IRAQ

Multi-Cluster Needs Assessment (MCNA)
Round VII

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AWG
Iraq Assessment Working Group

REACH Informing more effective humanitarian action

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Sinjar Mountains, October 2019, © REACH

About REACH
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

Iraq is still dealing with the after-effects of the 2014-2017 conflict with the so-called Islamic State of Iraq and the Levant (ISIL) armed group, which led to mass displacement, destruction of homes and infrastructure, and uprooting of livelihoods throughout the country.[1] Today, 1.4 million[2] people remain displaced, 293,000 of which are currently residing in Internally Displaced People (IDP) camps across the country.[3] However, slowed returns to Areas of Origin (AoO) since mid-2018, coupled with accelerated closure and consolidation of camps have raised several questions: Are current and future returns durable and safe? What are the needs and living conditions of those that remain in displacement, in camps or out of camps, and of those that have returned? Meanwhile, civil unrest turned violent in the Center South, with grievances against government corruption, lack of livelihood opportunities and poor basic services, have added a layer of instability to the environment in which humanitarian actors operate.[4] Finally, a water crisis in the South is increasingly understood to have implications on water access, sanitation, livelihoods, and as being a potential new trigger for mass displacement.[5]

To address the need to better understand the environment in which the humanitarian sector operates in Iraq for strategic planning within the Humanitarian Programme Cycle (HPC) for 2020, the Inter-Cluster Coordination Group (ICCG) relied on the MCNA VII as the main data source to provide impartial and evidence-based information to the cluster system[6] and relevant humanitarian stakeholders. By providing a nationwide overview and understanding of the needs of the different populations affected by the crisis (IDPs in camp, IDPs out of camp, and returnees), the MCNA data and analysis fed directly into the Humanitarian Needs Overview (HNO) People in Need (PiN) calculations and severity mappings. To achieve this objective, the Assessment Working Group (AWG), as the technical body in support of the ICCG, facilitated coordination between REACH and clusters throughout the assessment.

The MCNA was implemented through a nationwide statistically representative households survey, conducted between June 17 and August 20, 2019, covering all accessible districts (63) with target populations. In total, 13,086 surveys (3,209 IDP households in camp, 5,902 IDP households out of camp, 3,249 returnee households, 726 host community households[7]) were done. Districts were selected on the basis of their population, and samples drawn at the district level for out of camp population groups, and at the camp level (49 camps) for the in camp population. Findings were generated according to a series of data analysis plans, each adding a layer of understanding on severity of needs, and based on indicators selected by the AWG, and endorsed by the ICCG.

Findings presented in this report were generated through an analytical framework approach proposed by REACH for 2019 multi-sectoral needs assessments, which incorporates some components of the draft Joint Inter-sectoral Analysis Framework (JIAF). The approach consisted in generating a Multi-Sector Needs Index (MSNI) that categorizes households as either in minimal (1), stress (2), severe (3), or extreme (4) severity of need,[8] with the higher the MSNI score, the higher the severity of needs.[9] Findings are generalizable with a 90% level of confidence and 10% margin of error at the district level for IDP households out of camp and returnee households, and at the camp level for IDP households in camp.

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[1] Humanitarian Needs Overview 2020, November 2019. Available here.
[2] As of latest International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) figures for October 2019, there are still 1,444,500 IDPs in Iraq. Master list available here.
[3] Camp Management Camp Management (CCCM), Iraq Camp Master List and Population Flow, October 2019.
[4] Washington Post, With Iraq on edge, prime minister's resignation sets up political crisis, December 1, 2019. Available here.
[5] Humanitarian Needs Overview 2019, November 2018. Available here.
[6] Including the following clusters and sub-clusters: Water, Sanitation and Hygiene (WASH), General Protection (Housing, Land & Property (HLP), Child Protection, Gender-Based Violence, Mine Action sub-clusters), Health, Education, Emergency Livelihoods, Food Security, Cash Working Group, Camp Coordination Camp Management (CCCM).
[7] Households from host communities were surveyed in nine districts for side research on the potential effects of varying IDP caseloads on host communities. Findings pertaining to them have not been included in this report.
[8] The JIAF includes 5 categories, including "catastrophic." However, REACH in Iraq is not in a position to classify households as being in catastrophic severity of needs.
[9] See Annex 1 for detailed methodology on the analytical framework applied to obtain the MSNI.

Certain limitations[10] that rose throughout the assessment should be taken into account when reading findings presented in this report. Notably, these include surveys only being conducted with the head of household, recall periods overlapping with the month of Ramadan, security and administrative issues preventing full access to certain areas, collaboration between 20 data collection partners which might have created small discrepancies on data collected, and the exclusion from the scope of the assessment of districts with less than 200 IDP and/ or returnee households.

Key Findings

Key findings from the MCNA are better understood when looking at the main drivers of the ongoing crisis, underlying factors and their main effects. By and large, **the main driver of the current humanitarian crisis was the 2014 – 2017 ISIL armed conflict** that resulted in numerous casualties, mass internal displacement across the country, destruction of homes and infrastructure and uprooting of livelihoods.[11] Adding to the protracted impacts of the 2014 crisis, **other events that occurred in recent years, especially in the Center-South, including violent internal protests and a degrading water environment, have generated more needs and posed additional risks, therefore further complicating the response**.

Current needs

The MCNA VII identified 29% of households as having severe or extreme levels of severity of humanitarian needs (which means a MSNI severity score of at least 3) in Iraq, which corresponded to approximately 1,6 million crisis affected people[12].

Higher proportions of households with severe or extreme levels of severity of need were concentrated in particular areas, namely in districts along the Syrian border (Telafar to Kaim), districts in the West part of Salah al-Din, and spot districts in the Center-South, including Mahmoudiya in Baghdad governorate, Diwaniya in Al-Qadissiya, and Basrah.[13] Northern Kirkuk districts and Dokan district in Sulaymaniyah also had more than 50% of the crisis affected population with severe or extreme levels of severity of needs. Meanwhile, **districts with a high caseload of people in severe or extreme levels of severity were those which recorded the highest number of returns in the past year,** namely in Ninewa, Anbar and Salah al-Din governorates.

Across crisis affected population groups, severe and extreme levels of severity were found for 40% of IDP households in camp, 34% of IDP households out of camp, and 25% of returnee households.[14] This represented close to 1,050,000 returnees, over 415,000 out-of-camp IDPs and almost 150,000 in-camp IDPs.

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[10] Further information on the challenges and limitations of the assessment can be found in the methodology section of the report.
[11] Humanitarian Need Overview 2020, November 2019. Available here.
[12] Population baseline based on OCHA 2019 Humanitarian Profile, which are a combination of IOM DTM figures for out of camp populations, and CCCM Camp master list for in-camp IDPs.
[13] Further research in these Center South districts in which not many humanitarian assessments have been conducted, is needed, to better understand what is behind high proportions of crisis affected populations with severe or extreme severity of need.
[14] The p-value of the statistical test used to test for differences between groups is 7.43E-16, indicating that the difference between population groups is statistically significant.

Figure 1:% of households and caseload of people with severe or extreme severity of need (MSNI score of 3 or 4), by population group
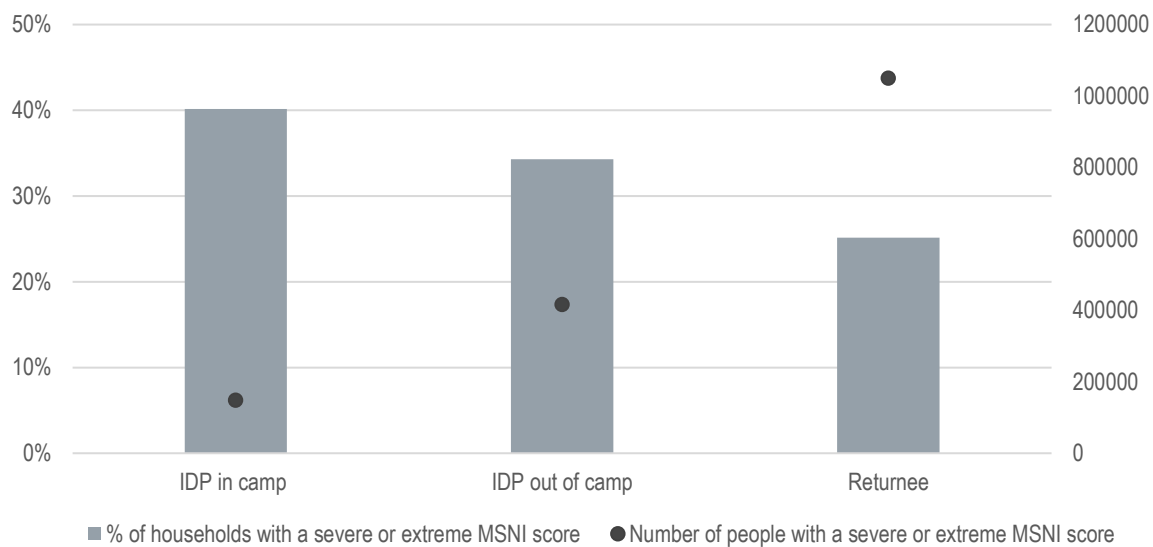
High proportions of IDP households in camp with severe or extreme severity of needs (MSNI score of 3 or 4) were particularly relevant and concerning within the current context of camp consolidations and closures, as it would mean that families already highly vulnerable would have to re-displace, which might worsen their severity of needs.

Zooming in, severity of humanitarian needs varied significantly across population groups within districts, ranging from 1% of IDP households out of camp having severe or extreme severity of needs in Nasiriya district (in Thi-Qar governorate), to 87% of IDP households out of camp[15] in Basrah district (in Basrah governorate). **In addition to IDP households out of camp in Basrah, returnee households in Kaim district (in Anbar governorate) stood out for having the second highest proportion of households with severe or extreme severity of needs** (74%).[16] Kaim was an area severely affected by the conflict, due in part to its geographic location situated in Anbar, on the border with Syria.[17] It was occupied by ISIL during the conflict, and one of the last cities to no longer be occupied, making it an area difficult to access in terms of security, and therefore intervention.[18] Conditions in Basrah however, might be due to focused attention on liberated areas, lack of address of underlying instability and a combination of socio-economic and environmental issues.[19] Conducting further research in Basrah would be interesting to get a better understanding of what is behind such a high proportion of households in severe or extreme severity of needs.

Forecasted needs

Findings across the country on current severity of needs, anticipated population movement patterns, and the current socio-economic environment, identified **two sets of districts that could be prone to an increased proportion of households having severe or extreme levels of severity of needs in the coming months: IDPs' main districts of origin with current high proportions of households / number of caseloads with severe or extreme levels of severity of needs, and Center-Southern districts with current high severity and undergoing political and**

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[15] 100% of IDP households out of camp in Kaim, 89% of IDP households in Baaj out of camp, and 89% of IDP households in Samarra out of camp were found to have severe or extreme needs. However, because data collection was incomplete because of access restrictions, the findings for these three population groups in these three districts are indicative only.

[16] When looking at proportions of households in severe or extreme severity of need (MSNI score of 3 or 4), it is important to take into account caseloads, which might be much lower than in other parts of the country. The purpose of the report here is to present case studies of areas/population groups with high proportions of households with a MSNI score of 3 or 4.

[17] CNN, ISIS pushed from last major Iraqi stronghold, November 3, 2017. Available here.

[18] Idem.

[19] Foreign Policy, Northern Iraq May Be Free, but the South is Seething, November 9, 2018. Accessible here.

civil unrest. On the former, the risk is that districts with high severity of needs are also areas that might be seeing an influx of returnee households, with their own vulnerabilities, if and when camps close. On the latter, the forecast is two-fold. The first is that the nature of grievances speaks to requests related to governance, equitable access to opportunities, and criticism of corruption by these populations, the second is due to the difficulty in anticipating how these protests will shape the future environment in which the humanitarian sector will operate.

Vulnerability

Nationwide, 11% of household were found to have severe or extreme levels of vulnerability.[20] Across population groups, this was the case for 18% of IDP households in camp, 13% IDP households out of camp, and 9% returnee households, once again underlining the need for interventions to focus on households currently living in camps, already vulnerable. On a district level, **among the five districts with highest proportions of households in severe and extreme severity of needs, four overlapped with the five districts with highest levels of vulnerability,** including Basrah and Kaim[21], as well as Ana and Rutba, emphasizing the probable link between severity of needs and vulnerability.[22]

Accountability to affected populations

According to the MCNA, nationwide, while 85% of IDP households in camp reported receiving aid in the 30 days prior to data collection, only 13% of IDP households out of camp, and 6% returnee households did. **Across all population groups, more than half households reported livelihoods as the priority information need from aid providers** (58% for IDP households in camp, 64% for IDP households out of camp, 63% for returnee households), highlighting **livelihoods as being central to addressing crisis affected population's concerns and needs.** Furthermore, all three population groups, between a third up to 40% of households, also reported safety and security as a primary need from aid providers, **also underlining security as a main concern among IDPs to be taken into account by humanitarian actors.**

Overall, MCNA findings underlined the need for **interventions across humanitarian and development actors to ensure needs for families remaining in camps are addressed, while long terms durable solutions in out of camp areas (where there is a high number of caseloads of people in severe or extreme severity of needs) are established.** Failure to do so might continue to impact severity of needs of both established vulnerable out of camp populations and worsen those of incoming populations who will have been forced to leave their camps. Throughout, focus should be on addressing living standard gaps in livelihoods, which were shown to be main drivers of severe and extreme severity across the board, primary barriers to return, and sources of tension in ongoing civil unrest.

Finally, it is relevant to note that areas difficult to access and in which data collection could not be completed were those that presented the highest proportion of households with severe or extreme severity of need (though indicative). **To ensure needs of crisis affected populations living in those districts are accurately captured as well, attention should be given to strengthening the provision of data on hard to reach areas.**

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[20] As a reminder, the vulnerability score within the proposed analytical framework, was composed of indicators on the gender of the head of household, and individual member vulnerabilities such as chronic and/or physical difficulties, and chronic disease.

[21] This finding is indicative given that the full IDP out of camp sample in Kaim was not completed.

[22] Further rounds of MCNA could consider running regressions to attempt to solidify possible correlative interpretations.

CONTENTS

List of Acronyms

AAP	Accountability to Affected Population
AoO	Area of Origin
AWG	Assessment Working Group
CCCM	Camp Coordination Camp Management (CCCM)
DTM	Displacement Tracking Matrix
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HPC	Humanitarian Program Cycle
HRP	Humanitarian Response Plan
ICCG	Inter Cluster Coordination Group
IDP	Internally Displaced Person/People
ILA	Integrated Location Assessment
IOM	International Organization for Migration
IS	Islamic State
JIAF	Joint Inter-Analysis Framework
LSG	Living Standard Gaps
MCNA	Multi Cluster Needs Assessment
MSNI	Multi Sector Needs Index
OCHA	Office for the Coordination of Humanitarian Affairs
PiN	People in Need
SNFI	Shelter and Non-Food Items
WASH	Water, Sanitation and Hygiene

Geographical Classifications

Governorate	Highest form of governance below the national level (18 governorates in Iraq)
District	Form of governance below the governorate level (101 districts in Iraq)
Sub-district	Form of governance below the district level
Location	An informal area or neighbourhood not classified for administrative purposes

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INTRODUCTION

Iraq has experienced several waves of violence since the beginning of the so-called Islamic State of Iraq and the Levant (ISIL) conflict in 2014, which led to nearly 6 million people fleeing their homes across the nation. Today, although most have returned to their Areas of Origin (AoO), almost one and a half million remain internally displaced,[23] residing in camps, informal settlements, with host families or other out of camp settings, with varying levels of access to services and infrastructure. Meanwhile, high rates of returns since 2017, and up to mid-2018, have raised the question of ensuring safe and durable returns to stable and secure environments. As for those who remain in displacement, both in and out of camps, trends since the middle of 2018 suggest they are unlikely to return to their AoO anytime soon,[24] which underlines the necessity for the humanitarian sector to continue addressing the needs of IDP caseloads that might remain significant for the foreseeable future, all within a context of camps being closed.

Other events not directly related to the protracted displacement crisis have added a layer of complexity to the response. Massive internal protests beginning in October 2019, mostly in Central Southern towns, turned violent. Grievances driving the protests that started as demands to end corruption, reforms and policies to address high rates of unemployment, especially among young people, culminated in an announcement by the Prime Minister of Iraq, Adel Abdul Mahdi, that he would step down.[25] Compounding the internal crisis, reports emerged of external influence driving the protests, further complicating a fragile state of uncertainty regarding the future of Iraq's centralized leadership.[26] An offensive in North East Syria from Turkey, also in October, led to renewed arrivals to Iraq of Syrian refugees, further adding to the humanitarian response in the Kurdistan Region of Iraq. Meanwhile, water shortages due to water scarcity and rising salinity in Southern Iraq, have been raising new cross-sectoral issues, with implications on WASH, public health, and livelihoods interventions, and have the potential to provoke new displacement patterns.

In short, Iraq today presents a case of complex intervention where many areas in the country continue to require humanitarian programming but remain unstable with recurring waves of violence. Compounded by a shift towards camp closures and consolidations since August 2019, such an environment makes it difficult to understand needs, while anticipating population movements and identifying areas to target.

To address the need to better understand this environment in which the humanitarian sector operates in Iraq for strategic planning within the Humanitarian Programme Cycle (HPC) for 2020, the Inter-Cluster Coordination Group (ICCG) relied on the MCNA VII as the main data source to provide impartial and evidence-based information to the cluster system[27] and relevant humanitarian stakeholders. Over 13,000 household surveys were collected nationwide with crisis affected population groups (in-camp IDPs, out-of-camp IDPs, returnees) between June 17 and August 20, 2019. By providing a nationwide overview and understanding of the needs of different populations affected by the conflict, the MCNA data and analysis fed directly into the Humanitarian Needs Overview (HNO) People in Need (PiN) calculations and severity mappings. Throughout the MCNA, the Assessment Working Group (AWG), as the technical body supporting the ICCG, facilitated coordination between REACH and clusters.

This report presents findings from the MCNA, structured in three sections, preceded by detailed information on the methodology applied throughout the various steps of the assessment. The first section will provide context to the MCNA, detailing the drivers of the current crisis, underlying factors, and main effects, as well as information on demographics. The second will present current needs by looking at severity and caseload of people with needs, with geographical and population group breakdowns, and a zoom-in on areas of particular concern. Building on the

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[23] As of latest IOM DTM figures for October 2019, there are still 1,444,500 IDPs in Iraq. Master list available here.
[24] REACH Initiative, Intentions Survey: National IDP Camps | Informal Sites | Out of camp locations, February 2019. Available here.
[25] Washington Post, With Iraq on edge, prime minister's resignation sets up political crisis, December 1, 2019. Available here.
[26] The New York Times, Iraq Protesters Burn Down Iran Consulate in Night of Anger, November 27, 2019. Available here.
[27] Including the following clusters and sub-clusters: Water, Sanitation and Hygiene (WASH), General Protection (Housing, Land & Property (HLP), Child Protection, Gender-Based Violence, Mine Action sub-clusters), Health, Education, Emergency Livelihoods, Food Security, Cash Working Group, Camp Coordination Camp Management (CCCM).

trends issued in the first two sections, the final one will then attempt to provide a forecast of needs. An additional cross-sectoral section will focus on accountability to affected populations, for which extensive data was collected during the MCNA as well.

METHODOLOGY

The MCNA was implemented through a nationwide statistically representative households survey, covering all accessible districts with target populations (at least 200 IDP households out of camp or 200 returnee households). Districts were selected on the basis of their population and samples drawn at the district level for out of camp population groups, and at the camp level for in camp populations. Findings were generated according to a series of data analysis plans outlined below, each adding a layer of understanding on severity of needs, and based on indicators selected and refined by the AWG and endorsed by the ICCG.

Specific objectives & research questions

The overall objective of the MCNA was to provide a comprehensive evidence base to inform the severity of cross-sectoral and multi-sectoral needs among crisis-affected population groups in Iraq, and in turn, inform the HNO and HRP for 2020. To achieve these objectives, the following research questions drove the assessment:

1. What is the prevalence and severity of cluster-specific needs, inclusive of Protection, Shelter and NFIs, WASH, Health, Food security, Emergency livelihoods, and Education, of each crisis-affected population group?

- How do these needs vary by district, population group and household vulnerability profile?

2. What are the movement intentions of population groups in the 90 days following data collection?

Scope

Geographic scope and population of interest

All districts with at least 200 returnee households and / or 200 IDP households out of camp were included, in addition to all camps with a 100 IDP households or more (in whichever district). The nationwide scope was agreed on with OCHA, with the objective to include as much of the crisis-affected population as possible. In total, data was collected in 63 districts and 49 camps.

Representative data was collected in all districts for all population groups with the exception of a handful where access restrictions or security limitations were faced and prevented data collection teams from completing full samples. This included IDP out of camp populations in Kaim, Rawanduz, Baiji, Balad, Samarra and IDPs out of camp as well as returnees in Ba'aj.

Map 1: Assessment coverage[28]

Map legend:
MCNA data collection coverage
- Only indicative data is collected
- Part of the collected data is indicative
- Full sample collected
- No coverage

Thematic scope

Thematically, all clusters as outlined in the research questions were covered in the MCNA tool. To note that the protection component included questions relating to - as organized in the Iraq cluster system - general protection (namely documentation, freedom of movement and psycho-social support), child protection, gender-based violence, mine action, and housing, land & property.

In addition to the sectoral components, cross-sector themes were covered as well for better understanding of the living conditions for surveyed populations, including movement intentions, coping strategies, accountability to affected populations (AAP), vulnerabilities, demographics and family profiles.

Sampling strategy

Different quantitative sampling strategies were used depending on the population group. For IDP households in camp, samples were calculated at the camp level using a two-stage stratified approach. For out of camp populations (IDP and returnee households), samples were drawn at the district level using a cluster-sampling method, by considering IDP and/or returnee locations as clusters. In these cases, the cluster size was set to 5. Random sampling in camps was done as part of the 12th round of Camp Profiling conducted in conjunction with the MCNA,

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[28] For some areas, target sample sizes were not fully achieved due to inaccessibility related to authorization restrictions or security limitations.

that presents findings at camp level[29]. Cluster sampling for the other populations was chosen as a way to obtain maximum levels of statistical representation within the resources and time available. Host data was collected in nine districts for parallel insight into the possible effects of varying levels of IDP caseloads, but findings are not included in this report. The table below summarizes the sampling that was used for each population group.

Table 1: Overview of sampling strategy per population group

Population group	Sampling methodology	Population data source	Confidence level / Margin of error[30]	Level
IDP in camp	2-stage random sampling	CCCM IDP Camp masterlist (June 2019)	90 / 10	Camp
IDP out of camp	Cluster sampling[31]	International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) (April 2019)	90 / 10	District
Returnee	Cluster sampling	IOM DTM (April 2019)	90 / 10	District
Host	Cluster sampling	Based on World Pop (2015)	90 / 10	District

Primary data collection

Data was collected between June 17 and August 20 by REACH and 19 partner[32] teams trained to the specificities of the MCNA questionnaire and methodology.

Training and ethical risk mitigation measures

An initial kick-off meeting with REACH field focal points was conducted, followed by trainings of REACH enumerators and partner teams, led in person whenever possible, or remotely via Skype.

In addition to a thorough review of the data collection methodology and content of the questionnaire during the trainings, attention was dedicated to explaining fundamental behavior rules to abide by when surveying households.[33] These included asking for consent in conducting the survey to the respondent, consent in collecting contact information, explaining the purpose of the assessment, and only interviewing adults of 18 years of age and above. Referral mechanisms were also discussed and put in place. Enumerators were to flag and/or refer cases of mine hazards, unaccompanied minors and lack of documentation. IDP call center cards were provided to give to households when relevant and necessary.

In addition to these measures put in place for data collection, the questionnaire was developed and translated to Arabic, to follow to the best of ability the principle of *do no harm*. Overly sensitive questions or questions that risked putting either respondents, members of their households and / or community, or enumerator teams in danger, were removed or rephrased following consultations with IMPACT headquarters, REACH field teams and relevant clusters. For example, a representative from the child protection sub-cluster attended the REACH kick-off meeting to discuss how the children-related questions should be asked to ensure maximum accuracy and respect of sensitivity.

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[29] REACH Initiative, IDP Camp Directory, August 2019, Available here.
[30] Findings on subsets of the population may have a higher margin of error and lower confidence level.
[31] In some cases, cluster sampling automatically switched to random sampling if the number of locations in each district was lower than the target sample divided by cluster size.
[32] Action Against Hunger (ACF), CARE International, Caritas CZ, Cooperazione Internazionale (COOPI), Human Appeal, INTERSOS, International Organization for Migration (IOM), International Rescue Committee (IRC), Justice Center, MEDAIR, Mercy Corps, Norwegian Refugee Council (NRC), OXFAM, People in Need, REACH-Iraq, Save the Children, Secours Islamique Français (SIF), SSORD, ZOA International.
[33] To note that enumerators were contractually obligated to abide by the ACTED code of conduct, which includes a clause on protection against sexual abuse and exploitation (PSEA).

Finally, as per internal IMPACT data protection rules[34], only one person within the REACH assessment team was allowed to download incoming data in order to limit access to household identifiers (which included GPS points, contact information, referrals and names). After a daily round of raw data check, and in particular geo-checks to ensure accurate location of data collection as per the sampling framework, household identifiers were deleted from the dataset before sending it on to the rest of the team for further cleaning. Daily follow-ups with teams collecting data were conducted to ensure the highest quality of collected data possible, and cleaning issues logged for transparency and ease of reference purposes.

Primary data collection methodology

Based on the outlined sampling framework, different methodologies were applied for identifying and selecting households during data collection. For IDP households in camp, wherever possible, anonymized camp household rosters provided by camp managers were used to draw a random sample. When camp lists were unavailable, GPS point-based sampling was applied. Sampling maps were then provided to the teams, and the nearest household to each point was interviewed.[35] For out of camp populations, households were selected on the basis of randomly generated points as per the cluster sample framework. Using the maps.me app, eligible households nearest to each point were interviewed. Pilots were conducted by teams to test the tool, identify and address possible issues.

MCNA Analysis

Overview

Three rounds of analysis of MCNA data were conducted. These were based entirely on indicators selected by the AWG and endorsed by the ICCG during the research design phase, following bilateral consultations with the individual cluster and sub-clusters relevant to the assessment, the Cash Working Group and Durable Solutions forums.[36] To the extent possible, indicators were aligned with the draft Joint Inter-Sector Analysis Framework (JIAF) and adapted for in-country needs.[37]

- The preliminary analysis provided descriptive findings for each individual indicator, disaggregated by district and population group, aggregated by population group at national level, and aggregated by population group at district level. Key findings are compiled in a presentation available here.

- Through the AWG, the HNO PiN analysis was then run throughout August and September using MCNA data only. In accordance with the new 2020 HNO template, an HNO inter-sector model (following the JIAF framework and thresholds when feasible) was generated to provide the findings (disaggregated by district and population group) necessary to calculate humanitarian consequence PiN calculations. These will not be included in this report, and more information can be found in the Iraq 2020 HNO.

- Finally, a third layer of analysis, "Multi Sector Needs Index (MSNI) analysis", was conducted by REACH using the dataset to provide an inter-sector overview of needs across the country. Outputs from this analysis are then aggregated into a final composite multi-sector needs index (MSNI) which estimates the overall severity of a household's needs. Using components from the draft JIAF, the MSNI was a REACH proposed way to generate inter-sector findings using MCNA data from 2019.

This report focuses on the latter with occasional spot findings from the preliminary analysis to provide further context to composite indicators. The framework that drove the MSNI analysis is presented below.

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[34] See Terms of Reference for more information.
[35] In the event that the selected households did not have an adult willing to participate in the survey, the nearest household was approached for the survey.
[36] Working group with representatives from OCHA, Returns Working Group, DTM, IOM, CCCM and protection clusters, and REACH initiative.
[37] See Terms of Reference for list of indicators, available here.

MSNI Analysis framework

In summary, the analysis framework consisted of calculating severity scores for a series of pillars and related sub-pillars, based on the same indicators endorsed by the humanitarian decision-making community used for the preliminary and HNO analyses. These scores were based on a 1 to 4 severity scale and assigned at household level, as per the draft JIAF guidance (1 for no or minimal severity, 2 for stress, 3 for severe, 4 for extreme)[38]. Based on a set "MSNI decision-tree" (see Annex 3), severity scores were then compared against each other at the household level, to generate a MSNI for each household on the same scale of 1 to 4. Proportions of households falling under each level were then obtained, on the basis that all households with a severity level of 3 and above were considered as having severe or extreme severity. As outlined in the REACH-adapted guidance from the draft JIAF, the framework was composed of the following three pillars: (1) household vulnerability classification, (2) household-level impact classification and (3) humanitarian conditions:

- Based on available MCNA data, the first pillar was designed to identify whether a household could be classified as vulnerable, independently from its needs. As such, it included household profile information such as the gender of the head of household, and presence of members with physical and / or cognitive disabilities, or chronic diseases. Additional refinement of vulnerability criteria will be an objective in future MCNAs.

- The second pillar scored households on the basis of the severity of impact of the shock/event (i.e. the 2014-2017 conflict). Here too, based on available MCNA data, this was limited to whether households had been displaced at some point (which includes returnees) and particular reasons, for the case of IDP households, as to why they did not intend to return to their areas of origin – perceived presence of unexploded ordnances and / or destruction of their homes. Two other indicators were included as well, including households with children that had dropped out of school after 2014 and households with individuals whose disability was a consequence of an explosive hazard.

- Finally, the last pillar included 8 sub-pillars: Capacity Gap, Food Security Living Standard Gap (LSG), SNFI LSG, Health LSG, Protection LSG, WASH LSG, Emergency Livelihoods LSG, Education LSG. LSGs classified households in terms of the severity of their unmet needs in each respective sector. For example, a household might have a level 1 severity in Education (no or minimal severity) but a level 4 in terms of WASH conditions (extreme severity). Reliance on coping strategies and the type of strategy – classified as stress, crisis or emergency type strategies[39] - defined the capacity gap.

For details on how each score was calculated, please see Annex 3.

Institutional framework and collaboration

The MCNA VII was conducted within the framework of the AWG, chaired by OCHA and co-chaired by REACH. Relevant humanitarian stakeholders[40] were involved in the development or were consulted at each stage of the assessment. The terms of reference, which included the questionnaire, scope and sampling strategy were developed following bilateral consultations with all clusters, were then endorsed by the AWG and the ICCG. Data collection was conducted by REACH with 19 partners[41] following a call for collaboration by clusters to their partner organizations. Data analysis was run to support clusters and the ICCG to prepare the HNO, with plans developed by the AWG and endorsed by the ICCG, and when relevant, with the Humanitarian Country Team (HCT) sign-off.

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[38] The JIAF severity scale includes a level 5 (catastrophic), but this was not included in the Iraq MCNA analytical framework, as REACH is not in a position to classify conditions as being catastrophic.

[39] As agreed by the Iraq Cash Working Group and the Iraq Food Security cluster prior to the MCNA VII, May / June 2019.

[40] Including all clusters, sub-clusters, the Cash Working Group, and the durable solutions taskforce.

[41] Action Against Hunger (ACF), CARE International, Caritas CZ, Cooperazione Internazionale (COOPI), Human Appeal, INTERSOS, International Organization for Migration (IOM), International Rescue Committee (IRC), Justice Center, MEDAIR, Mercy Corps, Norwegian Refugee Council (NRC), OXFAM, People in Need, REACH-Iraq, Save the Children, Secours Islamique Français (SIF), SSORD, ZOA International.

Finally, products (dataset, presentations, etc.) were endorsed and disseminated via the AWG and ICCG mailing lists. See Annex 3 for further information on who REACH collaborated with exactly through the MCNA VII.

Dissemination

The primary stage of dissemination consisted in the provision of the dataset and preliminary findings to cluster coordinators, cluster co-coordinators, and cluster information management officers as soon as data collection was completed, for them to gain familiarity with the data, provide feedback, and prepare for the HNO analysis using descriptive statistics (narratives, PiN calculations and severity mappings). Throughout the process, REACH worked in close collaboration with them through working sessions, meetings and bilateral exchanges to refine the analysis and provide ad hoc support on MCNA data. In parallel, REACH disseminated inter-sectoral findings relevant for the HNO, directly to OCHA who disseminated and facilitated engagement with the ICCG.

These various bilateral exchanges culminated in a broad presentation to the whole HNO community during the HNO Joint Analysis Workshop on September 19. At that time, REACH presented cross-sectoral findings, while OCHA presented PiN figures based on MCNA data, and clusters their sectoral calculations using for the most part MCNA data as well.

In addition to dissemination directly linked to the HNO, REACH presented MCNA findings more broadly, tailored to sectors, particular topics and audiences (clusters, partner organizations, thematic working groups, donors, etc.), and will publish outputs, including this final report.

Challenges and limitations

A series of challenges and limitations were encountered and should be taken into account when engaging with the findings from the MCNA VII:

- Surveys were conducted with one household respondent only. This was usually and whenever possible the head of the household, who answered on behalf of her/his household, including for individual level questions on other members. A certain level of bias might therefore be present for those particular questions.
- The month of Ramadan, that ended two weeks prior to data collection, may have impacted certain survey responses that had a recall period of 30 days, in particular livelihoods coping strategies, income, and expenditure.
- Collaboration between 20 organizations during data collection may have led to some minor inconsistencies in terms of data collected.
- Some areas were inaccessible due to authorization restrictions or security limitations, which meant that target samples were not fully achieved there.
- Only districts with 200 IDP and / or returnee households were surveyed. Therefore, districts with less than 200 households are not included in the scope of the assessment.
- Subsets of the population might have lower levels of confidence and higher margins of error.
- For the IDP out of camp population in Basrah, which was found to have a particularly high proportion of households with severe or extreme severity of need, it would relevant to conduct further research to further understand why.

FINDINGS

Context of the crisis (event / shock)

The analysis framework applied to the MCNA required, firstly, to outline and understand the context, in order to be able to better interpret current needs findings. This included looking at the main drivers of the crisis (otherwise referred to as the "event" or "shock"), underlying factors and their main effects.

By and large, **the main driver of the current humanitarian crisis was the 2014 – 2017 ISIL armed conflict** that resulted in numerous casualties, mass internal displacement across the country, destruction of homes and infrastructure and uprooting of livelihoods.[42] Adding to the protracted impacts of the 2014 crisis, **other events that occurred in recent years, including violent internal protests and a degrading water environment have further driven and complicated the "shock" and subsequent response**.

2014-2017 Armed conflict

Since the official liberation of the last ISIL strongholds in December 2017,[43] and the declaration that the group had been defeated by the government, the humanitarian response has progressively shifted from an emergency to post-emergency and early recovery strategies. However, **after-effects of the conflict continue**. Intentions surveys conducted with IDP populations in camps and informal sites in the last year by the Camp Coordination and Camp Management cluster with REACH shed light on **concerns of IDPs over perceived conditions in their AoO. These included destroyed homes, lack of livelihoods opportunities, lack of basic services, availability of assistance, and last but not least, insecurity.**[44] On insecurity, concerns were reportedly driven by fears over lands still being contaminated by explosive hazards, presence of armed actors, and proximity of the conflict. Such perceptions were particularly prevalent in districts most affected by the fighting during the 2014-2017 conflict, mostly in Northern governorates along the border with Syria. [45]

Civil unrest and water crisis

Meanwhile, civil unrest in center and southern areas of the country since early October 2019, culminated in the announcement on November 29, 2019 by the Iraqi Prime Minister of Iraq Adel Abdul Mahdi that he would resign,[46] throwing Iraq into renewed political uncertainty. Although protests were originally mainly driven by grievances against political corruption, poor basic services and lack of livelihood opportunities, popular opinion driving the civil unrest turned against Iranian influence over Iraq's government, and their reported support to violent retaliation towards protesters. The Iranian Consulate attack in the Southern city of Najaf, followed by violent crackdown that killed over 40 protesters, were the main catalysts of the resignation of the Prime Minister. [47]

The intensity of the protests, which began on the first of October in Baghdad and during which more than 400 people have died and almost 20,000 have been injured, have been marked by determination on the part of protesters to not stop until demands are met.[48] Within the context of post-ISIL war, such tensions across the country and their underlying factors shed light on and further complicate the way the humanitarian response can be framed to ensure it is aligned with recent events. Given the changing nature of events, it is difficult at this stage to predict the effects of the crisis but close attention will have to be given to ensure up-to-date understanding.

In the summer of 2018, violent protests, driven by similar grievances and demands had occurred in Basrah, during which the Iran consulate there was also attacked.[49] In addition to socio-economic and political demands, the Basrah

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[42] Humanitarian Need Overview 2020, November 2019. Available here.
[43] BBC News, Iraq declares war with Islamic State is over, December 9, 2017. Available here.
[44] *REACH Initiative, Intentions Survey, August 2019.*
[45] *Idem.*
[46] The New York Times, Iraq Prime Minister Says He Will Resign Amid Protests, November 29, 2019. Available here.
[47] Idem.
[48] Aljazeera, Iraq's striking students defiant amid unrelenting protests, December 3, 2019. Available here.
[49] Reuters, Unrest intensifies in Iraq as Iranian consulate and oil facility stormed, September 7, 2018. Available here.

riots were also caused by a water crisis. Over the summer of 2018, thousands of people fell sick due to water salinity and pollution,[50] understood as a consequence of poor management of water infrastructure on the part of the government, and general degradation of the environment due to climatic changes.

Effects of the water crisis are increasingly understood as having potential impacts on not only the health and WASH sectors, but on livelihoods (agriculture notably), as well as a possible trigger for new waves of displacement.[51] At the time of writing, the Iraq WASH cluster, together with REACH, has been running a nationwide WASH assessment, of which a component includes an analysis of how water levels have changed over the years and the potential consequences of this phenomenon.

Demographics

According to MCNA data, over 50% of Iraq's crisis affected population is aged 18 to 59, and over a third between 6 and 17. Eighty per cent is a considerably high proportion of individuals in the job market or about to enter it and inevitably puts pressure on the government to ensure sufficient employment opportunities. As discussed above, lack of livelihood opportunities has been a main source of grievance of the population across the country in recent years, whether as a direct impact or not of the 2014-2017 conflict.

In terms of gender, Iraq's population has a ratio of almost one to one (49% female and 51% male) and similar proportions of gender across all age groups. Nevertheless, 11% of crisis-affected households, nationwide, were female-headed. This figures changes considerably when comparing population groups, with a much higher proportion of IDP households in camp being female headed, compared to IDP households out of camp and returnee households (21%, 11%, 7% respectively). Female headed households are considered particularly vulnerable, given difficulties in accessing services and employment, compared to male-headed households.

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[50] Vox, The violent protests in Iraq, explained, September 8, 2018. Available here.
[51] HRW, Basrah is Thirsty, Iraq's Failure to Manage the Water Crisis, September 12, 2018. Available here.

Current needs

MSNI Overview

The MCNA VII in Iraq identified 29% of households as having a MSNI severity score of at least 3, which corresponded to approximately 1.6[52] million crisis-affected people[53] across the country with severe or extreme levels of severity of humanitarian needs.

MSNI across districts

Higher severity levels were concentrated in particular areas, namely in Federal Iraq districts along the Syrian border (Telafar to Al-Kaim), districts in the West part of Salah al-Din, and spot districts in the Center South, including Mahmoudiya in Baghdad governorate, Diwaniya in Al-Qadissiya, and Basrah. Northern Kirkuk districts and Dokan district in Sulaymaniyah also had more than 50% of the crisis affected population with a MSNI score of 3 or more. **Reasons behind high proportions of households with severe or extreme severity of needs are likely related to restricted humanitarian intervention compared to other areas of the country (for example Basrah, Samarra, Ba'aj) and/or because these are areas that were strongly affected by the conflict (Sinjar, Telafar, Kaim, Ba'aj for example).**

Map 2: % of households with a severe or extreme MSNI score (3 or 4), by district[54]
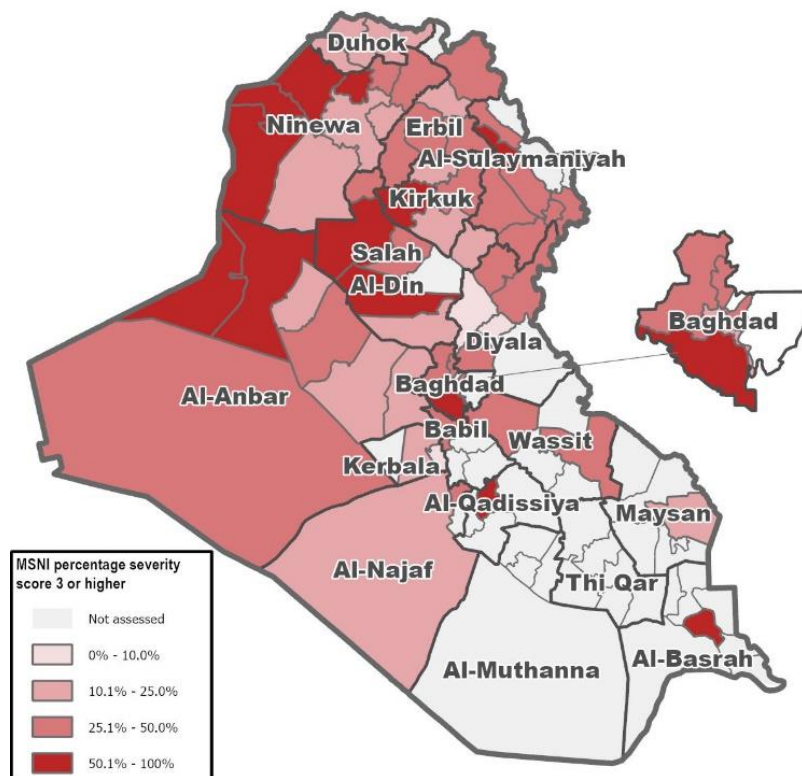
In terms of caseloads, among households with MSNI severity score of 3 or more, almost a third lived in Telafar, Mosul, Tikrit, and Ramadi districts only. **High proportions were driven in part by these districts being major**

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[52] The 2020 Humanitarian Needs Overview identified 1,7 million people as being in acute humanitarian need. Variation is due to difference in methodology conducted for calculation

[53] Population baseline based on OCHA 2019 Humanitarian Profile, which are a combination of IOM DTM figures for out of camp populations, and CCCM Camp master list for in-camp IDPs.

[54] Due to differences in the methodology, inter-sector severity findings across districts presented here might differ slightly from the inter-sector severity findings in the HNO.

areas of return following their liberation from armed groups, and areas in governorates where most returns were recorded through the summer (DTM, September 2019).[55] In the case of Mosul, high caseloads were also due to camps that host close to a 100,000 people[56]. In Mosul camps, 60% of households were found to have severe or extreme levels of severity of needs (around 60,000 people).

Table 2: Ten districts with highest severity, and 10 districts with highest caseload of severe and extreme severity of needs (MSNI score of 3 or 4)

Severity[57] (% households with an MSNI score of 3 or more)	Caseload (Number of people with an MSNI score of 3 or more)
Basrah (87%)	Telafar (177,549)
Ana (73%)	Mosul (142,885)
Mahmoudiya (71%)	Tikrit (100,202)
Hawiga (63%)	Ramadi (97,056)
Sinjar (58%)	Hawiga (84,638)
Tilkaef (58%)	Kirkuk (84,311)
Diwaniya (57%)	Tilkaef (83,916)
Dokan (52%)	Fallujah (74,916)
Telafar (52%)	Heet (67,898)
Rutba (49%)	Shirqat (57,444)

With the exception of Hawiga and Telafar, districts with the highest proportion of households with MSNI scores of 3 or more differed from districts with the highest number of people with MSNI scores of 3 or more. The combination of strong impact from the conflict likely explain why some areas with lower caseloads have higher proportions of households with a MSNI severity score of 3 or 4. In particular, it is worth noting that this was the case for the districts where MCNA samples were not completed due to restricted access, namely in Balad, Samarra and Baiji districts in Salah al-Din governorate, Ba'aj in Ninewa, and Makhmour in Erbil. As a result, attention should be given to strengthening the collection of data on hard to reach areas.

MSNI across population groups

Across crisis affected population groups, severe and extreme levels of severity were found for 40% of IDP households in camp, 34% of IDP households out of camp, and 25% of returnee households.[58] This represented close to 1,050,000 returnees, over 415,000 of IDPs out of camp and almost 150,000 of IDPs in camp (Figure 1).

Understanding of nationwide movement intention trends provides context to the noted higher severity among IDP households in camp. **Return trends since 2017, combined with the decrease in intentions to return since mid-2018[59] suggest that IDP households that were going to return to their AoO have returned already, and that those who remain in displacement are in a position that might not allow them to return.** Indeed, in the latest round of in camp intentions survey conducted by REACH in parallel to the MCNA, only 2% of IDP households in camp intended to return to their AoO in the three months following data collection, and only 3% within 12 months.

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[55] According to DTM Round, 11, 18,4646 returns were recorded in Ninewa (including Mosul and Telafar), 11,718 in Anbar (including Fallujah), and 11,466 in Salah al-Din (including Tikrit). IOM, DTM Round 111, July-August 2019, available here.

[56] Salamiyah 1, Salamiyah 2, Jeddah 1 to 5, are still open at the time of writing.

[57] Some districts such as Samarra (89%), Kaim (75%), Ba'aj (71%) and Baiji (57%) had high severity scores but given that full samples could not be collected for all population groups, data is considered as indicative only.

[58] The p-value of the statistical test used to test for differences between groups is 7.43E-16.

[59] REACH, Intentions Survey: National IDP Camps | Informal Sites | Out of camp locations, August 2018. Available here.

Main reasons provided for not intending to return were related to livelihoods, security[60], and damaged housing in AoO, which are systemic conditions unlikely to change in the short term. On livelihoods, 36% of households indicated they did not intend to return due to lack of income generating activities and 34% due to not having the financial means to return. Further reinforcing the prevalence of livelihoods as a factor influencing movement intentions, is the fact that nationwide, living standard gaps in livelihoods were found to be the primary driver of severe or extreme severity (for 27% of households across all population groups).

High severity for populations in camps is particularly relevant and concerning within the current context of camp consolidations and closures. **Interventions across humanitarian and development sectors should be called for to ensure minimum standards for families remaining in camps are met, while long terms durable solutions in out of camp areas are established.** Failure to do so might continue to impact severity of needs of both vulnerable out of camp populations and worsen those of populations who will have been forced to leave the camps.

Figure 2: % of households and caseload of people with severe or extreme severity of need (MSNI score of 3 or 4), by population group

■ % of households with a severe or extreme MSNI score ● Number of people with a severe or extreme MSNI score
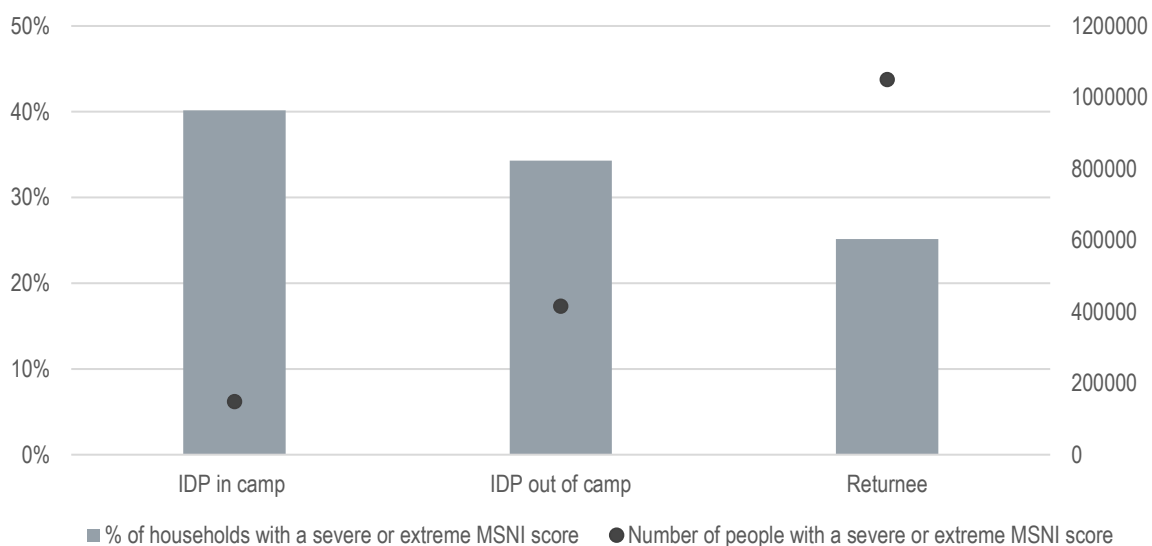
The opposite effect among returnee households (lower proportion of households combined with a high caseload) mirrors the steady shift towards an early recovery and post-conflict environment in the country, and also strongly underlines the **necessity to establish durable solutions in areas of return, as the assumption is that people back in their AoO will not re-displace unless they absolutely have to**. To further emphasize this point, the MCNA found that only 1% of returnee households intended to re-displace in the 12 months following data collection.

Focus on areas with highest MSNI severity scores

The severity of humanitarian needs varied significantly across the country and population groups, ranging from 1% of IDP households out of camp having severe or extreme needs in Nasiriya district, to 87% of IDP households out of camp[61] having the same severity of needs in Basrah. **In addition to IDP households out of camp in Basrah, returnee households in Kaim stood out for having the second highest severity of needs** (74%).

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[60] 35% of IDP households in camp cited fear and trauma, 32% lack of security forces, 18% fear of discrimination, 16% presence of mines, as reasons for not intending to return.

[61] 100% of IDP households out of camp in Kaim, 89% of IDP households in Ba'aj out of camp, and 89% of IDP households in Samarra out of camp were found to have severe or extreme needs. However, because access restrictions impeded data collection, the findings for these three population groups in these three districts are indicative only.

Kaim was an area severely affected by the conflict, due in part to its geographic location situated in Anbar on the border with Syria. It was occupied by ISIL during the conflict, and one of the last cities to be no longer occupied, making it an area difficult to access in terms of security, and therefore intervention. Conditions in Basrah were likely influenced by humanitarian prioritization on liberated areas on the part of humanitarian stakeholders, lack of address of underlying instability and a combination of socio-economic and environmental issues.[62]

Case 1: Kaim returnee population

Drivers of high severity among returnee households in Kaim varied significantly. Primarily, they were driven by high LSG scores in health (18%), co-occurring high LSG scores in protection and shelter (9%), co-occurring high LSG scores in protection and health (4%), high LSG scores in health and shelter, or high LSG scores in shelter (2%). This was closely followed by high LSG scores in livelihoods, food security and WASH (33% households). For 22% of households, capacity gaps drove their severe or extreme severity of need. Finally, in 9% of cases, the MSNI score of 3 or 4 was driven by the impact of the conflict score.

Figure 3: MSNI primary driver for returnee households with severity scores of 3 or 4 in Kaim district, by driver[63]
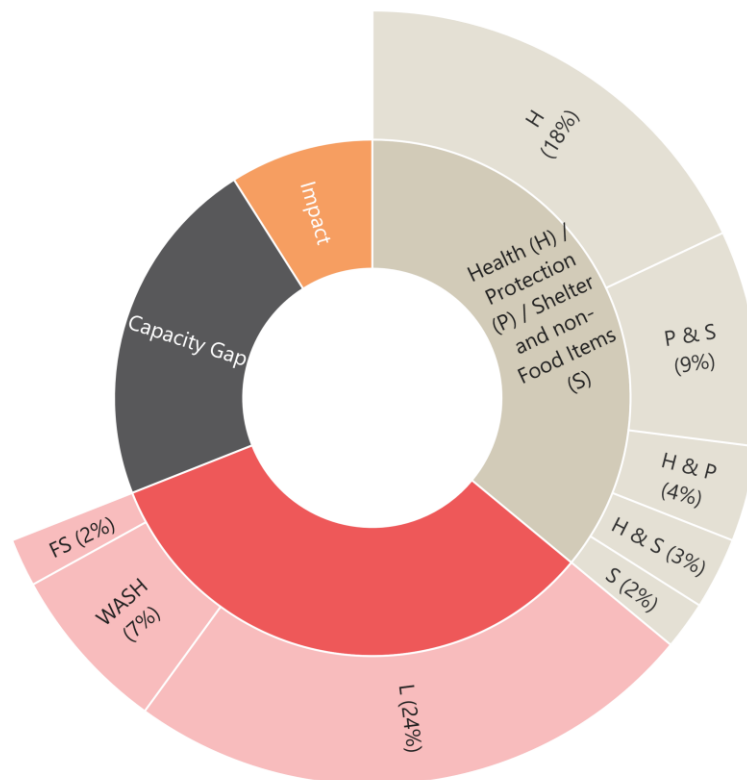
The impact score as a driver of overall severe or extreme severity of needs indicated that high severity was mainly influenced by having children that had dropped out of school after 2014 or explosive-hazard related disabilities (since barriers to return are irrelevant to returnee households). These indicators emphasize the vulnerabilities of these households and protection concerns which might result.[64] In contrast, at the national level, which also encompasses the IDP population and therefore barriers to return, the impact score drove severe or extreme severity of needs for 6% of crisis affected households. The higher score among returnee households in Kaim could suggest

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[62] Foreign Policy, Northern Iraq May Be Free, but the South is Seething, November 9, 2018. Accessible here.
[63] Please see Annex 5 for more information on how to read a sunburst graph.
[64] Precisely, 4% of households indicated at least one child had dropped out of school after 2014, and 68% indicated that individuals' disability was related to an explosive hazard, among the 38% that indicated there was at least one member with a physical and / or cognitive disability.

they were comparatively more impacted by the conflict in terms of school-aged (6 to 17) children's education attendance and explosive-hazard related disabilities.

The individual health LSG score was the overall main driver of high severity among returnee households in Kaim (18%). As outlined in Annex 1, the health LSG score included lack of access to a functional health clinic, lack of access to a functional hospital within 10 km with emergency, maternity, pediatric and surgical services, and lack of access for women of reproductive age (12-49) to specialized reproductive services. **Such a score, highly driven by access to services, speaks to Kaim as having been an area severely affected by the conflict, with damage of houses and infrastructure, and therefore the possible incapacitation of those providing health services.** The LSG health score also highlights potential limited humanitarian intervention, in an area with unstable security and smaller caseload of people in severe or extreme severity of needs.

LSGs in terms of livelihoods also was a primary driver of the MSNI for households with a severity score of 3 or 4 (24% of households), which is **reflective both of general poor employment conditions across the country and the impact of the conflict on livelihoods,** which once again was particularly strong in Kaim, as an occupied district and one of the last to be liberated (in November 2017).[65]

Durable solutions specific findings and movement trends further provide context to conditions for returnees in Kaim, which also is a main area of origin and return (within Anbar district, 56% IDP households from Kaim said they intended to return in the year following data collection). Almost systematically across all durable solutions indicators (see table below), Kaim was one of the districts in Anbar with the highest proportion of households in need, indicating the need to focus on ensuring sustainability for those returning to the district.

Table 3: % of households with needs under durable solutions indicators, per Anbar district

Durable Solutions Indicator	Falluja	Kaim	Ramadi	Rutba	Ana	Haditha	Heet
Household missing at least one key household or individual document	84%	93%	87%	100%	99%	100%	100%
Household experiencing daytime movement restrictions	82%	81%	83%	3%	81%	92%	100%
Household evicted in the 12 months prior to data collection	0%	30%	6%	3%	35%	2%	3%
Household without ownership or secure rights over agricultural land	31%	48%	29%	3%	44%	16%	18%
Household in need of property compensation and unable to access it	81%	51%	82%	N/A	34%	100%	100%
Household with access/knowledge of complaint mechanisms	41%	55%	39%	0%	63%	88%	100%
Household with separated household members	1%	15%	0%	0%	21%	7%	0%
Household with at least one adult unable to register to vote	24%	46%	24%	3%	28%	23%	12%

Case 2: Basrah out of camp population

In Basrah, among the 87% IDP households out of camp found to have severe or extreme severity (MSNI score of 3 or 4), **39% of households' needs were driven by severe or extreme LSG scores in health and protection, 36% by reliance on crisis or emergency type coping strategies, and the remaining 17% by livelihoods, food security and WASH LSG scores**.

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[65] CNN, ISIS pushed from last major Iraqi stronghold, November 3, 2017. Available here.

MSNI findings for Basrah district are not as easily interpreted within the context of the 2014-2017 conflict's effects, given that the district was not directly affected by conflict-related fighting. Furthermore, although issues in Basrah (civil unrest and water degradation) have inevitably had an impact on the population and are a symptom of underlying problems causing discontent, Basrah was not necessarily anticipated to be one of the district in which there would be such a high proportion of households in severe or extreme severity of need. Conducting further research there to better understand why this is the case, and whether these require humanitarian or development responses, would be needed. It is also important to note that when looking at caseloads, 87% of IDP household in Basrah represents 2,710 people in severe or extreme severity of need.

Nevertheless, MSNI findings for IDP households in Basrah should be understood within the context of civil unrest, and population grievances against the political class and dire livelihood prospects. **Notably, compared to national high severity drivers, the reliance on crisis or emergency coping strategies was almost three times higher** (14% of households at the national level), indicating that IDP households out of camp have a comparatively high capacity gap, which poses protection concerns. Indeed, crisis-type coping strategies included selling means of transport, changing place of residence, and have children under 18 work to provide resources. Emergency coping strategies, meanwhile, included children dropping out from school, accepting that adults engage in risky behavior, migration of the whole family and/or children or adults being forcibly married.

With this in mind, although only 11% of households in severe or extreme severity of need were found to have severe or extreme livelihoods LSG scores, such reliance on coping strategies should be perceived as a red flag and **underline the need to improve livelihoods conditions to potentially decrease reliance on risky and unsustainable coping strategies**.

Figure 4: MSNI primary drivers for out of camp households with severity scores of 3 or 4 in Basrah, by driver
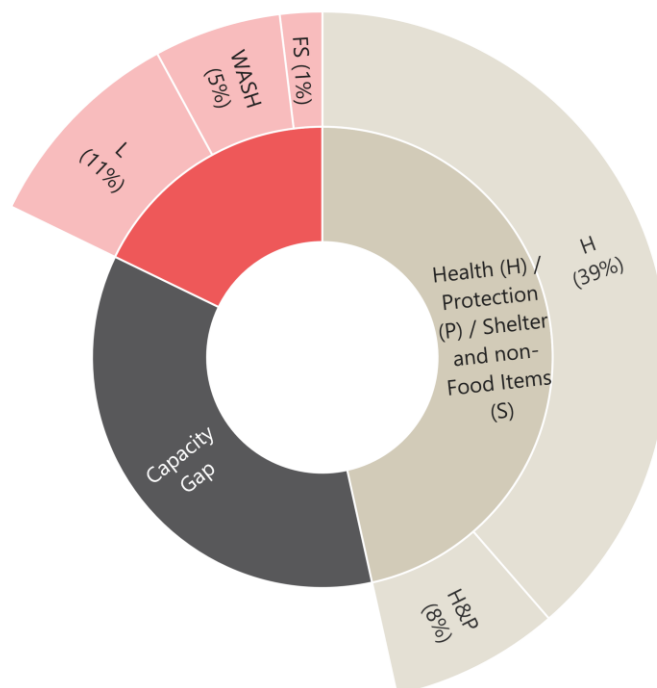

Finally, high health LSG scores can be understood as lack of availability of services, which resonates with the 2018 protests in Basrah during which, among other grievances, poor access to basic services was deplored. Further adding to MCNA findings on the matter, the Integrated Location Assessment (ILA) IV conducted

by IOM in April-May 2019 found that in Basrah, over 90% of IDPs live in locations where the price of healthcare, medicines and treatment was "too expensive," [66] making the services inaccessible to them.

Vulnerability

Nationwide, 11% of household were found to have severe or extreme levels of vulnerability.[67] Across population groups, this was the case for 18% of IDP households in camp, 13% IDP households out of camp, and 9% returnee households, once again underlining the need for interventions to focus on households currently living in camps, already vulnerable, and whose vulnerability might worsen if they were to be forced to leave. On a district level, **among the five districts with highest severe and extreme severity of needs (MSNI 3 or 4), four overlapped with the five districts with highest levels of vulnerability,** including Basrah and Al-Kaim[68], as well as Ana and Rutba, emphasizing the probable link between severity of needs and vulnerability.[69]

Figure 5: Five districts with the highest proportion of households with severe or extreme levels of severity in terms of vulnerability

Finding indicative only.

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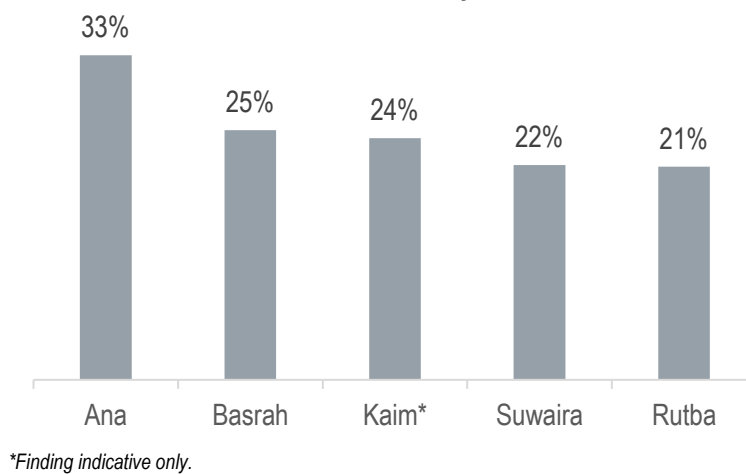
[66] Presentation from IOM DTM during OCHA's HNO 2020 Workshop, September 19, 2019.

[67] As a reminder, the vulnerability score was composed of indicators on the gender of the head of household, and individual member vulnerabilities such as disability and chronic disease.

[68] This finding is indicative given that the full IDP out of camp sample in Kaim was not completed.
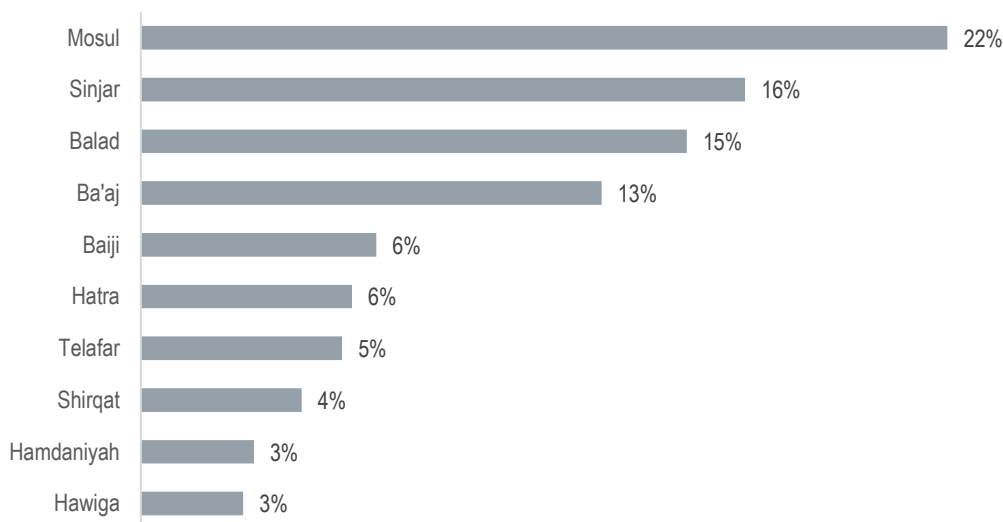
[69] Further rounds of MCNA could consider running regressions to attempt to solidify possible correlative interpretations.

Forecasted needs

Findings across the country on current severity of needs, anticipated population movement patterns, and the current socio-political environment identified two sets of districts that could be prone to increased proportion of households with severe or extreme severity of needs in the coming months. The first were primary IDPs districts of origin with current high severity/caseload of needs, and the second Center-Southern districts with current high severity and undergoing political and civil unrest.

As touched upon previously, an assumption could be made on the risk of in camp populations facing increasing levels of needs if and when they have to re-displace or return to their AoO within the context of camp closures and consolidations. This is based on the REACH-CCCM intentions survey, where almost 90% of IDP households indicated they did not intend to return to their AoO. Premature returns or secondary displacement to areas that do not have durable solutions in place to address needs of populations with severe or extreme LSG scores, vulnerabilities and capacity gaps, might further strain the ability to respond efficiently to existing needs and new arrivals.

Figure 6: Ten districts of origin for IDP households in camp

District	Percentage
Mosul	22%
Sinjar	16%
Balad	15%
Ba'aj	13%
Baiji	6%
Hatra	6%
Telafar	5%
Shirqat	4%
Hamdaniyah	3%
Hawiga	3%

According to intentions surveys conducted in camps in August 2019, more than two thirds of IDP households living in camp were from Mosul, Sinjar, Balad or Ba'aj districts. **With the assumption that many, if not most, IDPs would return to their AoO following camp closures,[70] it is relevant to note that main districts of origin were among those identified as already having high severity of needs and/or high caseloads of people with severe or extreme needs** (MSNI severity score of 3 or 4).

Indeed, among the six main districts of origin (figure 6), Mosul was found to have the second highest caseload of people in severe or extreme need, Sinjar was one of the 10 districts with highest severity, and Balad and Ba'aj had very high indicative severity. Among the remaining six main districts of origin, Hawiga and Telafar were two of the 10 districts with highest severity, and Telafar both among the 10 districts with highest severity and the district with the highest caseload of people with severe or extreme needs (MSNI severity score of 3 or 4).

The second forecast, pending on how socio-economic, political and geo-political trends will evolve following recent protests in Central-Southern governorates, is that the severity of needs of vulnerable populations might be affected in areas in which there is tension. Notably this could end up being the case for districts such as Basrah. Others districts that could see severity of needs of crisis-affected population increase include Mahmoudiya in Baghdad,

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[70] This assumption is based on the low reported intention to displace within Iraq. Indeed, less than 1% of IDP households only said they intended to displace within Iraq in the 12 months following data collection, while 8% intended to return to AoO, indicating a preference for the latter across IDP populations.

and Diwaniya in Al-Qadissiya, which were also affected by the recent protests. Compounding the situation in Basrah, is the looming water crisis which had already provoked protests in the summer of 2018.

Accountability to affected populations

According to the MCNA, nationwide, while 85% of IDP households in camp reported receiving aid in the 30 days prior to data collection, only 13% of IDP households out of camp, and 6% of returnee households reportedly received aid. The ratio in favor of out of camp populations only slightly increased since 2018, when (according to the MCNA VI), 94% of IDP households in camp reported receiving aid, compared to 10% of IDP households out of camp, and 4% of returnee households. Nevertheless, the difference remains staggering, even though in camp populations across the board were found to be more vulnerable and to have higher severity.

Figure 7: % of households that reported receiving aid in the 30 days prior to data collection
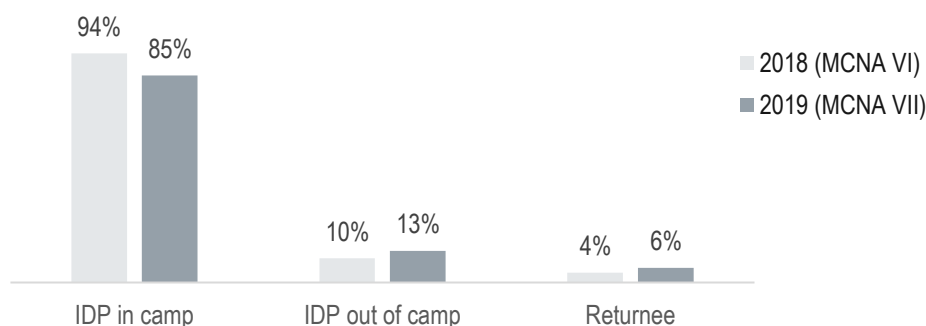
Interestingly, among households that received aid, returnee households reported being overall more satisfied than IDP populations (33% of IDP households in camp indicated they were not satisfied with the aid they received, compared to 29% of IDP households out of camp, and 11% of returnee households). Lack of satisfaction with aid worker behavior was reported by no IDP household in camp, and by 9-10% of IDP households out of camp and returnee households, respectively.

Across all population groups, more than half households reported livelihoods (most likely employment opportunities) as the priority information need from aid providers (58% for IDP households in camp, 64% for IDP households out of camp, 63% for returnee households), mirroring livelihoods as being central to addressing crisis affected population concerns and needs. Furthermore, all three population groups, between a third up to 40% also reported safety and security as a primary need from aid providers, **also underlining security as a main concern among IDPs to be taken into account by humanitarian actors**. In terms of means for communication, all three population groups cited preference (at varying degrees) for face-to-face communication, mobile phone communication, and direct observation. Prevalence of preferred means should be taken into account by humanitarian actors when implementing communication mechanisms.

Table 4: Three primary information needs and means of communicating from aid providers, by population group

	IDP households in camp	IDP households out of camp	Returnee
What	Livelihoods (58%) Safety and security (54%) Status of housing (30%)	Livelihoods (64%) Humanitarian assistance (49%) Safety and security (44%)	Livelihoods (63%) Safety and security (38%) Healthcare (38%)
Means	Face to face communication (57%) Telephone / mobile phone (54%) Direct observation (45%)	Telephone / mobile phone (55%) Face to face communication (48%) Direct observation (41%)	Telephone / mobile phone (59%) Face-to-face communication (52%) Direct observation (47%)

CONCLUSION

In addition to providing evidence-based findings and analysis that fed directly into the PiN and severity for the 2020 Iraq HNO, the 2019 MCNA VII provided insight into how the needs of crisis-affected populations across the country can be understood within the context of events driving the current humanitarian crisis. Based on this analysis, conducted within a specific analytical framework using components of the draft JIAF, the MCNA also drew forecasts on how needs might evolve in the months following data collection. In a nutshell, the effects of the 2014-2017 conflict (protracted displacement, remaining pockets of violence, uprooted livelihoods and destruction of homes and infrastructure), coupled with civil tensions in the Center-South that could escalate unless grievances are addressed, and an environmental degrading of water conditions in the South, have the potential to continue affecting the 1.6 million people found through the MCNA to have severe or extreme levels of humanitarian needs across the country.

Across population groups, IDP households in camp were found to have particularly severe or extreme needs compared to IDP households out of camp and returnee households (40%, 34% and 27% respectively). At the same time, as a result of the shift towards post-emergency intervention characterized in part by camp closures and consolidations since August 2019, humanitarian stakeholders might instead be faced with mass displacement of populations to areas that are unstable and insecure. Concern then shifts to high severity among IDPs out of camp and returnee households, which might be faced with new arrivals of current IDPs in camp either returning to their areas of origin or re-displacing elsewhere. Failure to address both immediate needs of IDPs in camp while ensuring durable solutions for sustained improved needs of populations in return areas might lead to increased severity in districts to which there might be population movements. It is relevant to note that most districts of origin, which presumably are where IDPs leaving camps would head to, are those found to have highest severity among out of camp populations.

Across the board, reinstating livelihoods, which were significantly affected during the conflict, and a current major source of grievance of protesters in the Center-South, was pinpointed as key to improving living conditions of populations with high severity. IDP households not intending to return to areas of origin, cited lack of livelihood opportunities or lack of financial means to return as primary reasons for not returning. At the national level, living standard gaps in livelihoods were the main driver of severe or extreme severity. For out of camp populations in Basrah district, and returnee populations in Kaim, which were found (when excluding districts for which data was indicative only) to be those with highest severity in the country, living standard gaps in livelihoods was one of the main drivers of severe and extreme severity of humanitarian needs. In Kaim, living standards gaps in livelihoods drove severity for 24% of returnee households living there.

Further on Kaim and Basrah, both were interesting case studies, representative of different dynamics at play in the context that has followed the 2014-2017 conflict in Iraq. Kaim is a district that was highly impacted during the armed conflict, occupied, and liberated late, while Basrah was not directly affected, but is key to geo-political interests, has recently undergone violent civil unrest, and is facing a water crisis due to environmental degradation. These case studies further emphasized the complexity of the crisis currently undergoing in Iraq and the need to have a comprehensive approach tailored to the particular localized needs and underlying drivers of potential recurring tension.

On a final note, close attention should be dedicated to the fact that indicative findings in areas with access restrictions that prevented completed data collection, showed systematically highest levels of severity (namely in Salah al-Din districts of Balad, Samarra, Baiji, Daur, or Ba'aj in Ninewa). Although these findings should be taken with caution, lack of accessibility would suggest difficulty for humanitarian actors to deliver aid or intervene to address systemic issues, such as re-establishing livelihoods. Framing future assessments to capture needs of populations in hard-to-reach areas more accurately would be valuable in strengthening evidence-based planning in these areas.

ANNEXES

Annex 1. Link to available technical documentation and outputs

Available

- o   Dataset available on REACH Resource Center.

- o   Preliminary findings and HNO inter-sectoral findings available upon request.

- o   Terms of reference available on the [REACH Resource Center.](#)

- o   HNO / MCNA presentation available on the [REACH Resource Center](#).

- o   Key findings presentation available on the [REACH Resource Center](#).

- o   Sectoral factsheets available on the REACH Resource Center.

Upcoming

- o   MCNA Findings dashboard.

- o   Protection / Shelter key findings presentation.

Annex 2: MSNI Data Analysis Plan

This Annex includes the different steps of the MSNI calculation, through:
- Step 1: the list of indicators per pillar and sub-pillar, relevant conditions, and scores assigned to each;
- Step 2: how scores for each pillar were calculated to establish a severity scale of 1 to 4 for each,
- Step 3: the MSNI decision tree, which indicates the logic behind how MSNI severity scales are applied, depending on individual pillar scores.

MSNI Step 1

Table 5: MSNI pillars, sub-pillars, conditions, and assigned scores

| Pillar	Condition	Score assigned
Impact on People	Household displaced (in-camp IDPs, out-of-camp IDPs, returnees)	3
	Household does not intend to return to AoO due to HLP issues in AoO	1
	Household does not intend to return to AoO due to concern over explosive hazard contamination in AoO	1
	Household has individual with disability related to an explosive hazard	1
	Household has at least one child that dropped out of school after January 2014	1
Humanitarian Condition (HC) - Capacity Gap	Household relying on at least one stress strategy (no crisis or emergency)	2
	Household relying on at least one crisis strategy (no emergency)	3
	Household relying on at least one emergency strategy	4
HC – Living standard gap (LSG) / Food Security	1 'Food secure'	1
	2 'Marginally food secure'	2
	3 'Moderately food insecure'	3
	4 'Severely food insecure'.	4
HC - LSG / Shelter and Non-food items	Household living under critical shelter	2
	Household needs at least 1 basic NFI item	1
	Household needs improved security of tenure, and / or improved basic infrastructures and utilities, and or protection from hazards	2
	Household needs improved privacy and dignity, and / or protection from climatic conditions	3
	Household needs protection from hazards, and / or safety and security, and / or improved structural stability of the building	4
HC - LSG / Health	Household does not have access to a functional health clinic within 5 km	2
	Household does not have access to a functional hospital within 10 km with essential services (emergency, pediatric, maternity, surgical)	2

	Women in household do not have access to reproductive specialized services	1
HC - LSG / Protection	Household lacks secure tenure (house they live in or own is under dispute)	1
	Household is missing at least one core household or individual document (PDS, info card, national ID, citizenship ID, birth certificate)	1
	Household is experiencing daytime movement restrictions	1
	Women and/or girls in household avoid at least one area because they feel unsafe there	1
	Household with at least one member <18 working	1
	Household has at least one member <18 years married	1
	Household has at least one child unable to attend due to lack of documentation	1
	Household presently fearing eviction	1
	Household with at least one child with psychosocial distress	1
	Household with at least one adult with psychosocial distress	1
HC - LSG / Water, Sanitation and Hygiene	Household does not have sufficient access to water (50L/household/day)	2.5
	Household requires water treatment prior to drinking	2.5
	Household has access only to unimproved water sources	1.5
	Household does not have access to improved functional sanitation facilities	2
	Household (1) does not have to access to soap and/or (2) does not practice handwashing	1.5
HC - LSG / Emergency Livelihoods	Household has at least one adult (18+ unemployed and seeking work)	1
	Household had an income from employment / pension less than 480,000 IQD in the 30 days prior to data collection.	1
	Household relies primarily on humanitarian assistance as main source of income	1
	Household has a debt value of over 505,000 IQD	1
	Household is unable to afford basic needs (takes on debt to afford basic needs)	1
HC - LSG / Education	Household with at least one child not attending formal or informal education	1
Vulnerability	Household is female-headed	2
	Household has at least one individual with a chronic health condition	1
	Household has at least one individual with a physical and/or cognitive difficulty	1

MSNI Step 2

Table 6: Pillar scores and assigned severity levels

	Total score (household level)	Severity (scale of 1 to 4)
Impact on People	0	No or minimal (1)
	1 to 3	Stress (2)
	4	Severe (3)
	5+	Extreme (4)
Capacity gap	0	No or minimal (1)
	2	Stress (2)
	3	Severe (3)
	4	Extreme (4)
HC - LSG / Food security	1	No or minimal (1)
	2	Stress (2)
	3	Severe (3)
	4	Extreme (4)
HC - LSG / SNFI	1	No or minimal (1)
	2	Stress (2)
	3	Severe (3)
	4	Extreme (4)
Health	0	No or minimal (1)
	2	Stress (2)
	3	Severe (3)
	4+	Extreme (4)
Protection	1	No or minimal (1)
	2	Stress (2)
	3	Severe (3)
	4	Extreme (4)
WASH	0	No or minimal (1)
	1 to 3	Stress (2)
	4 to 6	Severe (3)
	7+	Extreme (4)
Livelihoods	0	No or minimal (1)
	1	Stress (2)
	2	Severe (3)
	3+	Extreme (4)
Vulnerability	1	No or minimal (1)
	2	Stress (2)
	3	Severe (3)
	4+	Extreme (4)

MSNI Step 3

Figure 8: MSNI Decision tree
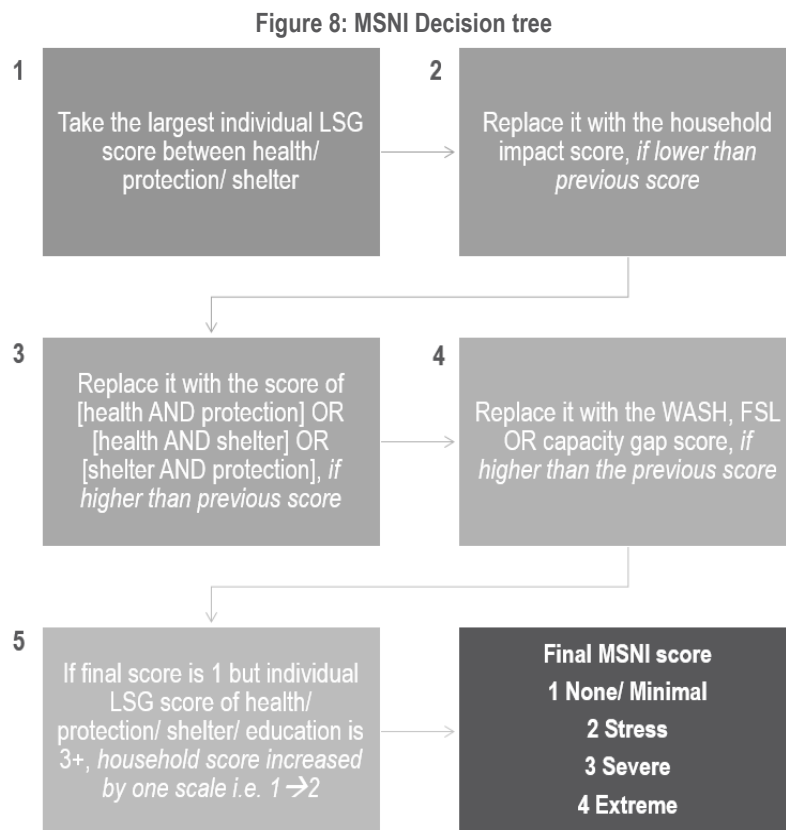
The MSNI decision tree / calculation model defines severity based on the following components:

Living standards:
- Households has living standards gaps in food security / livelihoods or WASH; **OR**
- Households has co-occurring living standards gaps in health and shelter, or shelter and protection; **OR**
- Household has LSG in health / shelter / protection and has been impacted by event / shock; **OR**
- Household has severe or extreme LSG in health / shelter / protection / education; **OR**

Coping Capacity:
- Household has a capacity gap

Annex 3. Summary of partners involved in the MCNA

The following partners were involved with REACH Initiative in the MCNA during different phases of the assessment:

Research Design (Endorsed by ICCG and AWG):

- OCHA
- Clusters and sub-clusters: WASH, Education, General Protection (Gender-based violence, Child Protection, Mine Action, Housing, Land & Property), Health, Camp Coordination Camp Management (CCCM), Shelter and non-Food Items, Food Security, Emergency Livelihoods.
- Cash Working Group
- Durable Solutions Working Group (IOM, Protection Cluster, DTM, CCCM cluster, OCHA, REACH)

Data collection (partners called for through clusters and AWG):

Action Against Hunger (ACF); CARE International; Caritas CZ; Cooperazione Internazionale (COOPI); Human Appeal; INTERSOS; International Organization for Migration (IOM); International Rescue Committee (IRC); Justice Center; MEDAIR; Mercy Corps; Norwegian Refugee Council (NRC); OXFAM; People in Need; REACH-Iraq; Save the Children; Secours Islamique Français (SIF); SSORD; ZOA International.

Data analysis to prepare for the HNO (endorsed by AWG and ICCG):

- Clusters and sub-clusters (same as research design)
- Cash Working Group

Dissemination:

- OCHA (AWG)
- ICCG
- Information Management Working Group
- Humanitarian Coordination Team
- Clusters and sub-clusters (same as research design)
- Cash Working Group

Annex 4. Data collection training agenda

The below outlines the content of the training of enumerators for the MCNA.

Introduction
- Who is REACH?
- Background [of the MCNA]
- Objectives [of the MCNA]
- Institutional framework
- Methodology overview
- Methodology – data processing
- General timeline [of the MCNA]
- Data collection with partners

Methodology Overview
- Scope and coverage
- Population groups
- Mobile apps used & training exercise with Kobo and Maps.me

Methodology: sampling and randomization
- Sampling methodology overview
- Selection households & troubleshooting in the field (handout: REACH MCNA Field Manual)
- Communication tree

REACH focal points for MCNA & contact information

MCNA Survey: Tool & Definitions
- Key definitions: unit of assessment
- Unit of assessment: household, family, individual
- Household versus individual: questionnaire examples
- Enumerator Code
- Informed consent:
    o *Respondents must be 18 year or older*
    o *Respondents to respond on behalf of the entire household (head of household if possible)*
    o *Importance of explaining who enumerators are and the purpose of the assessment*
    o *Notify the respondent that he/she can decline to participate or withdraw at any point*

Group exercise: testing the form and going over the questions
Good Practices & Referral system
- Data collection: working with vulnerable people
- Data collection: enumerator behavior in the field
- Referral system (with distribution of IDP call center business cards)

Annex 5: How to read a sunburst diagram

The sunburst diagram shows hierarchical data. Every level of the hierarchy is represented by one ring or circle with the innermost circle as the top of the hierarchy.

The innermost circle represents the proportion of households categorised with a MSNI severity score of at least 3 (or, in the case of groups/areas of
particular concern, the proportion of households categorised with the highest MSNI severity score).

The ring immediately surrounding the innermost circle shows the proportion of households whose MSNI severity score (of at least 3) was primarily driven by:

        a) Living Standard Gap (LSG) in food security/ livelihoods or WASH; OR
        b) Capacity gap; OR
        c) Co-occurring LSGs in health and shelter, or health and protection, or shelter and protection; OR
        d) LSG in health, or shelter, or protection and have been severely impacted by the event/shock.

The outer ring breaks down the primary divers of the MSNI severity score (above) even further, by showing the breakdown of the proportion of households:

i. Within a) (above) whose needs were driven by an LSG in food security, or WASH, or both;
ii. Within c) whose needs were driven by co-occurring LSGs in either health and shelter, or health and protection, or shelter and protection, or all three sectors
iii. Within d) whose needs were driven by an LSG in health, or shelter, or protection, in addition to an impact of the event/shock on households.

Example (<u>made up</u> figures)
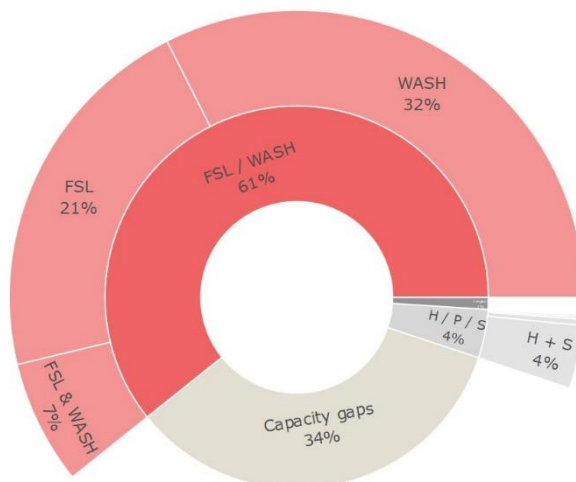
"In Telafar, 55% of out-of-camp IDP households were found to have severe or extreme humanitarian needs (MSNI severity score 3 or 4). For more than a third (34%) of these households, this score was driven by a capacity gap, indicating high reliance on coping strategies to cover needs. This was followed by 32% of households whose needs were primarily driven by a living standards gap (LSG) in WASH and 21% driven by a gap in FSL."