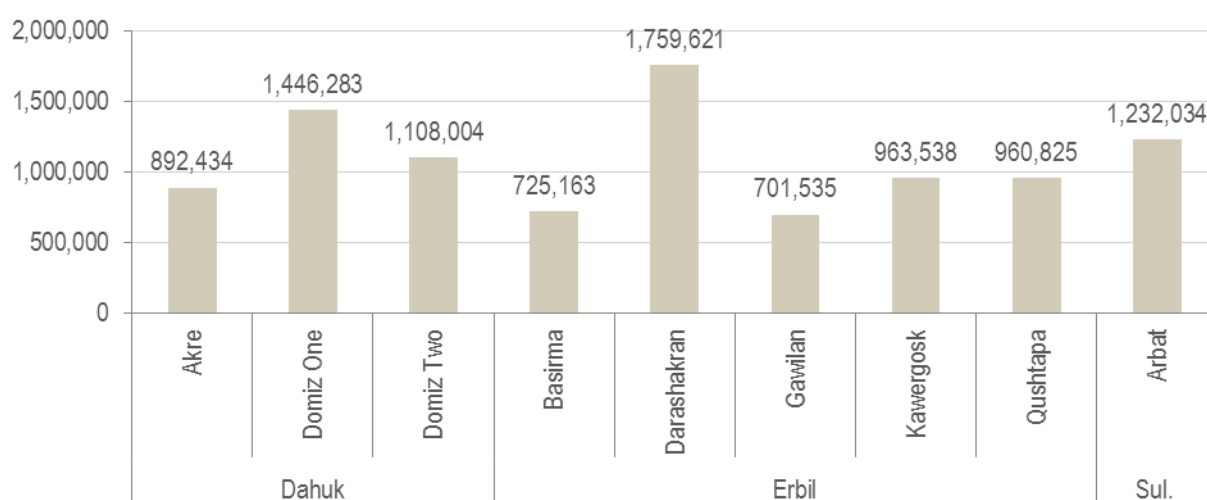
Taking into account the economic vulnerability of most households outline above, it is therefore not surprising that a significant proportion (58%) of refugee households living in camps across the KRI reported being debt. As seen in Figure 18, the highest proportions were found in Domiz Two (75%) and Basirma (73%), followed by Gawilan (67%) and Domiz One (58%). Interestingly, despite the particular economic vulnerability identified in Arbat above, a smaller proportion (57%) of the households reported being in debt.

Figure 10: Proportion of households in debt



As seen in Figure 19, the average household debt in camps varied significantly between 701,535 IQD (602 USD) in Gawilan and 1,759,621 IQD (1,511 USD) in Darashakran. Although the second largest proportion of households with debt were identified in Basirma, the average amount was in fact the second smallest across all of the camps at 725,163 IQD (623 USD). Similarly, the second lowest proportion of households with debt was found in Darashakran, while these households had the largest amount of debt.

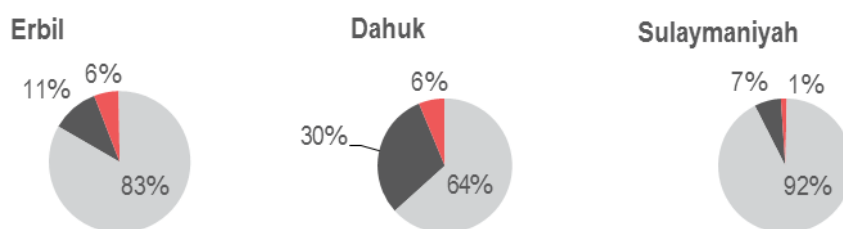
Figure 11: Average household debt



## Access to Employment

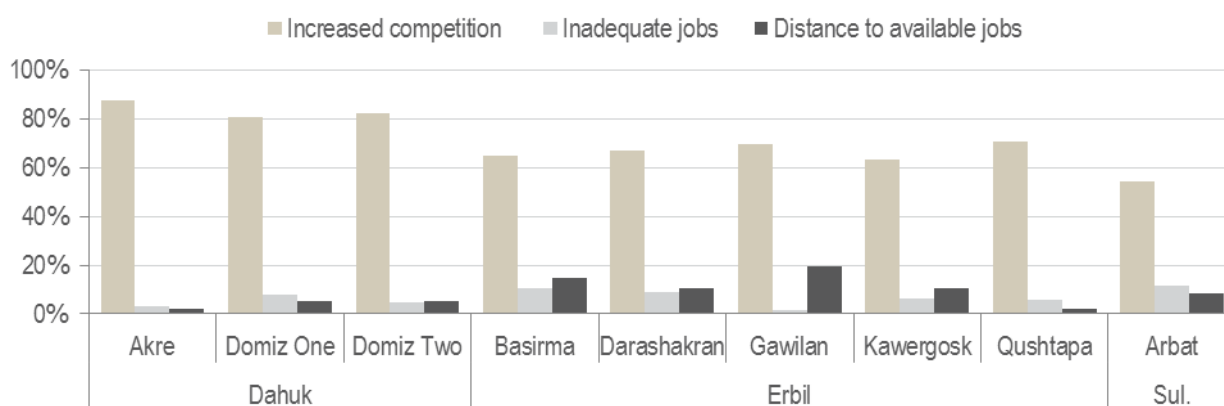
62% of households living in refugee camps in the KRI reported having problems accessing employment, between 48% in Arbat and 74% in Darashakran. At the governorate level, Erbil featured the highest level of households reporting problems facing employment – on average 67% with the lowest at 60% in Qushtapa. Amongst the households that cited difficulties accessing employment, increased competition for jobs was overwhelmingly the most cited reason, particularly in Dahuk by on average 83%. This reflects the added pressure of Iraqi IDPs, with the biggest caseload in Dahuk mostly arriving after June 2014, as demonstrated in Figure 16. Although no direct correlation between difficulties in accessing employment and economic inactivity/low income levels was found, the increased competition for jobs since August is likely to manifest itself in an increasing number of households unable to find any work or forced to accept lower salaries in the near future.

Figure 12: Proportions of Syrian refugee, host community and IDP populations in the three governorates of the KRI in December 2014



The issue of competition for livelihoods is a pivotal risk factor for social cohesion problems between the communities, especially in the face of falling economic growth in the KRI as a result of the ongoing conflict in Iraq,<sup>19</sup> and the declining oil price. For example, perception of prejudiced recruitment or livelihoods assistance can become a main source of tension. With regard to discrimination against refugees, only 3% of households across the KRI facing problems in accessing employment reported being denied work due to their status as a refugee – with none in Gawilan, and between 2% in Domiz One and Two and 6% in Kawergosk (see Figure 17).

Figure 13: Three most cited problems experienced by households facing difficulties accessing jobs



Other reasons for constrained livelihoods opportunities, including physical disabilities and linguistic differences were only highlighted by a handful of households. In turn, the perception of available jobs as inadequate was only cited as a reason by 7% of households across the KRI, with minimal variation between camps. Distance to available jobs was mostly reported in Gawilan (20%), which is located more than an hour away from an urban centre, and 20 minutes away from the main road between Erbil and Dahuk. Notably, residency was reported by relatively few households apart from in Arbat (15%). This corresponds with the lowest rate of residency. Contrary to expectations, the relatively low reported importance of residency can in part be explained by the fact that amongst the minority of households that do not possess residency, most of these are able to gain employment with their UNHCR registration.

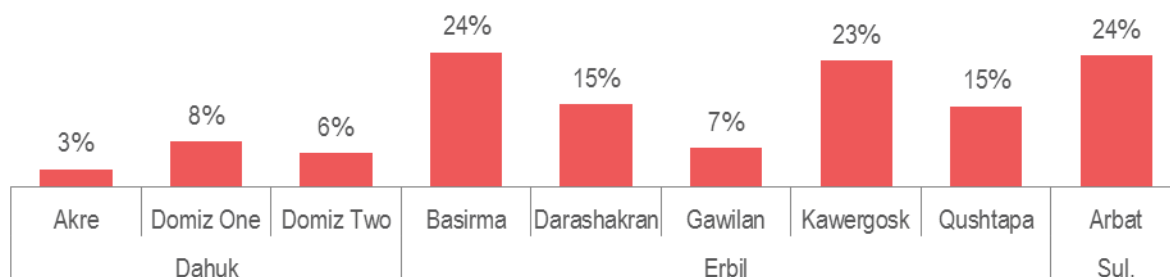
### Meeting Basic Needs

Despite the relatively high rates of economic inactivity, a majority (86%) of households in camps have been able to meet their basic needs since arrival at the camp. Households in camps in Dahuk had fared better than the other governorates, where on average only 6% were not able to meet their basic needs. A high variation was found between the camps in Erbil, with as many as 24% and 23% not able to meet their needs in Basirma and Kawergosk respectively, compared to only 7% in Gawilan. Unsurprisingly residents in Arbat, who reported the

<sup>19</sup> World Bank and KRG Ministry of Planning, 'Kurdistan Region of Iraq, Economic and Social Impact Assessment of the Syrian Conflict and ISIS Crisis', 1 February 2015.

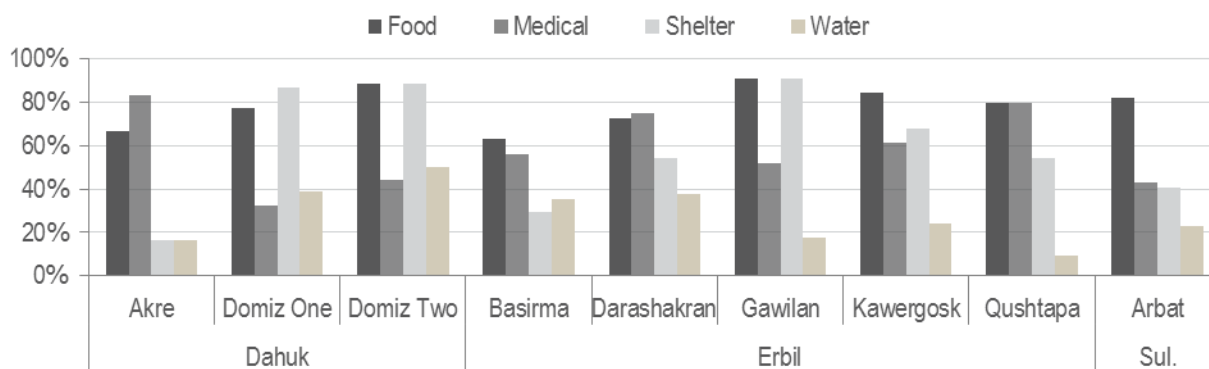
lowest proportion of working households and lowest bracket of average income, had the highest percentage of households unable to meet their basic needs. This suggests that since May 2014, households' ability to meet their basic needs has remained static (when 12% reported being unable to do so), while households in Arbat, Basirma, Kawergosk and Qushtapa are less able to meet needs – formerly 1%, 15%, 15% and 10% respectively.

Figure 14: Proportion of households that have not been able to meet their basic needs



Amongst households that reported being unable to meet their needs, food was on average felt by households to be their most unmet need in the KRI (79%), followed jointly by medical (59%) and shelter (59%) needs. Less variation was found across the camps between the proportions with respect to food needs compared to medical and shelter. While only 32% and 43% in Domiz One and Arbat respectively were unable to meet their medical needs, this was reported by 83% in Akre. In turn, 91% of households in Gawilan as well as 89% in Domiz One and 85% in Domiz Two had been unable to meet their shelter needs (protection from exposure to weather, privacy and lighting) compared to 17% in Akre. Unmet water needs were reported the most by 50% of households in Domiz Two.<sup>20</sup>

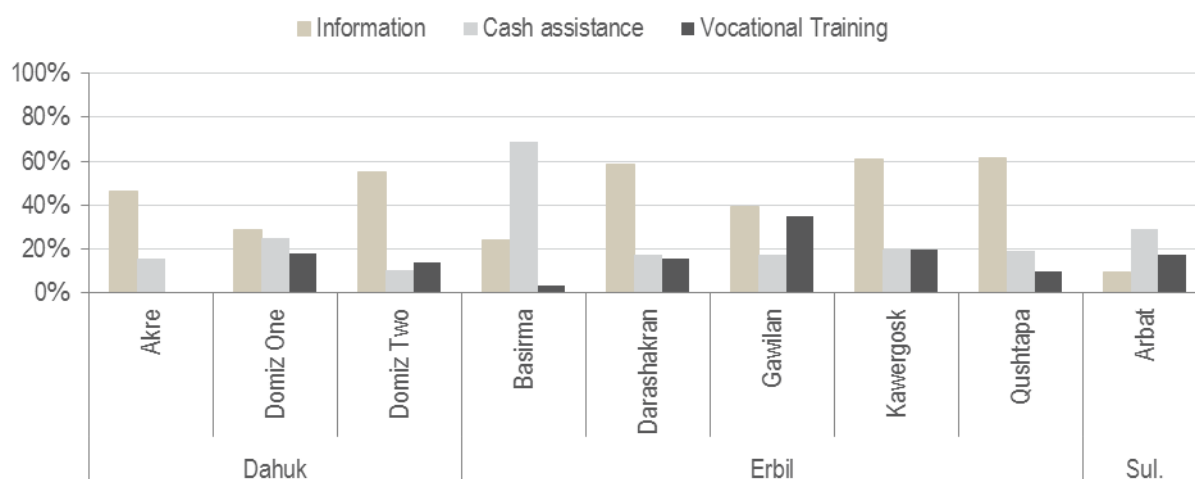
Figure 15: Unmet needs amongst the households that have not been able to meet their basic needs



Just over a fifth of households across the KRI reported having received livelihoods-based assistance in the three months preceding assessment. Livelihoods assistance had been received by the least proportion of households in Gawilan (7%) and the most in Domiz One (15%). More specifically with regard to types of assistance, in all of the camps apart from Arbat and Basirma the majority of households received information on where to find employment (on average 50%). Meanwhile cash assistance was mostly reported in Basirma (69%). Households in Arbat had also on average received more cash assistance (29%) than information (10%). Vocational training saw the highest variation between camps, with 35% of households in Gawilan having received this assistance compared to none in Akre. Instead 38% of households in Akre had received professional IT training – a much higher proportion compared to other camps, Basirma, Kawergosk and Qushtapa did not receive this at all.

<sup>20</sup> It is important to note that these findings are subjective based on the opinion of the interviewees and not based on any baseline.

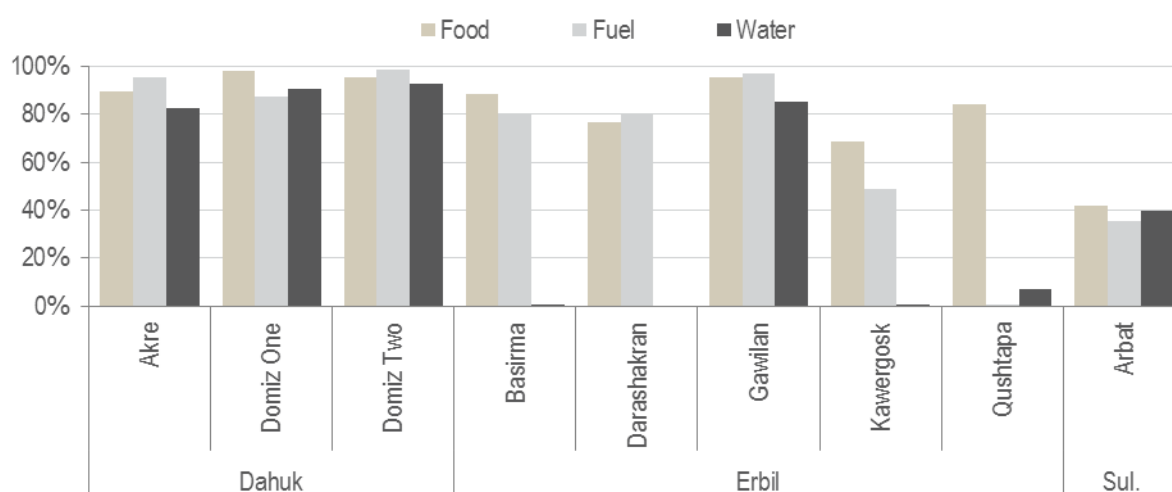
Figure 16: Top three types of livelihoods-based assistance received



In terms of other assistance received in the 30 days preceding assessment, 93% of households across the KRI did receive some form of assistance. In Dahuk this ranged between 100% (in Domiz One and Two respectively) and 99% (Akre), and between 81% in Kawergosk and 100% in Gawilan. Only 78% of households in Arbat reported having received any form of assistance.

The most common types of assistance received were food and fuel, followed by water. A high proportion of camps in Dahuk received all three types of assistance, whereas in Erbil food and fuel were almost exclusively received by the majority of households, apart from Gawilan where households also received water and Qushtapa where none received fuel. In Arbat all three types were received by nearly an equal proportion of households, although to a lesser extent across the board.

Figure 17: Top three types of assistance received



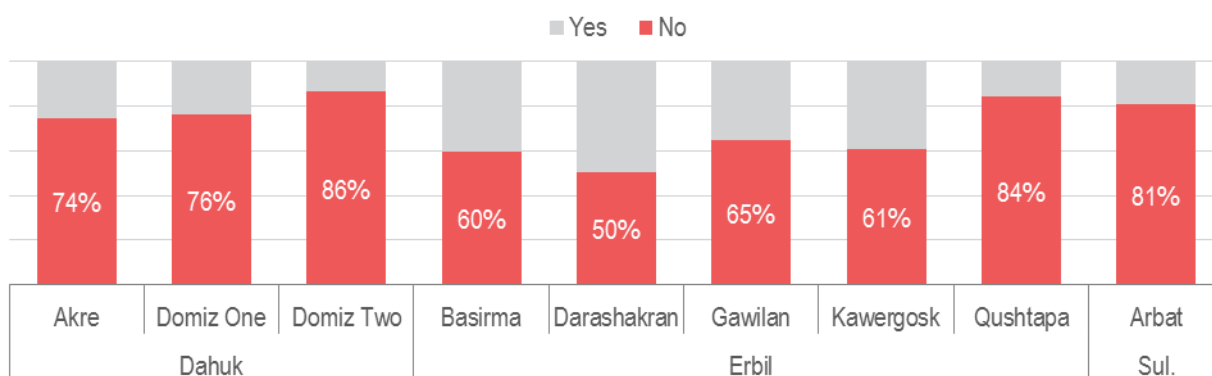
## Shelter and Non-Food Items

Amongst households that reported being unable to meet their needs in relation to their income, 59% of households felt that they were unable to afford their basic shelter needs (perceived inadequate shelter arrangements, such as protection from the climate, privacy and lighting).

In terms of shelter assistance, this varied across the camps. Half of the households in Darashakran reported having received some assistance in the six months prior to the assessment to improve the quality of their shelter, with a similarly high 40% and 30% in Basirma and Kawergosk respectively. In turn, only 15% of households in Domiz Two and 16% in Qushtapa reported the same. The overwhelming majority (97%) of all households who received shelter assistance across the KRI had received shelter materials, with only the average 7% reporting cash.

79% of households across the KRI reported that they had received plastic sheeting through a distribution, with the least households in Arbat (59%) and the most in Kawergosk (96%). The large majority of most camps (76% across the KRI) who had received these reported using them to reinforce their shelter (such as roofing or outer walls), with as many as 95% in Domiz Two. This was less common in Akre, perhaps unsurprising given the pre-existing infrastructure, where a larger proportion of households compared to other camps (38%) used this to cover their ground surface. A significant proportion of households (58%) across the KRI also cited using the sheeting to improve shelter privacy, with minimal variation across camps.

Figure 18: Proportion that received shelter assistance within six months prior to the assessment

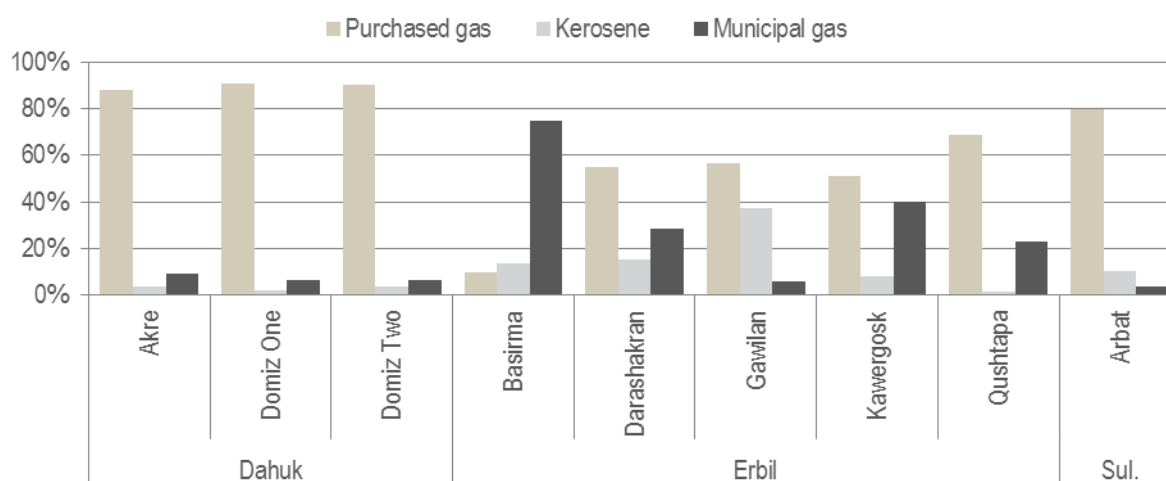


### Cooking Fuel

The large majority of households in all camps across the KRI apart from in Basirma primarily relied on purchased gas as their main type of cooking fuel, especially in Dahuk and Sulaymaniyah. The overall preference for gas across the KRI remains in line with the May MSNA findings – due to the differences in typology however, more detailed comparisons are not possible. Households in Erbil used a wider range of fuel sources, including a more common use of municipal gas compared to the other governorates – for example by as many as 75% of households in Basirma. A relatively large proportion (37%) of households also primarily used Kerosene in Gawilan. Across the KRI on average households experienced shortages of cooking fuel for 2 days of the 30 days preceding the assessment, ranging between 1 (Domiz One and Two) and 4 (Kawergosk).



Figure 19: Three most common sources of cooking fuel



### Heating Fuel

With regard to the primary sources of heating fuel, Kerosene was overwhelmingly the most used across the KRI, with only a handful of households using oil. The average number of days during which heating fuel shortages were experienced in the 30 days preceding the assessment varied greatly between the camps; less than one day in Dahuk camps and Gawilan, 1 in Darashakran, 2 in Kawergosk, 3 in Arbat, 6 in Basirma and as many as 18 in Qushtapa. To cope with fuel shortages, all households in Arbat borrowed from family and friends, also deployed by 67% of households in Basirma and Gawilan respectively. Using an alternative source was most common in Darashakran (71%) and also by the majority in Kawergosk (50%). Notably 50% in Qushtapa reported not heating at all, as well as 33% in Basirma.

Across the KRI between 99% and 100% of households reported an electricity connection, the source of which was overwhelmingly municipal. The large majority of households had access to electricity for more than 10 hours a day, but with relatively larger proportions between six and 10 hours in Darashakran (42%), Qushtapa (36%) and Basirma (21%).

In terms of other key non-food items, the average number of blankets across the KRI was 6.6 (7), with a standard deviation of 1. In turn, the average number of mattresses was 5, with minimal variation across the camps. Taking into account the average family size of just under five members, this indicates that on average each member has access to one blanket and mattress each. Similarly, the average number of heaters per household across the KRI was 1.3 (1), with a standard deviation of 0.1 – on average 73% of households had received these as assistance, with particularly large percentages having purchased in Arbat camp (31%) and Qushtapa (25%).

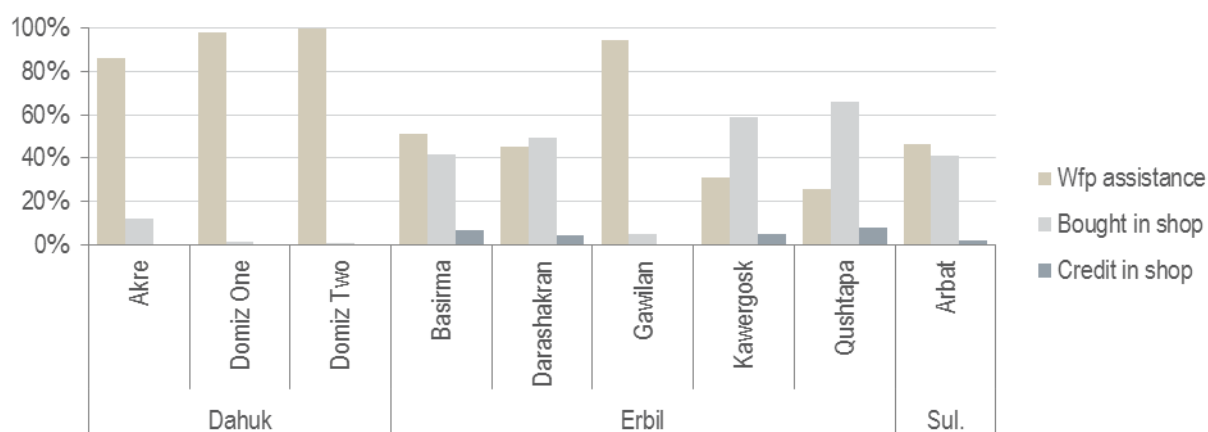
### Food Security

One of the key findings from the previous MSNA was the difference in food distribution and subsequent food security in camps for Syrian refugees in the KRI. In May 2014 most households showed an acceptable Food Consumption Score (FCS), whereby those in Domiz One and Two who benefitted from the World Food Programme (WFP) voucher scheme (\$31 per household) had a higher intake of higher nutrient foods and none fell below the acceptable FCS threshold – indicating that the food voucher system has had a more positive impact on the food security of refugees in camps than beneficiaries of WFP in-kind food parcels (16.29 kilograms of commodities corresponding to 2,100 kilocalories per person daily), which were often sold for more preferred foods items/commodities. In December, the voucher system was still implemented in Domiz One and Two. Darashakran and Akre camps were also transitioned from parcels to vouchers. In January, the construction of

voucher redemption shops inside Domiz One was completed and started operating at the same time as the transitioning of vouchers operations in Kawergosk camp. Following the selection of retailers, construction of retail shops in Basirma and Qushtapa began in January 2015 and the transition to vouchers is expected to take place in April and May respectively.<sup>21</sup> This shift in food assistance is a positive step towards improved food consumption - giving refugees greater flexibility and ownership of their dietary choices than food parcels. It should be noted that in January 2015, the voucher value was reduced to US\$28.20 as the food basket against which the value is calculated was harmonized across the region. In February and March, the voucher value was further reduced to US\$19 per person per month due to funding constraints.

In December, the three most commonly cited sources of food across the KRI were World Food Programme (WFP) assistance, purchasing food with cash in a shop, and using credit in a shop. There was a significant variation between camps in Dahuk governorate and the other governorates. In Dahuk on average 95% of households relied on WFP assistance in comparison to an average of 51% in Erbil (with the exception of the outlier Gawilan where 95% cited WFP assistance, likely due to its distance from urban areas and shops) and 45% in Arbat. Taking into account the different food distribution systems in the camps at the time of assessment, the large proportion relying mainly on food from shops in Erbil and Sulaymaniyah indicate that food parcels were complemented by other food sources or portions of the parcels are sold. Indeed, in May 68% of households had reported selling all or some of the contents of the distributed food parcels and supplemented food from elsewhere.

Figure 20: Main food source by camp



Across the KRI 92% of households reported eating three meals in the day previous to the assessment. 6% of respondents in Arbat reported not having eaten at all, and 2% in Qushtapa ate only one meal. Only a slim minority ate more than three meals.

Analysis of food security in this report was conducted using the Food Consumption Score (FCS) and Coping Strategy Index (CSI). The FCS is a composite score based on current dietary diversity, food frequency and the relative nutritional importance of different food groups. The FCS serves as a key indicator for WFP's food security analysis. In turn, the CSI is a rapid measurement tool of behaviour or strategies used by households when they are not able to access sufficient food.

<sup>21</sup> Iraq RRP6, [Food Security Dashboard](#), December 2014.

## Food Consumption Score

During the assessment each interviewed household was asked to recall how many days in the week prior to the assessment they had consumed each of the food groups normally measured by WFP to calculate FCS. The weight parameter as assigned by WFP (see Table 3) was then applied to the number of days each food group was consumed, yielding the FCS as the cumulative total of each of these weighted scores.

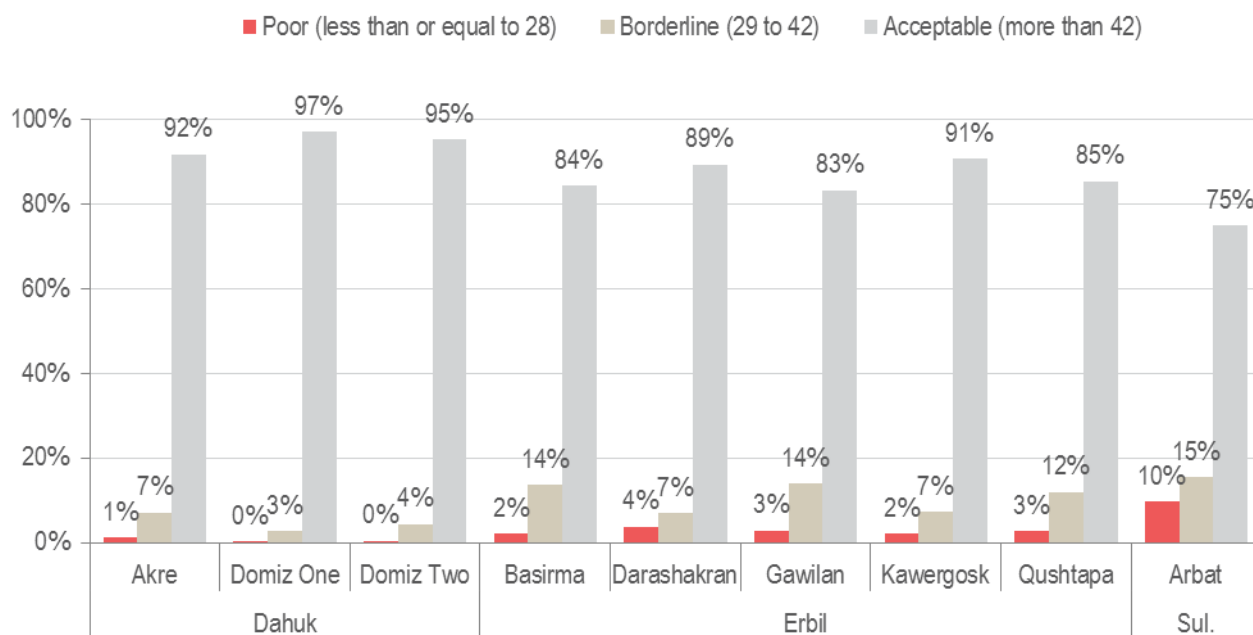
Whether a score is considered poor, borderline or acceptable depends on the cultural dietary habits of the country or region concerned. For the MENA region, including Iraq and Syria, WFP interprets a score of 28 or under to indicate a poor food consumption profile; a score from 28.1 through 42 to be borderline; and a score above 42 to indicate an acceptable food consumption profile of food security.

Table 2: Food Consumption Score groupings and weights

Food type	Examples	Weight
<b>Cereals</b>	Bread, pasta, wheat flour, rice, bulghur	2
<b>Tubers &amp; Roots</b>	Potato, sweet potato	
<b>Pulses &amp; Nuts</b>	Beans, chickpeas, lentils	3
<b>Vegetables</b>	Tomatoes, carrots, pumpkins, lettuce, cabbage	1
<b>Fruits</b>	Apples, oranges, bananas	1
<b>Meat</b>	Red meat, chicken – incl. internal organs such as liver, kidney	4
<b>Eggs</b>	Eggs	
<b>Fish</b>	Tuna, sardines	
<b>Milk &amp; Dairy Products</b>	Milk, cheese	4
<b>Oils &amp; Fats</b>	Olive oil	0.5
<b>Sweets &amp; Sugar</b>	Sugar, honey, jam, cakes, candy	0.5
<b>Spices &amp; Condiments</b>	Salt, pepper, spices, sauces	0

On average 88% of households had an acceptable FCS across the KRI. There was some variation across camps, with a larger proportion of households in Dahuk camps showing an acceptable score, between 92% in Akre (with an average score of 73) and 97% in Domiz One (with an average score of 79). These findings are in line with the May 2014 MSNA which found that recipients of WFP vouchers had a higher average FCS. The highest proportion of households scoring within the poor category (less than or equal to 28) FCS was found in Arbat (10%, with an average score of 62), followed by Darashakran (4%, with an average score of 69). The average food consumption score of female headed households across the KRI was 3 points lower than male headed households and the KRI wide average.

Figure 21: Poor, borderline and acceptable Food Consumption Scores per camp



The slight drop in FCS as reported in December 2015 from May 2014, when between 100% (in Domiz One and Two) and 93% in Basirma of households had acceptable FCSs, may be explained by two factors. In the first hand, five camps apart from four showed less than a 10% difference between the findings in May and December, within the May assessment's margin of error. With regards to the remaining four camps – Basirma (from 95% to 84%), Gawilan (from 98% to 83%) Qushtapa (from 99% to 85%) and Arbat (95% to 75%) – food consumption patterns may have worsened. In Arbat and Darashakran this could be explained by the delays in food distribution in November due to a pipeline break, and some re-targeting of resources by humanitarian actors to cope with the influx of Kobane refugees in the remaining camps as well. Difficulties obtaining or renewing residency, and increasing competition for jobs could also be negatively impacting household's ability to achieve an acceptable diet.

There was also a direct correlation between the average income of households per camp and their FCS, whereby the average monthly income across the KRI amongst households with a poor FCS equaled to 179,447 IQD (154 USD) – far below the general KRI average. Households with a borderline scored averaged 297,471 IQD (255 USD) and households with an acceptable score 454,751 IQD (390 USD). In addition, households scoring worse also spent slightly less on food in the 30 days preceding the assessment; on average across the KRI households with a poor score spent 198,186 IQD (170 USD), while those with acceptable scores spent 275,218 IQD (236 USD). There was some variation between camps in Dahuk receiving WFP vouchers and the remaining camps, where households in Domiz One and Two spent the most, on average 314,013 IQD (269 USD) and 348,922 IQD (299 USD) respectively, while the others ranged between the lower scale of 197,736 IQD (170 USD) in Gawilan and 218,464 IQD (187 USD) in Basirma (both located far away from shops and urban centres, with limited internal economy) and the most spent in Arbat, which was 293,766 IQD (252 USD).

**Table 3: Linear regression model for Food Consumption Score, with negative effects in red, positive effects in green**

Variable	Effect in score points on FCS (Coefficient B)
Arbat camp	-11
Qushtapa camp	-5
Domiz One camp	9
Domiz Two camp	8
Gawilan camp	-4
Darashakran camp	-3
Basirma camp	-4
Male head of household	61
Female head of household	58
No livelihood	-4
Skilled wage labour	3
Low skill service	5
Skilled service labour	5
Trade vocation	4
Gifts family and friends	-20

Table 4 above shows a linear regression model for FCS, where the Coefficient B represents the effect of the variable on the household's average income, in points of the FCS. It was found that living in all camps apart from those in Dahuk had a negative effect on the average FCS of households, by up to negative 11 in Arbat. This likely corresponds with the positive correlation found between FCS and higher incomes, whereby camps outside Dahuk, in particular Arbat, reported lower average incomes. In addition, the identified more frequent practice of complementing food assistance in Erbil and Sulaymaniyah governorates than in Dahuk could indicate that voucher distributions in Dahuk camps were preferable to households and had a positive impact on the nutritional intake of households. This was also discussed in the previous MSNA in May 2014. Indeed, residing in Domiz One or Two had a positive effect on the score, by 9 and 8 points respectively. As expected, households with no income were negatively affected in terms of their FCS – with scores falling by an estimated 4 points. This further explains the particularly low FCS in Arbat camp, which hosted the highest proportion of unemployed households in the months leading up to assessment. This suggests that food consumption is at least partially determined by income levels, indicating that any major degradation of earnings could have a severe negative impact on food consumption. On the other hand, different types of jobs did not have a significant difference in impact on FCS,

ranging between a positive impact of 3 and 5 points. This indicates that as long as a household possesses some earnings, food purchases are rarely compromised and/or complemented by food distributions. Indeed, despite the low earnings in some camps overall there are low levels of food insecurity across the camps.

### Coping Strategy Index

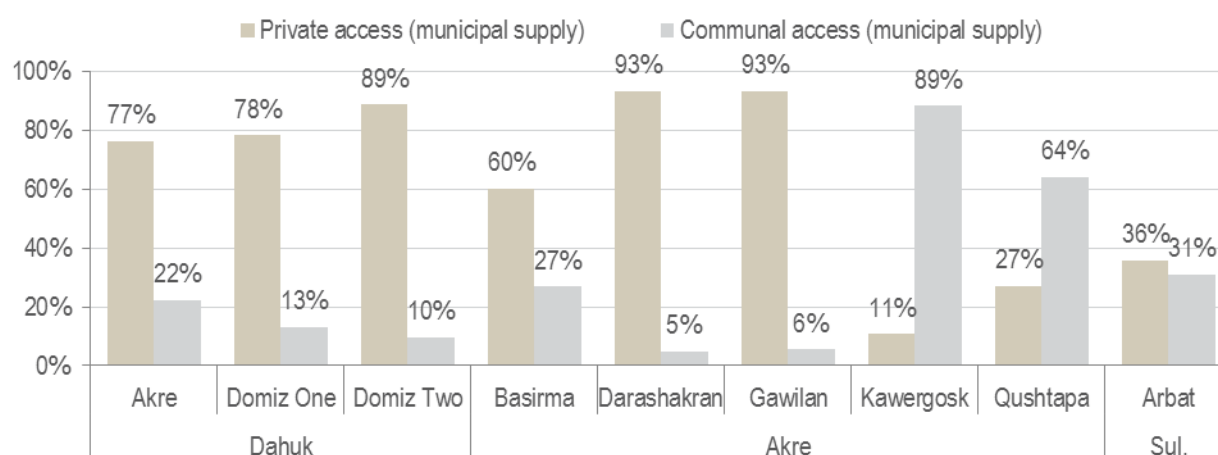
Households were asked how many days in the seven days prior to the assessment they employed different specific types of coping strategies in order to cope with a lack of food or money to buy food. Each strategy has a standard weight related to its severity, and a high CSI score indicates a high level of food insecurity. The average CSI found across the KRI was 5. Of all the camps, Arbat, Basirma and Qushtapa had the highest CSI, with 7 respectively, followed by Darashakran and Kawergosk (6), Gawilan (5), Domiz One and Two (4) and Akre (3). A negative correlation of 0.6 between the CSI and FCS was identified, whereby a higher CSI yielded a lower FCS.

The most commonly applied strategy across the camps was to rely on less preferred and less expensive food – by on average 70% of the population across the KRI for at least one day in the week. As many as 24% of households in Basirma and Kawergosk reported relying on this strategy seven days a week. The second most frequently cited strategy was to limit portion size at mealtime – by 32% of the population at least one day a week, on average one day a week, particularly in Arbat (65% of households). Slightly higher proportions in Arbat also reported borrowing food and reducing the number of meals. Basirma featured the highest most households that exchanged or bartered food (26%).

### Water

The two most common primary sources of drinking water in the refugee camps across the KRI are private and communal access to a piped water network. Households living in camps in Dahuk, and in Basirma, Darashakran and Gawilan overwhelmingly relied on private access, whereas households in Kawergosk and Qushtapa saw a clear majority of households using communal water supply. The sources of water were almost evenly split in Arbat, with a slight majority using private access. A slim minority of between 1% and 2% of households reported primarily relying on purchased water in all camps apart from Barisma and Arbat (8% respectively).

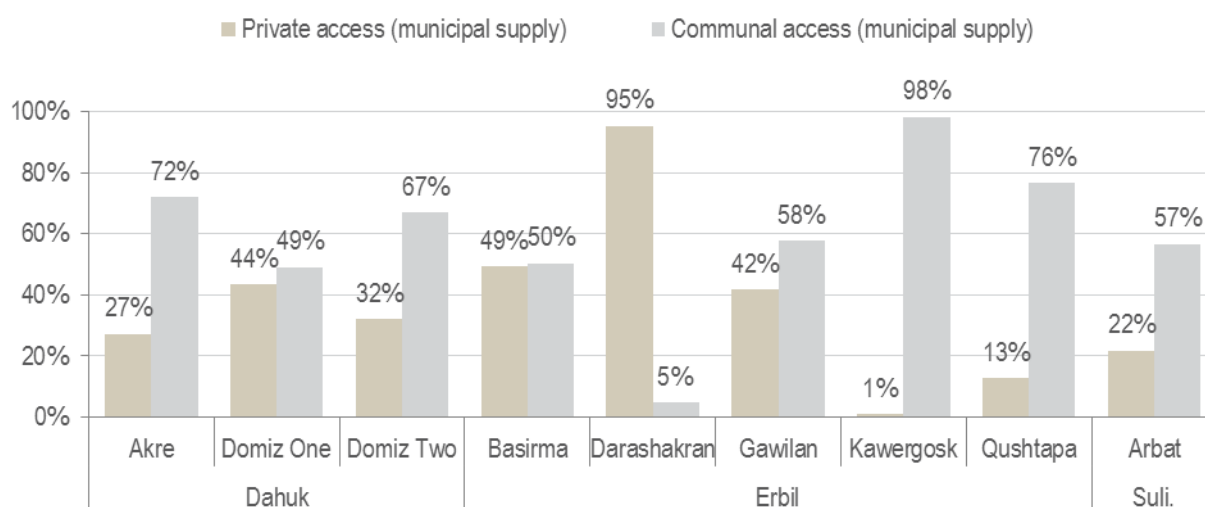
Figure 22: The two most common primary sources of drinking water



With respect to the primary sources of water for non-drinking household purposes, the assessment found a more common use of communal access. For example, households residing in Dahuk camps instead for the most part relied on communal access, between 72% in Akre and 49% in Domiz One. A similar shift was also found in Basirma, Gawilan and Arbat. On the other hand, households in Darashakran still overwhelmingly relied on private access, while households in Kawergosk again almost exclusively relied on communal access.

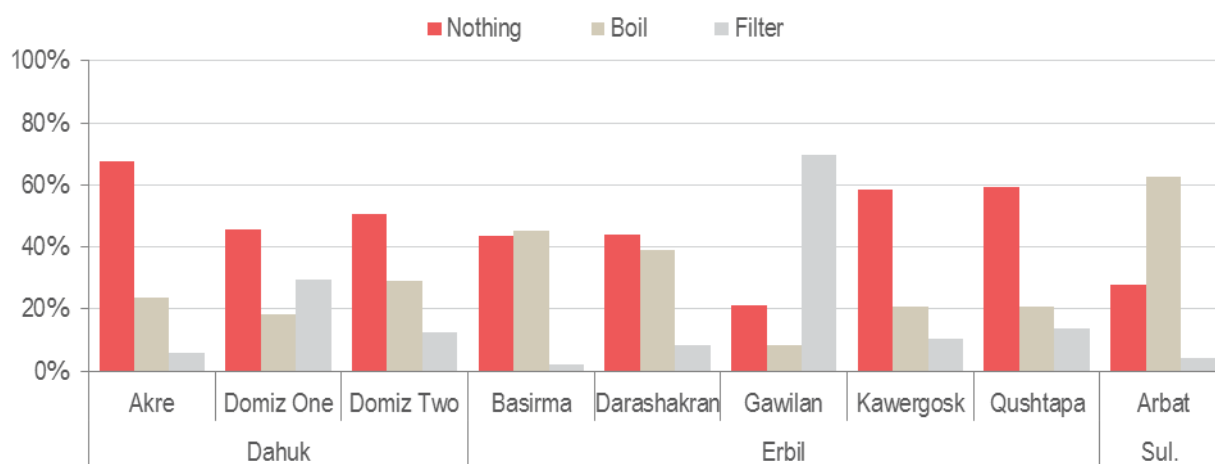


Figure 23: The two most common primary sources of non-drinking water



Only 63% of refugee households residing in camps across the KRI perceived their water to be safe for drinking, with a particularly low proportion in Basirma (35%) – the remaining camps ranged between 55% in Gawilan and 75% in Darashakran. Of those households who perceived the drinking water to be unsafe for drinking, in all of the camps most households did not treat the water to make it safer, apart from in Basirma, Gawilan and Arbat. It should be noted here that as water quality is tested regularly in camps, these findings are more likely a reflection of perception rather than the actual provision of unsafe water on the ground. This has implications for a communication and promotion of use of water. Of the subset that perceived water to be unsafe, the most common form of treatment that was applied was boiling, especially in Arbat and in Basirma. Filtering of water was used significantly more in Gawilan compared to the other camps. Across the KRI a slim minority also used alternate sources of water and/or used chlorine to clean the water.

Figure 24: Top three strategies to coping with unclean water, of households who perceived water unsafe for drinking

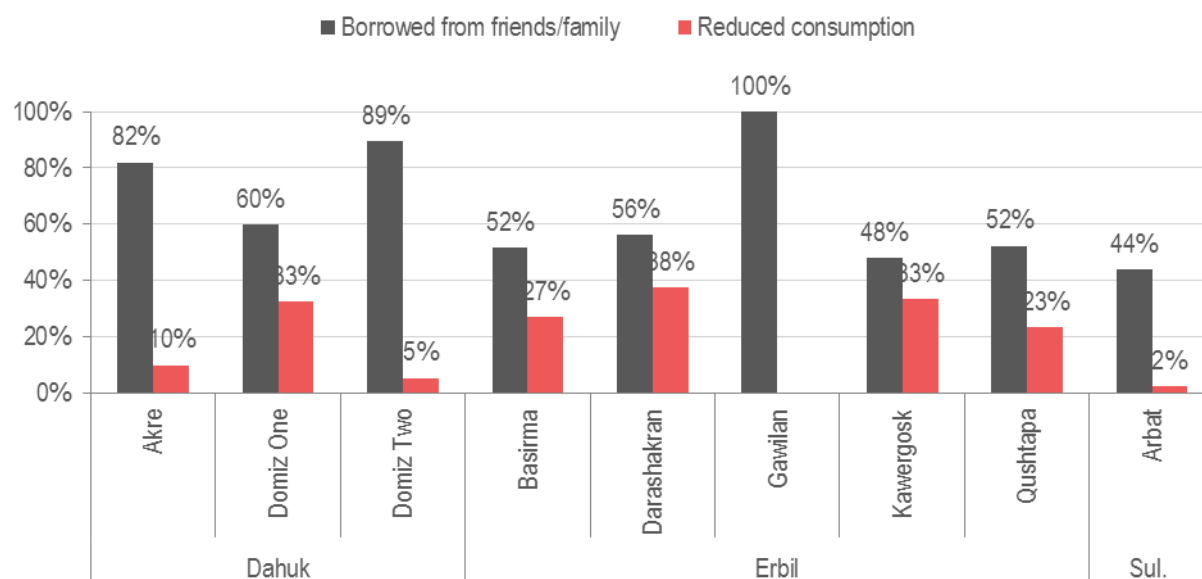


Although water supply in December was found to meet UNHCR set standards in each camp, from 50-75 litres in Kawergosk and 135 litres in Gawilan per person daily<sup>22</sup>, in the 30 days preceding the assessment 20% of households across the KRI still reported facing water insufficiency. The average number of days varied between

<sup>22</sup> UNHCR, note 10 *supra*

the camps, with the highest rate of shortages in Basirma (4) and Qushtapa (3). Akre and Arbat experienced on average 3 and 2 days respectively. Less than one day was reported in Domiz One and Two, Darashakran, Gawilan and Kawergosk. Amongst the small subset that reported insufficiency, the majority of households in every camp reported coping by borrowing water from friends and family, while a smaller proportion reduced consumption. In Arbat other notable cited strategies included spending money usually spent elsewhere on water, borrowing money to buy water, and in some case even staying without water. In Qushtapa and Kawergosk a minority also took water on credit from a shop, and some households in Basirma reported resorting to syphoning off water for personal use.<sup>23</sup>

Figure 25: The two most commonly applied coping strategies for water shortages



## Sanitation

The primary means of solid waste disposal across the KRI was overwhelmingly municipal collection, for on average 98% of households with little variation between the camps. Dumping in the streets was only reported in Basirma (5%), Qushtapa (3%) and Kawergosk (1%). In addition 4% of households in Basirma also reported using a rubbish pit, indicating that solid waste disposal in Basirma was worse than in the other camps.

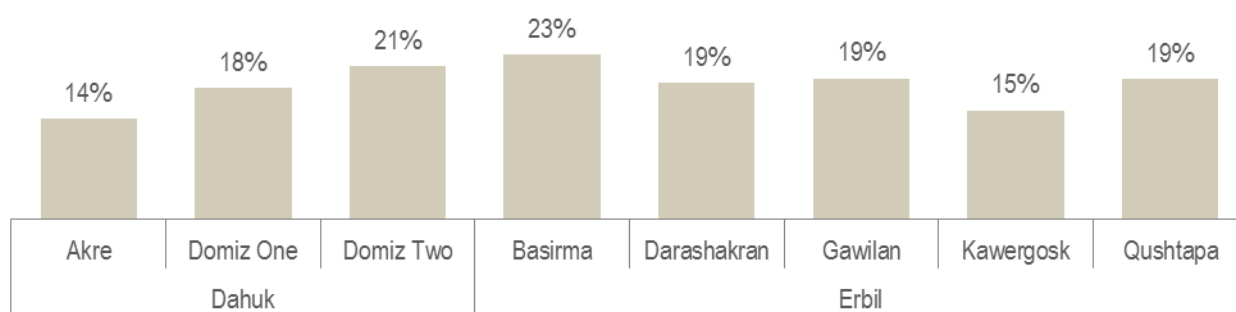
99% of households living in refugee camps across the KRI have access to functional latrines, while 89% have access to functional showers. Both services featured little variation across the camps, apart from Kawergosk where only 60% of households reported access to functional showers. Poor water sanitation and hygiene facilities risk lack of control of communicable diseases, such as cholera, dysentery and other infectious diseases.

## Health

On average 17% of households across the KRI reported that at least one member had suffered from health issues in the two weeks before the assessment. The highest incidence of illness was reported in Basirma (22%), compared to only 7% in Arbat. This represented a decrease compared to 24% across the KRI in May.

Figure 26: Households with one or more sick members in the two weeks preceding assessment

<sup>23</sup> Figures of this subset were too small to be statistically relevant, but gave an indication of overall trends.

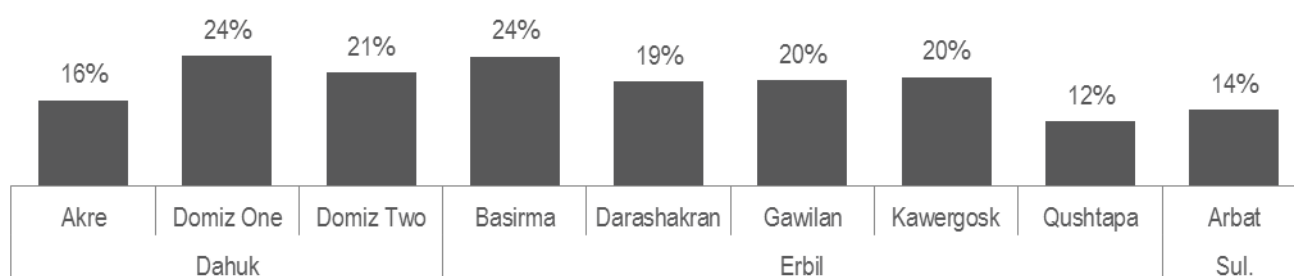


Amongst children under the age of five, diarrhoea was the most reported ailment; reportedly affecting 8% of the population under 5 years old across the camps. There was significant variation across the camps, with the highest proportion of incidents in Basirma (13%), Qushtapa (10%), and Domiz Two and Darashakran (10% respectively). Contrary to the expectation, the data does not suggest a direct link between availability of safe drinking water and diarrhoea; however this does not preclude residents using unhygienic water supplies without being aware of doing so. It might also be assumed that other ailments due to external factors exist, with diarrhoea as a symptom. The second most common ailment was respiratory problems, suffered by 4% of children under 5 with little variation across camps. Other cited issues, including minor and serious physical injuries, and skin disease were reported at most by 1% of households in each camp. In contrast, data collected through the Health Information System (HIS) from all Primary Health Care Centres (PHC) indicated that for the month of December 63% of consultations conducted for children under 5 were related to acute respiratory tract infections while only 6% of consultations were conducted for diarrheal diseases. This may indicate that respiratory infections are perceived as normal for the season and are thus not reported in the survey.

In turn, amongst the population over the age of five the most reported ailment was respiratory problems – reported by 20% of households where at least one member had suffered from a health issue. This was mostly reported in Kawergosk (28%), and least in Arbat (10%). This health issue was shortly followed by diarrhoea, which was reported by 18% of households with at least one member with a health issue. This was most common in Basirma (27%), whereas only 15% reported this in Arbat. Other issues, including minor and serious physical injuries, psychological distress, skin disease and swollen feet only occurred in 2% to 4% of households across the KRI.

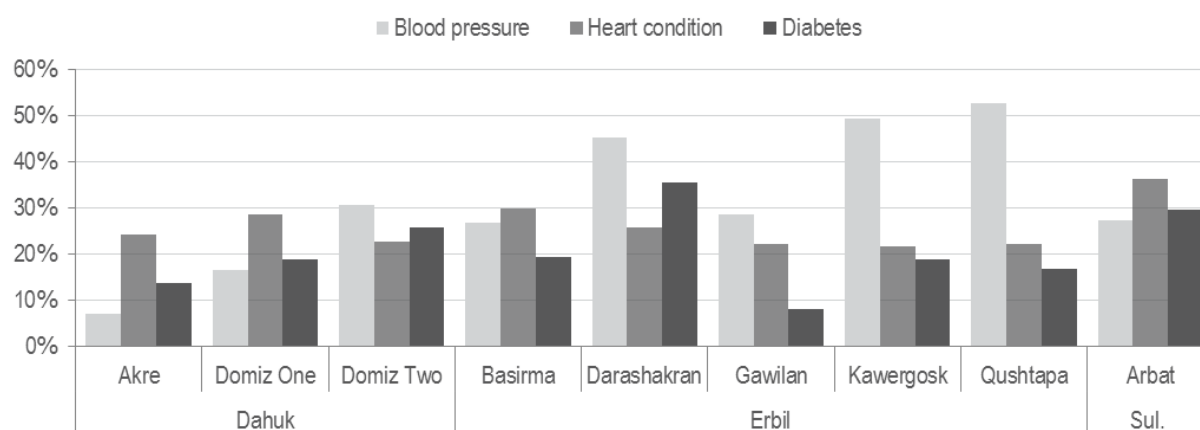
In terms of chronic illness, 19% of households across the KRI reported to have at least one member suffering from a perceived chronic illness, with the highest proportions in Basirma and Domiz One (24% respectively). These findings are in line with those in May 2014, where one in five households across the KRI had a member with a chronic illness.

**Figure 27: Households with one or more members perceived suffering from a chronic illness**



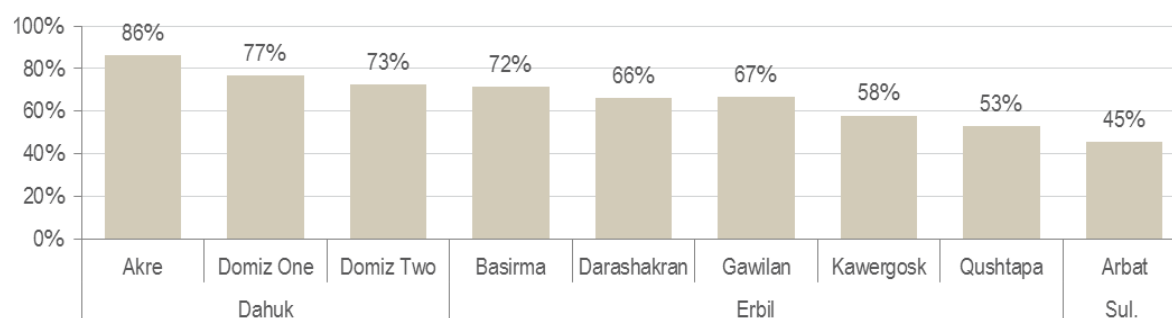
In comparison, of households with one or more members over the age of five suffering from a chronic illness, the most reported illnesses on average were high blood pressure (32%) and heart condition (26%). As seen in figure 29, the proportion of these households suffering from high blood pressure was the largest in Kawergosk, by 49%. In turn, heart conditions were most common in Arbat (34%). 21% of households also reported that a member suffered from asthma, which was again most common in Arbat with 36% of households. Amongst the remaining camps between 24% (Akre) and 11% (Darashakran) reported this.

**Figure 28: Top three illnesses reported by households with one or more members over the age of five suffering from a chronic illness**



Regarding availability of access to medication for these chronic illnesses, 67% of households with a member suffering with a chronic illness have been able to obtain medication for treatment. Overall availability was reportedly better in Dahuk compared to camps in the other two governorates. Most access was reported in Akre with 86%, while Arbat featured the lowest at 45%. Considering that in camps health centres provide free access to health care and are rarely affected by depletion of medications as common in urban facilities, one has to take into account alternative explanations for the findings as well. A proportion of the persons reported a chronic illness may perceive their health condition as a chronic illness rather than a diagnosed disease for which thus no prescription has been obtained, contributing to low reporting rate of accessibility of medication.

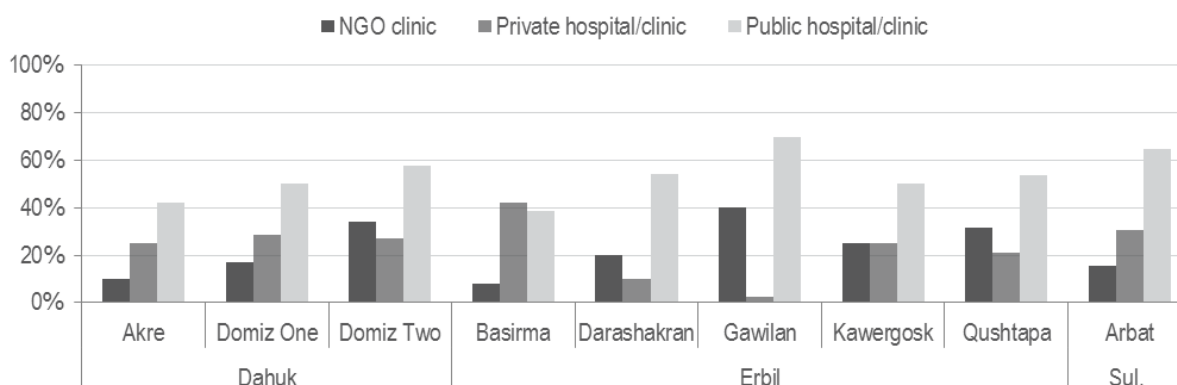
**Figure 29: Households with one or more members perceived suffering from a chronic illness who have been able to access medical treatment**



Of those where a member had reported a health issue in the two weeks preceding the assessment, only 48% across the KRI sought medical care. This varied greatly between households living in different camps, with only 16% in Kawergosk and 80% in Akre. Overall it appeared from the assessment that the majority of households are either reluctant to seek healthcare or health issues are not perceived as severe and thus no health facility is attended. Of households that did access medical treatment, in all camps apart from Domiz Two and Qushtapa,

the majority attended public hospitals or clinics – by on average 52% across the KRI. NGO clinics saw most use in Gawilan, Domiz Two and Qushtapa, and were least frequented in Basirma.

**Figure 30: Source of medical treatment received by households that sought and were able to access treatment**



Of those that sought treatment, 30% reported facing difficulties accessing health care, particularly in Erbil and Sulaymaniyah governorates. Gawilan had a much lower percentage (7%) of households that faced difficulties compared to all the other camps. The findings on access to healthcare corresponded with availability of treatment for chronic illnesses – Dahuk featured the least difficulties of access, whereas access amongst households in camps in Erbil and Sulaymaniyah, apart from Gawilan, were successively worse. Importantly, it appears that accessibility of healthcare for refugees in Domiz One and Two has improved since May, when the majority of households reported difficulties – indeed, previously unavailable preventative and promotive care is now accessible in Domiz Two.<sup>24</sup>

Across the KRI the highest proportion (44%) of households that faced difficulties accessing healthcare cited public hospitals or clinics, while 37% reported attempting to access private healthcare. In comparison, only 18% of those who face difficulties were attending NGO clinics. The two most cited problems for access were the cost of healthcare and that relevant services were not available. Distance to facilities was mostly a problem in Darashakran (cited by 56% of households facing difficulties). In most camps only a minority were refused treatment except in Domiz Two (44%).<sup>25</sup>

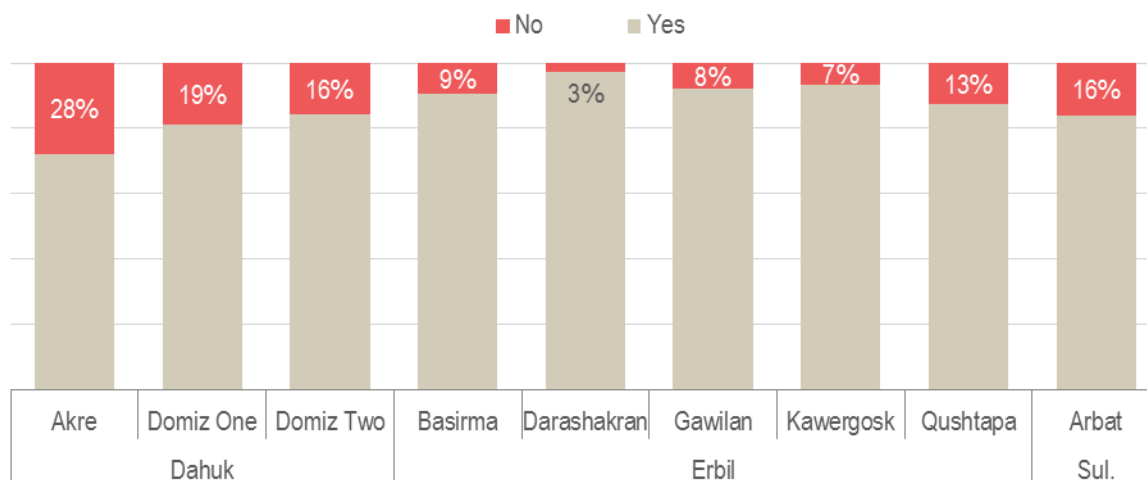
### Obstetric Care

28% of households living in refugee camps across the KRI had a pregnant or lactating female member at the time of assessment. The largest proportion was found in Kawergosk (35%) and the smallest in Arbat (19%). More specifically, the slight majority of these in all the camps apart from Arbat and Qushtapa were lactating. As seen in figure 35, of households with a pregnant member, the proportion of that visited an ante-natal clinic varied across the camps. Overall households received this care less in Dahuk camps, with as many as 28% in Akre not visiting an ante-natal clinic.

<sup>24</sup> Iraq RRP6, [Health dashboard](#), December 2014.

<sup>25</sup> Multiple choice so cumulative can be more than 100%

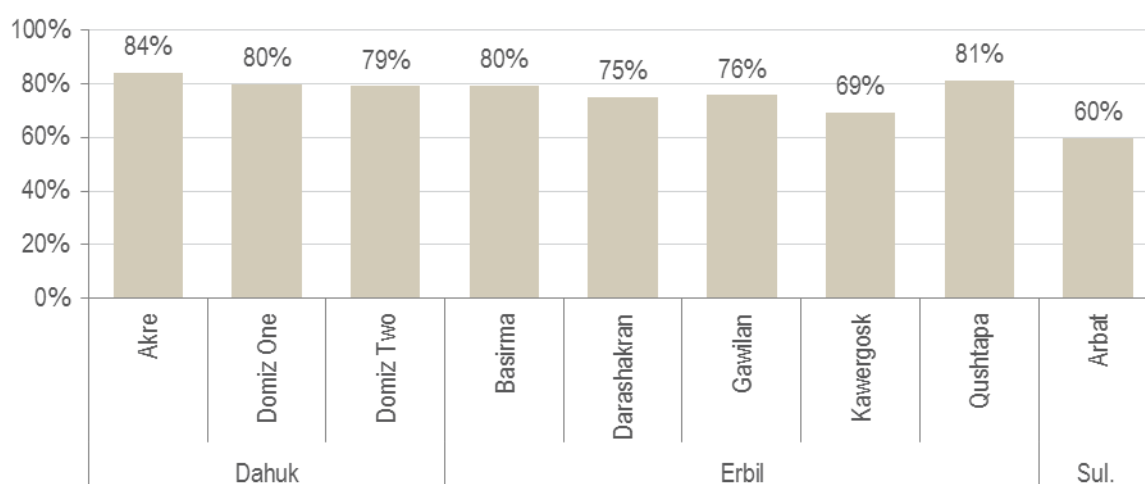
Figure 31: Proportion of households where the pregnant member visited an ante-natal clinic, of households where a woman is pregnant or lactating



## Vaccinations

Across the KRI 76% of children under the age of 5 years old had been vaccinated against polio (76%), with small variations across the camps. The Dahuk camps featured a higher rate in vaccinations than the other two governorates, with the poorest vaccination rate in Sulaymaniyah. The gaps in polio vaccinations present serious risk of infectious disease; since the first cases of polio were identified in Iraq in 2000 national and subnational campaigns have been attempted and need to continue to contain the virus from spreading. Low vaccination rates in Arbat camp might be directly linked to the arrival of 1,481 new refugees from Kobane in October 2014, equivalent to 26.5% of the total camp population. Considering that families come from an area which was affected by severe disruption of health services a large proportion of the children under 5 are likely to be unvaccinated.

Figure 32: Proportion of children under the age of five who had received Polio vaccination

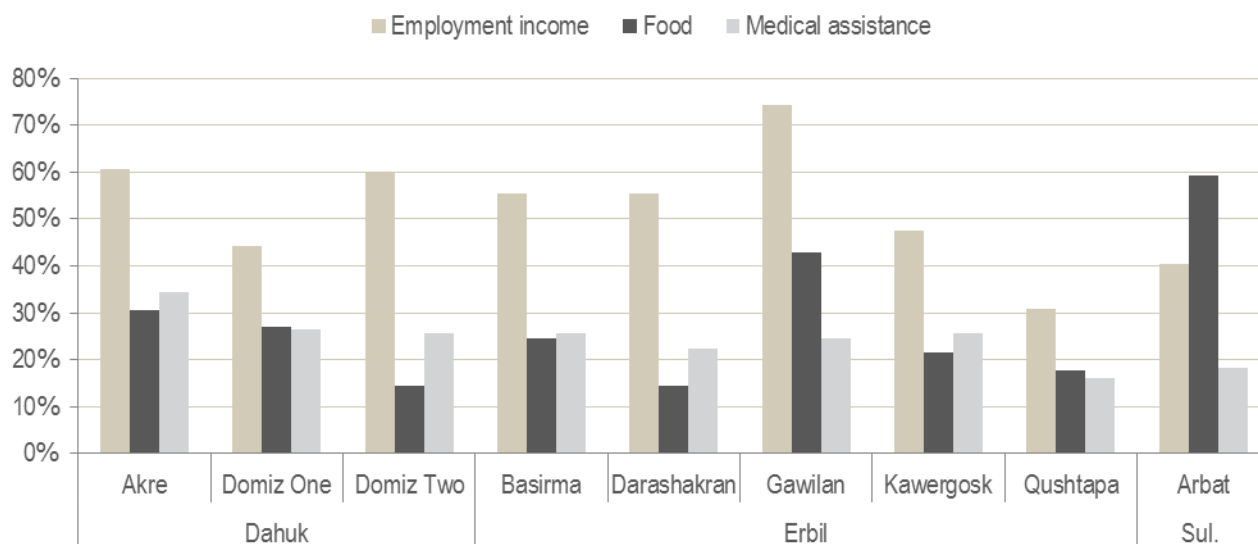


## Needs

The majority (52%) of households living in Syrian refugee camps across the KRI reported that employment and income was the priority need. In Arbat the most reported need (59%) was food, highlighting their inability to meet their most basic needs as discussed above. The need for food was also consistently reported by households in the remaining camps, between 43% in Gawilan and 14% in Darashakran. Medical assistance was the third

largest concern, by on average 24% of households across the KRI, with the highest proportion in Akre (34%). In addition, shelter improvement was commonly cited, particularly in Kawergosk (38%) and Gawilan (35%) whereas only 7% of households in Arbat reported this need. Other notable needs that saw significant variations across camps include 70% of households in Qushtapa and 45% in Arbat citing heating fuel and 25% citing electricity access in Darashakran.

Figure 33: Top three priority needs

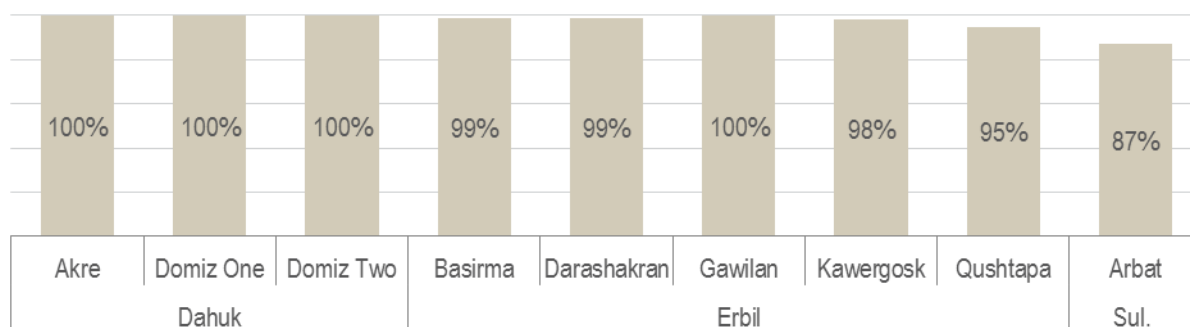


## Protection

### Household Registration with UNHCR

99% of households in Basirma and Darashakran and up to 100% in four of the camps (Akre, Domiz One and Two, and Gawilan) reported that at least one of their household members was registered with the UNHCR. Kawergosk and Qushtapa both had 98% and 95% respectively registered. These findings coincide with the May findings, apart from Arbat which in December saw only 87% of households with at least one member registered. The resettlement of the populations in July and August from the transit Arbat site to the permanent camp appears to have resulted in delayed re-registration (in May 100% of households in the transit site had reported at least one member registered). Those unregistered were also likely new arrivals to the permanent camp or inhabitants of irregular shelters.

Figure 34: Households with at least one member registered with the UNHCR



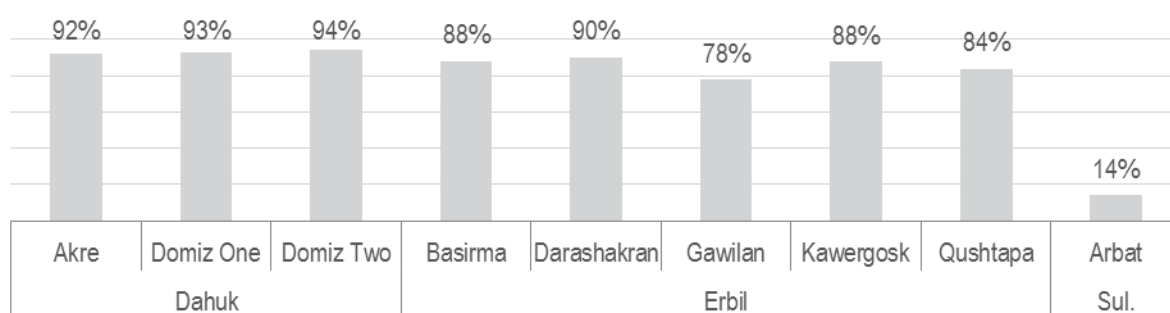


## Household Residency Status

Possession of residency for Syrian refugees in the KRI is vital. A lack of residency inhibits refugees' movement across most checkpoints, particularly into cities, and diminishes legal rights such as access to documentation (marriage and birth) and solutions of civil disputes. With regard to employment, residency is often required for official contracts with larger organizations or NGOs – in some cases UNHCR registration is enough – although most often not a prerequisite for less formal employment such as in restaurants or hotels. Access to public services, such as health services, is not dependent on a residency card.

There are significant variations across the governorates concerning possession of residency. Over 90% of the population over the age of 12 (the age from which a residency card is administered) in each of the Dahuk camps are in possession of residency, while the average in Erbil was 85%. In comparison, only 14% in Arbat have residency. These figures reflect the different residency policies and bureaucratic challenges in the three governorates. In Dahuk residency is administered immediately after UNHCR registration, while in Erbil the lower average of residency rates is likely due to the influx of new arrivals from Kobane and delays in renewal of residencies, linked to overstretched government services in light of the current crisis and ongoing conflict. In addition, the Sulaymaniyah administration stopped issuing residency for almost a year. Since the end of 2014 they have started re-issuing, but the process is slow as of yet. Although residency for Syrian refugees in camps is to be extended from six months to a year, this is likely to be a lengthy process in itself.<sup>26</sup> In general these findings indicate an increase in residency in Akre and Gawilan, since May 2014, where only 1% and 16% of households respectively had a least one member resident of the KRI. Figures for Arbat remained similar.

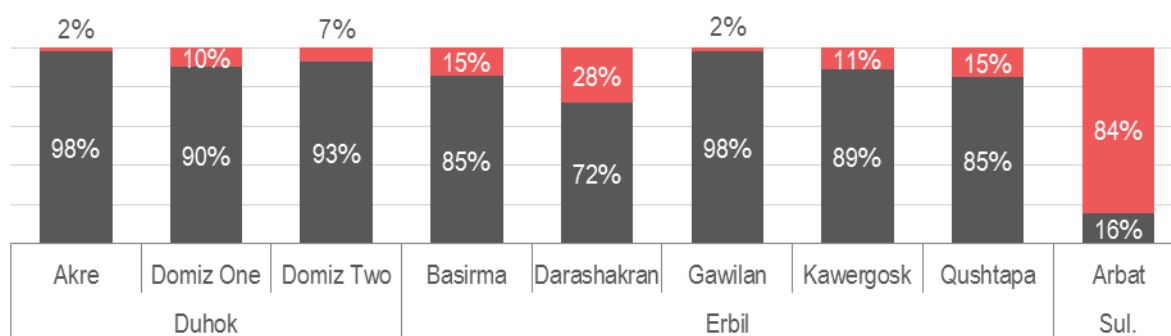
Figure 35: Proportion of camp population over the age of 12 with in possession of residency.



With regard to other legal rights, only 60% of households across the KRI knew where to obtain marriage and/or birth certificates. 17% of households reported difficulty obtaining the civil certificates, with a particularly high proportion in Arbat (31%). There was no correlation found between civil documentation access and residency. As seen in figure 5, Arbat camp also featured the lowest proportion (16%) of residents who reported having access to a community leader.

<sup>26</sup> Iraq RRP6 monthly update, [Protection](#), December 2014

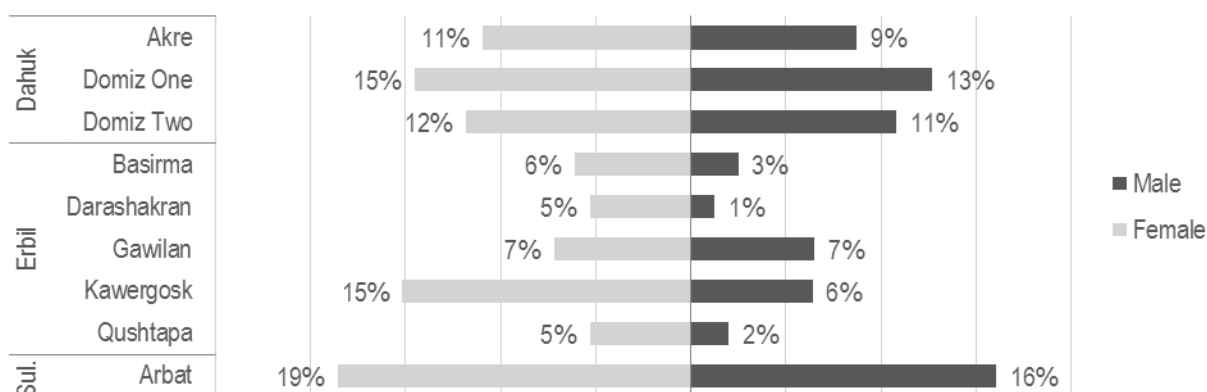
Figure 36: Households with access to a community leader



When asked about safety outside the home, 61% of households with boys ages 3 to 17 across the KRI did not perceive that these boys had access to a safe, child-friendly space (based on a subjective factors such as limited number of formal child-friendly spaces and their distance from tents, mistrust towards service providers, lack of information etc.). Similarly, 62% of households with girls in the same age group reported lacking access for girls. There was a slight variation between camps for girls, with up to 70% in Qushtapa reporting no access compared to 50% in Domiz Two.

More generally, a slightly larger proportion of females than men do not feel physically safe when they leave their household tent – 11% compared to 7% across all of the camps. A particular difference in perceived safety between women and men was found in Kawergosk, where 15% compared to 6% respectively reported feeling unsafe. Overall Arbat raised the highest protection concerns, with as many as 19% of women and 16% of men reporting that they do not feel safe when they leave the house.

Figure 37: Household members feeling physically unsafe when leaving the home



## Vulnerable Groups

Children are especially vulnerable amongst populations fleeing conflict settings. 3% of households across the KRI reported hosting separated or unaccompanied minors, with minimal variation between camps. 83% of these reported at least one separated minor (person below the age of 18 who is separated from both parents and his/her legal or customary primary caregiver, but not necessarily from other relatives), compared to 20% with at least one unaccompanied minor (person below the age of 18 who has been separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so). Another key protection issue is child labour, with 4% of children ages 6 to 14 (it is legal to work after the age of 15 in Iraq federal law) and 29% of children aged 15 to 17 across the KRI reported to be working at the time of assessment. These children and adolescents risk exclusion from programming as they are more difficult to identify. It was

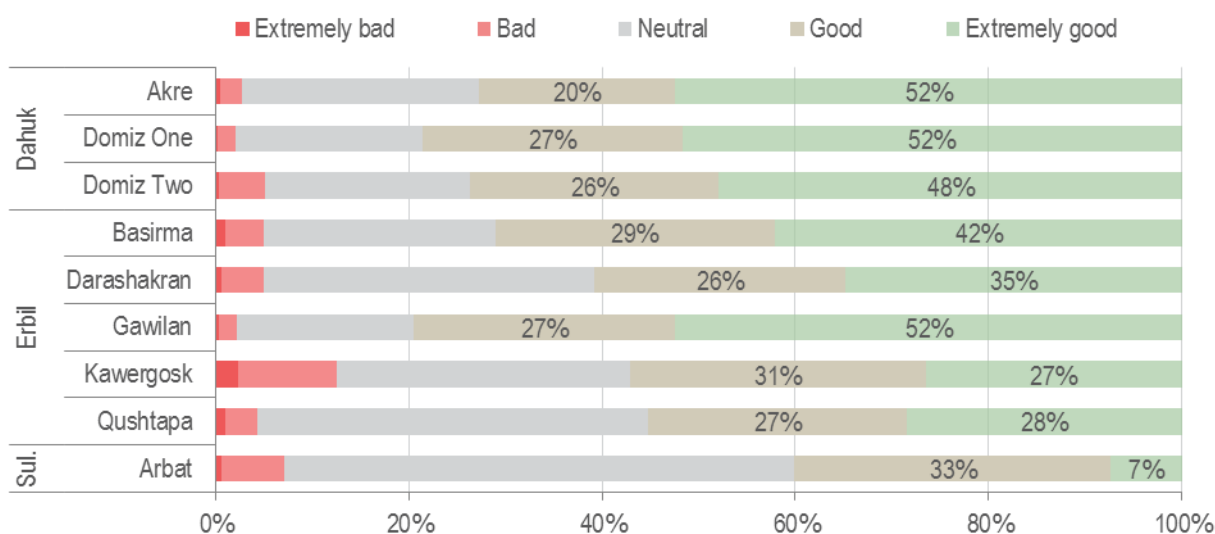
slightly more common for boys to be working, with 13% of the population even between the lower ages of 12 and 17, compared to 3% of females in the same age group. Residents in Domiz One and Two reported the most cases of male minors within the household working, with 20% and 24% respectively. Furthermore, 20% of households with girls aged 15 to 17 not attending school in Arbat reported the reason as child marriage, also reported in Domiz Two (19%), Kawergosk (18%) and Akre (17%). It was cited to a lesser extent amongst girls aged 12 to 14 not attending school, with the higher proportion in Domiz One (6%).

Female headed households are also particularly vulnerable. In terms of livelihood, female headed households had slightly lower average incomes than the KRI average, by roughly 74,000 IQD (63 USD), but 40% did not have access to a source of income. By contrast 86% of male headed households had access to a source of income. The average income for widowed households was only slightly lower than female headed households overall. The average food consumption score (FCS) of female headed households across the KRI was 59, three points lower than the KRI average – even lower (57) for those that were widowed.<sup>27</sup> Of those unable to meet their basic food needs, this was more commonly reported by female headed households (16%, and 20% of those widowed) than male headed households (11%). With regard to residency, only 7% female headed households of the female population between 18 and 59 years old were in possession of a residency card, compared to 96% of male headed households of the male population of the same age group. Of particular concern are that only 4% of widowed households from this demographic group had residency. The conditions for children can also be affected by the sex of the head of household. However, concerning education the average attendance rate was only slightly lower (0.8 children per household) than across the KRI (1.1 children).

### Host Community Support

As seen in figure 7, overall refugees' perceptions of host community support were positive. On average 67% of households across the KRI reported that support from host communities had been either extremely helpful or good. Households living camps in Dahuk and Gawilan reported the most favourably. In turn residents in Kawergosk had the highest proportion (12%) citing the support as bad or extremely bad. Across the KRI there was little difference in perceptions between female and male headed households, apart from a slightly larger proportion of women who reported support from the host community as extremely helpful.

Figure 38: Degree of support received from local community upon arrival, including both the host and refugee communities

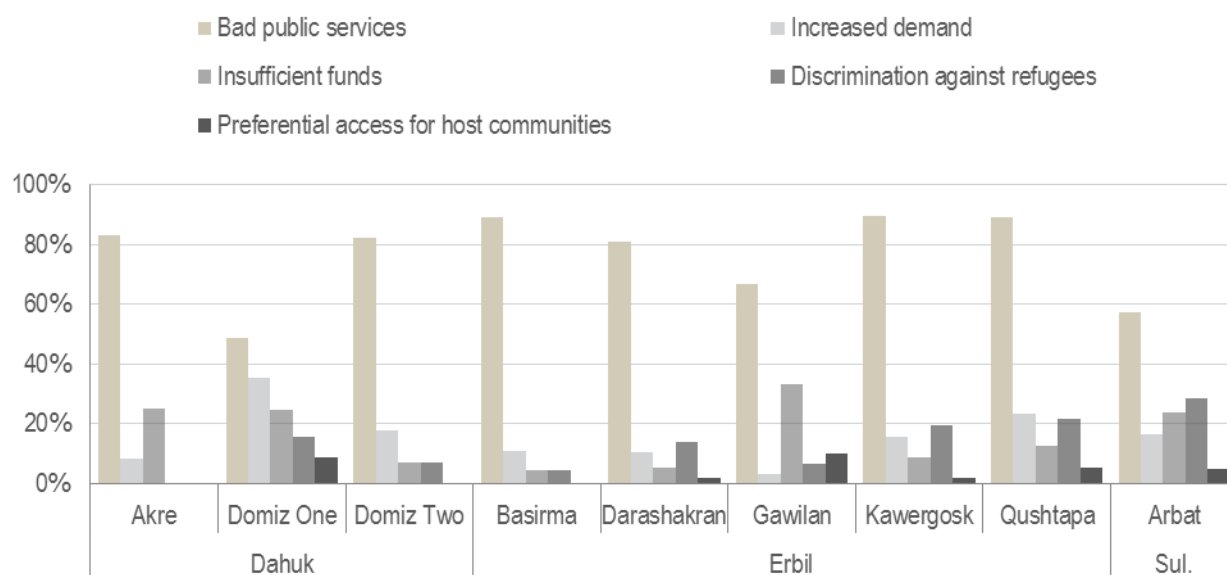


<sup>27</sup> The threshold for acceptable food consumption in the region is a score of 42.5.

With the majority of Syrian refugees having arrived in the KRI more than a year ago, it is important to understand whether perceptions of hospitality have changed over time as pressure accumulates on all communities living in the KRI. Interactions and relationships with their local communities (both host community and refugee) need to be understood in order to gauge protection concerns related to discrimination and marginalisation, as well as the rise of social tension due to limited jobs and increased need for public services. The majority of households (51%) across the KRI reported that they perceived the hospitality levels in the area have stayed the same in the three months leading up to the assessment, while 18% thought it had increased a lot – mostly in Erbil governorate (30% in Qushtapa, 26% in Basirma, 24% in Darashakran and 23% in Kawergosk). There was generally little variation across the camps for those considering the hospitality to have decreased a little (12%) or a lot (10%), apart from Qushtapa where 12% reported that hospitality had decreased a lot. This suggests that, from the perspective of the refugee community, they largely feel welcomed and therefore minimal tensions with the hosting community exist. Importantly, again there was no significant difference identified between male and female headed households.

Access to public services can be a key point of contention between communities. However, from the assessment it appears that Syrian refugees' experience of public services, including health care, education and emergency services, was reportedly mostly linked to perceived quality of those services rather than discrimination against refugees. Many (47%) of refugees felt access to public services were of a neutral standard, while 24% reported they experienced them as good but with minor delays. Only 2% felt they were very bad, particularly in camps in Erbil governorates (such as 5% in Kawergosk and 4% in Darashakran). The main perceived reason for bad public services amongst households was general poor quality; especially in camps in Erbil. Those who felt discrimination against refugees varied across the camps, from less than a third in Arbat to none in Akre. In turn a minority in Gawilan and Domiz One instead referred to preferential access for host communities. As seen in figure 8, contrary to expectation, those who felt an increased demand did not appear to correspond with highest saturation of IDP and refugee caseloads.

Figure 39: Cited reasons for problems faced by refugees when accessing public services in the KRI



## CONCLUSION

The overall humanitarian situation in the Kurdistan Region of Iraq (KRI) has become increasingly complex since the last Multi-Sector Needs Assessment (MSNA) carried out in May 2014. On the one hand, the Syrian refugee situation in the KRI appears to have stabilised somewhat in the second half of 2014, but camps have become increasingly overcrowded due to influx of refugees from Kobane. On the other hand, the eruption of the internal displacement crisis in Iraq since the start of 2014, has further saturated the humanitarian landscape in the KRI.<sup>28</sup> Humanitarian resources amongst both non-governmental agencies and the Kurdistan Regional Government (KRG) have been diverted to simultaneously respond to this humanitarian crisis, and competition for public services and jobs has escalated. With the Regional Refugee and Resilience Plan (3RP) in Iraq currently underfunded by 59%,<sup>29</sup> the importance of resilience-based assistance as highlighted by the 3RP for 2015 and 2016 has become even more critical.

With regard to livelihoods, as of yet much remains to be done to improve the economic stability of Syrian refugees living in camps, a key aim of the 3RP. This assessment found that across the KRI roughly the same proportion of households (87%) were working as in May 2014, and the average monthly income (361 USD) has also largely remained static coupled with on average spending more than they are earning (spending on average 365 USD). Most households still rely on daily wages and are in debt (58%), offering little in terms of economic security. The majority of households are still able to meet their basic needs, but this proportion has decreased in Arbat, Basirma, Kawergosk and Quhstapa since the last MSNA.

Households in Arbat are particularly economically vulnerable – hosting the highest proportion of economically inactive households (41%). The average income in the camp is almost half of the KRI average, and households are spending on average more than twice their income. The correlations identified in this assessment indicate that the problems with employment for residents in Arbat have significantly impacted the residents' ability to meet their basic needs (with the lowest proportion across the KRI) and FCS (six points lower than the KRI average of 59). Arbat consistently featured the lowest consumption of food groups, including milk products, eggs, meat and fish. This vulnerability has been amplified by the drop in residency rates with only 14% of the population over the age of 12 in possession of residency, severely impacting freedom of movement and legal rights of the refugees.

Overall, the large majority of Syrian refugee households living in camps across the KRI had an acceptable FCS (88%) and reported eating three meals (92%) in the day previous to the assessment. Similar to the May 2014 MSNA, recipients of WFP food vouchers in Dahuk featured both the highest FCS and the least need to supplement with other sources of food. A slight drop in FCS was identified in most camps since May 2014, likely heavily influenced by delays in food distributions, especially in Erbil and Sulaymaniyah governorate in November. Low incomes also affected the FCS of a households; the average monthly income with a poor FCS equaled to 179,447 IQD. Since the assessment, Akre and camps in Erbil governorate have transitioned to voucher systems between December and February. Although this shift is a positive step towards improved food assistance - giving refugees greater flexibility and ownership of their dietary choices than food parcels – it should be noted that due to lack of funding, WFP has reduced the value of vouchers in some camps. This will have a negative impact on food consumption – especially given that food was already cited above as the most unmet need across the KRI amongst households unable to afford their most basic needs.

With regard to education, the main cited reasons for non-attendance across the camps included curriculum quality, lack of funds and language differences. The school attendance rate of children aged 6 to 14 in camps

<sup>28</sup> 133,082 families, figures based on an average family size of six. International Organization for Migration, note 9 *supra*

<sup>29</sup> UNHCR, note 11 *supra*

across the KRI is 90%. The gender balance saw the same trend as in May, with a slightly higher attendance amongst females than males – especially in the latter years of education offered. Reasons for non-attendance raised some protection issues, including the presence of child labour (4% of children aged 6 to 14) and child marriage (20% of non-attending girls aged 15 to 17). In addition, roughly 40% of households did not perceive there to be a safe, child friendly space for their children in the camp. Children that do not attend education and adolescents who stay at home when no education is offered or due to fear for physical safety (across the KRI 11% of women felt physically unsafe when leaving the home), are often neglected from programming and are at risk of missing key development of key social and vocational skills.

The December MSNA also identified some key priority needs in relation to healthcare. Across the KRI 76% of children under the age of 5 years old had received vaccinations for polio, with small variations across the camps for each vaccination. It is vital that broader outreach of vaccinations is implemented in order to contain the risk of communicable diseases. In addition, 17% of households reported that at least one member had suffered from health issues in the two weeks before the assessment. Of these households, 48% across the KRI sought medical care, mainly in public hospitals or clinics. 30% of households seeking treatment had difficulties, most commonly due to cost and availability of services. There was no link identified between drinking water and the presence of diarrhoea as the most common ailment for children under five years.

Only 63% of refugee households residing in camps across the KRI perceived their water to be safe for drinking. Of those households who perceived the drinking water to be unsafe for drinking, in all of the camps most households did not treat the water to make it safer, apart from in Basirma, Gawilan and Arbat. It should be noted here that as water quality is tested regularly test in camps, these findings are more likely a reflection of perception rather than the provision of unsafe water. The most common source of drinking water was private access to a piped water network, apart from in Kawergosk, Qushtapa and Arbat where households relied mainly on communal access to a piped water network. 20% of households reported facing water insufficiency in the 30 days preceding assessment, with the highest frequency in Basirma (4 days).

Based on the assessment findings, only a slim minority of Syrian refugee households living in camps are intending to leave their camp of residence. This is largely attributed to lack of resources and financial security to meet basic needs outside of camps. With problems accessing employment reportedly largely owing to surrounding competition it would appear that the saturation of refugees and IDPs in the KRI is currently inhibiting the growth of self-reliance amongst refugee households. Although most households were neutral or positive about the hospitality of host communities and few reported problems accessing employment or services due to discrimination, this does not take into account the interplay of relations between the two communities and with IDPs, and does not preclude a risk of relations worsening in the future as the crises and economic inflation continue. Facing a longer-term presence in the KRI, the limited economic and educational opportunities for Syrian refugees living in camps in the KRI is severely inhibiting their capacity for self-reliance. In particular, this assessment found that a household's food security is directly impacted by their income. The establishment of more sustainable programming in line with the 3RP is imperative with shrinking humanitarian budgets and when taking into account competition generated by the crowded humanitarian landscape in order to avoid price inflation and the growth of connected social cohesion problems in the near future.

## ANNEXES

## Annex I: Sampling Frame

Governorate	Camp	Sample size
Erbil	Basirma	267
	Darashakran	317
	Kawergosk	334
	Qushtapa	301
Duhok	Domiz 1	371
	Domiz 2	292
Sulaymaniyah	Arbat	301
Ninewa	Gawilan	322
	Akre	173
	<b>Total</b>	2678



## Annex II: Questionnaire

### Household Profile

1. 1a. Refugee camp  
1b. When did the first member of your household arrive in the KRI?
2. 2a. Including yourself, how many people live in your family/household?  
2b. Including yourself, how many household members do you have in each of these age-groups? (**constraint: total values cannot exceed value entered for “Number of people” in Q4a**)  
Male ☐ 0-2y ☐ 3-5y ☐ 6-11y ☐ 12-14y ☐ 15-17y ☐ 18-59y ☐ 60+y  
Female ☐ 0-2y ☐ 3-5y ☐ 6-11y ☐ 12-14y ☐ 15-17y ☐ 18-59y ☐ 60+y
3. 4a. Is this a male or a female-headed family/household? ☐ Male ☐ Female  
4b. What is the marital status of the head of household/family? (**select one**)  
☐ Married ☐ Divorced ☐ Single ☐ Widowed  
4c. What is the age of the head of this household? ☐  
4c. What is the sex of the head of this household? ☐ Male ☐ Female  
4d. Does the head of this household suffer from a chronic illness? ☐ Yes ☐ No  
4e. If yes, then which chronic illness do they suffer from? (**select multiple**)  
a) Diabetes  
b) Ashtma  
c) Heart disease  
d) High blood pressure  
e) Other (specify)

### Education

4. Do you know where your children will attend school once the school year starts?
5. How many children between the ages of 6-17 attend **formal education** full time?  
Male ☐ 6-11y ☐ 12-14y ☐ 15-17y  
Female ☐ 6-11y ☐ 12-17y ☐ 15-17y
6. If some children do not attend **formal education**, then which children are they?  
Male ☐ 6-11y ☐ 12-14y ☐ 15-17y  
Female ☐ 6-11y ☐ 12-17y ☐ 15-17y
7. Of the children who **do not attend formal education**, then how many have **dropped out of school altogether**?  
Male ☐ 6-11y ☐ 12-14y ☐ 15-17y  
Female ☐ 6-11y ☐ 12-17y ☐ 15-17y
8. Of the children who **do not attend formal education**, then how many attend informal education activities at least 4 days per week?  
Male ☐ 6-11y ☐ 12-14y ☐ 15-17y  
Female ☐ 6-11y ☐ 12-17y ☐ 15-17y
9. For those children **who do not attend formal education**, what is the primary reason they do not attend? (**group for each school-aged child**)  
a) Schools have not re-opened for the new year

- b) The child works to support the household
  - c) Lack of funds for school equipment
  - d) The school is too far away
  - e) Schools are overcrowded
  - f) Because of the curriculum in KRI
  - g) Differences in language used
  - h) The child is married and cannot attend school anymore
  - i) No separate schools for girls and boys
  - j) The child has never attended formal education in KRI
  - k) The children missed more than 2 years of school and are no longer eligible
  - l) Bullying and harassment
  - m) Other (specify)
10. Have you been able to afford school supplies and equipment (books, stationery, bags, uniforms, etc.) for all of the children in this household? ☐ Yes ☐ No
11. What is the size of your children's class?
12. Are you willing to contribute to school fees for your children's education, including the cost of materials, book and uniforms? ☐ Yes ☐ No

## Protection

13. How many children aged 3-17 do **not** have access to a safe, child-friendly space outside of the home? ☐ Children
14. 13a. Including yourself, how many members of your household hold a KRI residency card?
- Male ☐ 12-14y ☐ 15-17y ☐ 18-59y ☐ 60+y
- Female ☐ 12-14y ☐ 15-17y ☐ 18-59y ☐ 60+y
15. Have any members of your household experienced difficulties in obtaining civil documents such as birth and/or marriage certificates? ☐ Yes ☐ No
- 14b. Do you know where to obtain civil documents such as these? ☐ Yes ☐ No
16. Including yourself, how many people in this household are registered with UNHCR? ☐ People
17. Do you have regular and personal access to your local community leader? ☐ Yes ☐ No
18. How would you rate the degree of support you have received from your local community upon arrival, including both the host and refugee communities?
- a) Extremely helpful and welcoming
  - b) Good: welcoming and supportive with problems
  - c) Neither good nor bad
  - d) Bad: the community is not welcoming at all
  - e) Extremely bad: the community is hostile
19. 17a. Is this household caring for any separated and/or unaccompanied minors under the age of 18? ☐ Yes ☐ No
- 17b. If yes, then how many:
- a) Separated minors: ☐
  - b) Unaccompanied minors: ☐
20. Do household members feel physically safe when leaving the home?
- a) Males ☐ Yes ☐ No
  - b) Females ☐ Yes ☐ No

## Livelihoods

21. 18a. What was your household's primary livelihood source over the last 30 days?
- a) Unskilled/agricultural waged labour
  - b) Low-skill service industry (janitor, waiter, etc.)
  - c) Skilled wage labour (eg. construction)
  - d) Practitioner of trade or vocation (carpenter, electrician, etc.)
  - e) Owner of small commercial business
  - f) Skilled service labour (lawyer, bank clerk)
  - g) Other (specify)
- 18b. What type of salary arrangement do you have for this livelihood?
- a) Daily salary
  - b) Monthly salary
  - c) Ad hoc payments based on need
  - d) Labour exchanged for shelter
  - e) Labour exchanged for basic services (water, electricity).
22. If your household did not generate enough income to meet everyone's needs, then which of the following did you do to supplement your income? (0 = No, 1 = Yes, 2 = No, because I have already used this up)
- a) Spent savings
  - b) Bought food on credit or borrowed money to buy food
  - c) Spent less money on other needs (eg. education/health)
  - d) Sold household assets (jewelry, phone, furniture, etc)
  - e) Sold productive goods/assets (sewing machine, tools/machinery, car, livestock, etc)
  - f) Taken jobs that are high risk, and/or socially degrading
  - g) Sent adult household members to beg
  - h) Sent children household members to work
23. Which members of your household were engaged in some form of livelihood or income generating activity over the last 7 days?
- Male ☐ 6-11y ☐ 12-14y ☐ 15-17y ☐ 18-59y ☐ 60+y
- Female ☐ 6-11y ☐ 12-14y ☐ 15-17y ☐ 18-59y ☐ 60+y
24. 21a. What was your household's total income (from all sources including humanitarian assistance, but **excluding savings**) over the last 30 days? ☐ Iraqi Dinars
- 21b. In total, how much did you spend on basic needs over the last 30 days? ☐ Iraqi Dinars
25. 22a. Is your household currently in debt? (if No, skip to Q11) ☐ Yes ☐ No
- 22b. If yes, then how much debt do you currently hold? ☐ Iraqi Dinars
26. 23a. Has your household been able to afford all basic needs in the past 30 days? ☐ Yes ☐ No
- 23b. If no, then which basic needs were you not able to afford?
- a) Food
  - b) Water
  - c) Shelter
  - d) Medical assistance

27. 24a. Has your household experienced problems accessing employment opportunities in this area? **(prompt)** ☐ Yes ☐ No
- 24b. If yes, then why do you think you have experienced problems?
- a) Increased competition for jobs; not enough for everyone
  - b) Distance
  - c) Only low-skilled, socially degrading or low-paid jobs are available
  - d) We are denied certain jobs because we are refugees
  - e) Other (specify)
28. 25a. Has your household received any livelihoods-based assistance in the last 3 months?
- ☐ Yes ☐ No
- 25b. If yes, then what type of assistance was this?
- a) Cash assistance to aid with business start-up costs
  - b) Information on where to seek employment
  - c) Vocational training
  - d) Professional skills training (IT, etc.)
  - e) Other (specify)

### Social Cohesion

29. 26a. Have you noticed a change in levels of hospitality of the host community over the last 3 months?
- ☐ Yes ☐ No
- 26b. If yes, then have levels of hospitality:
- a) Increased a lot
  - b) Increased a little
  - c) Stayed the same
  - d) Decreased a little
  - e) Decreased a lot
30. 28a. How would you describe your household's access to public services such as education, shelter, health and other services in the area in which you currently reside?
- a) Excellent: we experience no problems whatsoever
  - b) Good: access is good but we experience minor delays
  - c) Neutral
  - d) Bad: we experience delays and problems
  - e) Very bad: delays and denial of access from local community and authorities
- 28b. If you feel that your household's access to public services is bad overall, then why do you feel that this is happening?
- a) Public services are bad in general in this area
  - b) There are more people accessing these services so authorities cannot cope
  - c) Insufficient funds to access high quality services
  - d) Host community gets preferential treatment
  - e) We experience problems because we are refugees
  - f) Other (specify)

31. 30a. Have you been involved in any civil or legal disputes over the last 3 months? ☐ Yes ☐ No
- 30b. If yes, then what were these disputes over?
- a) Land ownership
  - b) Shelter and housing
  - c) Family/social issues
  - d) Employment/jobs
  - e) Other (specify)

### Shelter and Non-Food Items

32. In the past 6 months, have you received any assistance to improve the quality of your shelter? ☐ Yes ☐ No
- 32a. If yes, what did you receive?
- a) Material
  - b) Cash
  - c) Other
- 32b. If yes, then who did you receive this assistance from?
- a) Government
  - b) United Nations
  - c) International NGO
  - d) Local NGO or charity
  - e) Local community
  - f) Don't know
33. 33a. Does your household have an electricity connection? (if No, skip to Q14b) ☐ Yes ☐ No
- 33b. If yes, what is the source of this electricity?
- a) Diesel generator
  - b) Municipal connection
  - c) Other (specify)
- 33c. How many hours per day do you have access to electricity?
- ☐ Less than 2 hours ☐ 2-6 hours ☐ 6-10 hours ☐ More than 10 hours
34. 34a. What is this household's main source of cooking fuel?
- ☐ Municipal gas ☐ Gas – purchased canister ☐ Municipal electricity connection ☐ Electricity from diesel generator ☐ Kerosene ☐ Burning wood ☐ Coal ☐ Oil ☐ Other (specify)
- 34b. Over the last 30 days, how many days did you spend without access to cooking fuel? ☐ Days
35. 35a. What is this household's main source of heating fuel?
- ☐ Municipal gas ☐ Gas – purchased canister ☐ Municipal electricity connection ☐ Electricity from diesel generator ☐ Kerosene ☐ Burning wood ☐ Coal ☐ Oil ☐ Other (specify)
- 35b. Over the last 30 days, how many days did you spend without access to heating fuel? ☐ Days
36. If you did not have access to your main source of fuel at some point, then what did you do to overcome this shortage?

- ☐ Used an alternative source of fuel ☐ Borrowed from family/friends ☐ Received fuel on credit
- ☐ Did not heat household ☐ Burned household assets to heat ☐ Other (specify)
37. 39a. How many of the following do you have in your household?
- a) Blankets: ☐
  - b) Mattresses: ☐
  - c) Heaters: ☐
  - d) Winter jackets: ☐
  - e) Winter shoes: ☐
- 39b. For each of the above, please specify how each was acquired:
- ☐ Purchased ☐ Received as assistance ☐ Both
38. Have you received plastic sheets through a distribution? ☐ Yes ☐ No
- 40b. If yes, what was this sheeting used for?
- ☐ Reinforce shelter ☐ Improve privacy of shelter ☐ Improve latrines ☐ Reinforce kitchen
  - ☐ Nothing ☐ Gave away ☐ Used for livelihood purposes ☐ Other (specify)

### Water and Sanitation

39. Currently, what is your household's primary source of drinking water?
- a) Water supplied by a private vendor (water trucks and shops)
  - b) Municipal connection (private, in the home)
  - c) Municipal connection (communal, outside of home)
  - d) Purchased from shop
  - e) Open well
  - f) River/spring
  - g) Other (specify)
40. Currently, what is your household's primary source of water for the household?
- a) Water supplied by a private vendor (water trucks and shops)
  - b) Municipal connection (private, in the home)
  - c) Municipal connection (communal, outside of home)
  - d) Purchased from shop
  - e) Borehole
  - f) Open well
  - g) River/spring
  - h) Other (specify)
41. Over the course of the last 30 days, how many days did you spend without access to drinking water? ☐ Days
42. If you did not have access to **drinking** water at some point over the last 30 days, what did you do to cope with this? (**select one**)
- a) Borrowed from family/neighbours
  - b) Reduced consumption of water
  - c) Borrowed money to buy water
  - d) Spent money usually spent on other things to buy water
  - e) Shop credit

- f) Nothing (stayed without water)
- g) Other (specify)
- 43. 42a. Do you think that the water you drink is safe for drinking? ☐ Yes ☐ No  
 42b. If no, then do you do anything to the water to make it safer?  
☐ No ☐ Boil it ☐ Add chlorine ☐ Use a filter ☐ Other (specify)
- 44. How does your household dispose of waste?  
☐ Rubbish pit ☐ Burn ☐ Dump next to household ☐ Dump in open space/street ☐ Collected by municipality ☐ Other (specify)
- 45. 44a. Does this household have access to functional latrines? ☐ Yes ☐ No  
 44b. If yes, then are they separated by gender? ☐ Yes ☐ No
- 46. 45a. Does this household have access to functional showers? ☐ Yes ☐ No  
 45b. If yes, then are they separated by gender? ☐ Yes ☐ No

### Food Security

- 47. What were the top 3 sources of food for your household over the last 7 days? For each of the 3 food sources, please indicate how much each contributes to this household's total consumption **(select and rank top 3 options)**
  - a) WFP assistance
  - b) Non-WFP humanitarian assistance from local NGO, mosque, etc.
  - c) Store/market food bought with own cash
  - d) Bought store/market food on credit
  - e) Gifts from family and friends
  - f) Exchanged/borrowed food
- 48. How much did you spend on food over the last 30 days? ☐ Iraqi Dinars
- 49. Yesterday, how many days did you consume the following goods?
- 50. Over the last 7 days, how many days did you consume the following foods? **(no value can be greater than 7, ie. 7=7 days)**
  - a) Cereals (bread, pasta, wheat flour, bulghur)
  - b) White tubers and roots (potato, sweet potato)
  - c) Vegetables, yellow tubers, leaves
  - d) Fruits
  - e) Meat or fish
  - f) Eggs
  - g) Pulses, nuts and seeds (beans, chickpeas, etc.)
  - h) Milk and dairy products
  - i) Oil and fats
  - j) Sweets (sugar, honey, jam, cakes, sweet coffee)
  - k) Spices and condiments
- 51. During the last 7 days, how many times (in days) did your household do any of the following in order to cope with lack of food? **(no value can be greater than 7, ie. 7=7 days; 0 = None, 1 = 1 day, 2 = 2 days, 3 = 3 days, 4 = 4 days, 5 = 5 days, 6 = 6 days, 7 = Everyday)**
  - a) Eat cheaper food that is not as good as normal
  - b) Borrowed food or received help from friends or relatives



- c) Eaten less meals a day than normal
- d) Eaten smaller amounts of food than normal at meals
- e) Adults eat less so younger children can eat
- f) Women eat less so men and small children can eat
- g) Men eat less so women and small children can eat
- h) Sent adult household members to beg
- i) Sent children household members to work
- j) Exchanged food with others to increase food diversity

## Health

52. 50a. Do any members of your household suffer from a chronic illness (such as diabetes, heart disease, asthma)? ☐ Yes ☐ No
- 50b. If yes, then how many people suffer from each of the following:
- a) Diabetes: ☐ Under 5 years of age ☐ Over 5 years of age
  - b) Asthma: ☐ Under 5 years of age ☐ Over 5 years of age
  - c) Heart disease: ☐ Under 5 years of age ☐ Over 5 years of age
  - d) High blood pressure: ☐ Under 5 years of age ☐ Over 5 years of age
  - e) Other (specify): ☐ Under 5 years of age ☐ Over 5 years of age
- 50c. For those people with a chronic illness, have you been able to obtain the medication you need to treat it? ☐ Yes ☐ No
53. 51a. Have any members of your household suffered from health issues such as diarrhoea, fever and physical injuries over the last 2 weeks? ☐ Yes ☐ No
- 51b. If yes, then which members of your household suffered from these health issues over the last 2 weeks?
- a) Psychosocial distress: ☐ Under 5 years of age ☐ Over 5 years of age
  - b) Diarrhoea: ☐ Under 5 years of age ☐ Over 5 years of age
  - c) Minor physical injuries: ☐ Under 5 years of age ☐ Over 5 years of age
  - d) Serious physical injuries: ☐ Under 5 years of age ☐ Over 5 years of age
  - e) Fever: ☐ Under 5 years of age ☐ Over 5 years of age
  - f) Skin disease: ☐ Under 5 years of age ☐ Over 5 years of age
  - g) Other (specify): ☐ Under 5 years of age ☐ Over 5 years of age
54. 52a. Do any people with disabilities reside in this household? ☐ Yes ☐ No
- 52b. If yes, then how many people have any of the following disabilities?
- a) Physical disability: ☐ People
  - b) Mental disability: ☐ People
  - c) Visual disability: ☐ People
  - d) Speech impediment: ☐ People
  - e) Hearing disability: ☐ People
55. 53a. Did you seek professional treatment when members of your household were sick?  
(constraint: only applicable to households which specified Yes in Q34a) ☐ Yes ☐ No
- 53b. If yes, then where did you receive this treatment?
- a) Public hospital/clinic
  - b) Private hospital/clinic
  - c) NGO clinic
  - d) Other (specify)
56. 54a. Did you experience any problems in accessing healthcare when you needed it? ☐ Yes ☐ No

- 54b. If yes, then what problems did you experience?
- a) Problems with civil documents
  - b) Relevant medical services were not available
  - c) Medical staff refused treatment without any valid explanation
  - d) The cost of healthcare was too high
  - e) The hospital/clinic was too far away
  - f) Other (specify)
- 54c. In minutes, how long did you wait to see a doctor last time you visited a medical centre?  
☐ Minutes
57. 55a. Are any female members of this household pregnant or nursing? ☐ Yes ☐ No
- 55b. If yes, then how many:
- a) Pregnant women:
  - b) Nursing women:
- 51c. If yes, then do pregnant women visit ante-natal clinics? ☐ Yes ☐ No
58. 56a. How would you rate the quality of healthcare services in KRI?
- a) Very good
  - b) Good
  - c) Neutral
  - d) Bad
  - e) Very bad
- 56b. Since your arrival in KRI, have you gone back to Syria to seek medical treatment?  
☐ Yes ☐ No
59. 60a. How many children aged 0-59 months (0-4 years, 11 months) have received polio vaccinations (polio to be described as 2 drops)? ☐ Children
- 60c. How many children aged 0-59 months (0-4 years, 11 months) have received DTP3 vaccinations (polio to be described as 2 drops)? ☐ Children
60. How many children aged less than 3 years have been exclusively breastfed for at least 6 months?  
☐ Children

### Needs and Assistance

61. What assistance, if any, have you received in the last 30 days? **(select all)**
- a) Cash
  - b) Food
  - c) Water
  - d) Fuel (gas, kerosene, diesel)
  - e) Shelter and winterisation assistance
  - f) Winterisation items
  - g) No assistance
  - h) Other (specify)
62. What are the household's top 3 priority needs at this moment in order of importance? **(select all)**
- a) None
  - b) Drinking water
  - c) Cash assistance for housing (rent)
  - d) More food

- e) Better quality of food
- f) Shelter improvement (winterization, drainage, etc)
- g) Cooking fuel
- h) Heating fuel
- i) Electricity
- j) Education
- k) Psychosocial support
- l) Medical assistance
- m) Kitchen utensils
- n) Blankets
- o) Clothing
- p) More living space
- q) Access to income generating opportunities
- r) Other (specify)

## Intentions

63. 60a. Does your household intend to move to a different location in the next 3 months?  
☐ Yes ☐ No
- 60b. If yes, where do you intend to move? ☐ Within the same district ☐ Same governorate, but different district ☐ Another governorate
- 60c. If yes, then why do you intend to move? ☐ Cost of living is too high in this location  
☐ To be closer to family ☐ Better employment opportunities elsewhere ☐ Safety concerns  
☐ Weather conditions ☐ Better access to essential services ☐ Other (specify)
- 60d. If yes, then when do you intend to move? ☐ Now ☐ 0-2 weeks ☐ 2 weeks – 1 month  
☐ 1-3 months ☐ 3-6 months ☐ Do not know
64. 61a. Do you plan to return to your area of origin in Syria? ☐ Yes ☐ No
- 61b. If yes, then why do you intend to return? ☐ To join friends and relatives ☐ To check on status of property ☐ Employment opportunities ☐ Security has improved in the area of origin  
☐ To access medical care ☐ Other (specify)