

# Research Terms of Reference

## Multi Cluster Needs Assessment (MCNA) IX

IRQ2108

Iraq

May 2021

**REACH** Informing  
more effective  
humanitarian action

### 1. Executive Summary

Country of intervention	Iraq					
Type of Emergency	<input type="checkbox"/>	Natural disaster	X	Conflict		
Type of Crisis	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	X	Protracted
Mandating Body/ Agency	Assessment Working Group (AWG), Inter-Cluster Coordination Group (ICCG)					
Project Code	10EKD / 10APY & 10EBE / 10ANW					
Overall Research Timeframe	01/04/2021 to 30/11/2021					
Research Timeframe	1. Start collect data: 01/06/2021			5. Preliminary presentation: 15/08/2021		
	2. Data collected: 31/07/2021			6. Outputs sent for validation: Final: <sup>1</sup> <ul style="list-style-type: none"><li>30/10/2021 for factsheets,</li><li>Rolling basis for presentations and dashboard through August/November</li><li>10/11/2021 for final report</li></ul>		
	3. Data analysed: Preliminary (to meet HPC milestones): 05/08/2021 Final (if different from above): 08/10/2021			7. Outputs shared/published: Preliminary (shared with clusters only to meet HPC milestones) <sup>1</sup> : 30/08/2021 Final <sup>2</sup> : Between 30/08/2021 and 30/11/2021		
	4. Data sent for validation: Preliminary (to meet HPC milestones): <sup>2</sup> 09/08/2021 Final (if different from above): 10/10/2021			8. Final presentation sent for validation: 30/11/2021		
Number of assessments	X	Single assessment (one cycle)				
	<input type="checkbox"/>	Multi assessment (more than one cycle)				
Humanitarian milestones	Milestone			Deadline		
	X	HNO Sectoral Analysis Support			10/08/2021	

<sup>1</sup> Final outputs include sectoral presentations, overall findings presentation, dashboard and factsheets with key findings per population group.

<sup>2</sup> Preliminary outputs include the full MCNA dataset, and preliminary findings.

		Sectoral findings through excel tables and presentations for priority indicators used in the HNO; support preparation of inter-sectoral PiN and severity calculations, by district and population group
X	HNO Joint Analysis Workshop(s)	Between 10/08/2021 and 20/08/2021  As above, sectoral findings through excel tables and presentations for priority indicators used in the HNO; support preparation of inter-sectoral PiN and severity calculations, by district and population group
X	Inter-cluster plan/strategy <i>Humanitarian Needs Overview</i>	Late August 2021 – November 2021
<input type="checkbox"/>	Donor plan/strategy	__/__/____
X	Cluster plan/strategy	Throughout HNO process (September-November 2021)
<input type="checkbox"/>	NGO platform plan/strategy	__/__/____
<input type="checkbox"/>	Other (Specify):	__/__/____
<b>Audience Type &amp; Dissemination</b>	<b>Audience type</b>	<b>Dissemination</b>
	X Strategic X Programmatic <input type="checkbox"/> Operational <input type="checkbox"/> [Other, Specify]	X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)  X Cluster Mailing and presentation of findings at next cluster meeting  X Presentation of findings (e.g. at HCT meeting; Cluster meeting)  X Website Dissemination (Relief Web & REACH Resource Centre)  x Iraq Assessment Registry
<b>Detailed dissemination plan included in Annex 1</b>	X Yes	<input type="checkbox"/> No
<b>General Objective</b>	Inform the 2022 Humanitarian Needs Overview (HNO) and support evidence-based decision-making to a) inform the need for a 2022 humanitarian response plan (HRP) and if so, b) to inform the HRP process, as well as planning among key humanitarian actors, through the provision of updated information on multi-sectoral needs and priorities for crisis-affected populations across Iraq.	
<b>Specific Objective(s)</b>	1. Provide a comprehensive evidence base about the prevalence and type of pre-existing vulnerabilities among conflict-affected populations. <sup>3</sup> 2. Provide a comprehensive evidence base about the sectoral and cross-sectoral living standard gaps (i.e. unmet needs) and reported priorities among conflict-affected populations.	

<sup>3</sup> Pre-existing vulnerabilities are here understood as cross-cutting conditions that increase household's exposure to a crisis and/or reduce their coping capacity in response to a crisis.

	<ol style="list-style-type: none"> <li>3. Provide a comprehensive evidence base about the negative coping strategies households employ to cope with unmet needs and/or pre-existing vulnerabilities<sup>4</sup></li> <li>4. Provide a comprehensive evidence base on the variance and severity of humanitarian needs among conflict-affected populations</li> </ol>		
<b>Research Questions</b>	<ol style="list-style-type: none"> <li>1. Pre-existing vulnerabilities               <ol style="list-style-type: none"> <li>a. What proportion of households have pre-existing vulnerabilities?</li> <li>b. How do the levels of pre-existing vulnerabilities differ based on:                   <ol style="list-style-type: none"> <li>i. Assessed districts</li> <li>ii. Population groups (IDPs out of camps, IDPs in camps, returnees)</li> </ol> </li> </ol> </li> <li>2. Humanitarian conditions (living standards and well-being):               <ol style="list-style-type: none"> <li>a. What is the level of living standard gaps for Iraqi households across the following sectors: Food Security, Shelter &amp; NFI, WASH, Education, Health, Livelihoods and Protection (incl. GBV, Child Protection, HLP, Durable Solutions and Mine Action)?</li> <li>b. How do living standard gaps differ by:                   <ol style="list-style-type: none"> <li>i. Assessed districts?</li> <li>ii. Population groups (IDPs out of camps, IDPs in camps, returnees)?</li> <li>iii. Pre-existing vulnerability profile?</li> </ol> </li> <li>c. What are household's reported priority needs?</li> </ol> </li> <li>3. Coping mechanisms               <ol style="list-style-type: none"> <li>a. To what level do IDP and returnee households report using coping mechanisms to cope with needs and gaps in the following sectors: Food Security, Livelihoods, Shelter &amp; NFI, WASH, Education, Health and Protection (incl. GBV, Child Protection, HLP, Durable Solutions and Mine Action)?</li> <li>b. How do those coping mechanisms differ by:                   <ol style="list-style-type: none"> <li>i. Assessed districts?</li> <li>ii. Population groups (IDPs out of camps, IDPs in camps, returnees)?</li> <li>iii. Pre-existing vulnerability profile?</li> </ol> </li> </ol> </li> <li>4. The severity of humanitarian needs:               <ol style="list-style-type: none"> <li>a. What is the overall severity of humanitarian needs?</li> <li>b. What proportion of households fall into each severity category?</li> <li>c. How does the severity of humanitarian needs differ by:                   <ol style="list-style-type: none"> <li>iv. Assessed districts?</li> <li>v. Population groups (IDPs out of camps, IDPs in camps, returnees)?</li> <li>vi. Pre-existing vulnerability profile?</li> </ol> </li> </ol> </li> </ol>		
<b>Geographic Coverage</b>	Nationwide, across 65 districts and 27 camps in which the targeted population groups are present. <sup>5</sup>		
<b>Secondary data sources</b>	<ul style="list-style-type: none"> <li>○ <u>Population tracking information</u>, such as <a href="#">IOM's DTM IDP Returnee Master Lists</a>, <a href="#">CCCM Cluster population figures</a>, and <a href="#">IOM's Integrated Location Assessment Round V</a>;</li> <li>○ <u>Nationwide assessments and response strategies</u>, including the 2021 <a href="#">HNO/HRP</a>, and recent REACH products such as <a href="#">MCNA VIII</a>, <a href="#">Intentions in Formal Camps VI</a>, and <a href="#">Camp Profiles XIV</a>;</li> </ul>		
<b>Population(s)</b>	X	IDPs in camp	<input type="checkbox"/> IDPs [Other, Specify]
	X	IDPs out of camps <sup>6</sup>	<input type="checkbox"/> Refugees in host communities

<sup>4</sup> Negative household coping strategies may refer to unsustainable strategies employed by households in order to meet their basic needs, including taking on debt or relying on humanitarian aid.

<sup>5</sup> All districts with a minimum of 200 IDP and/or returnee households.

<sup>6</sup> IDPs out of camps includes IDPs living in informal sites as well as IDPs living in host communities

	<input type="checkbox"/> Refugees in camp	<input type="checkbox"/> Refugees in informal sites
	<input type="checkbox"/> Refugees [Other, Specify]	
	<input type="checkbox"/> Host communities	X Returnees (i.e. households displaced since January 2014 who return to their sub-district of origin, irrespective of whether they have returned to their former residence or to another shelter type)
<b>Stratification</b>	X Geographical #: 65 districts where out-of-camp IDPs and/or returnees are present. Population size per strata is known? X Yes <input type="checkbox"/> No	X Group #: in camp IDPs (27 camp areas); out of camp IDPs; and returnees. Population size per strata is known? X Yes <input type="checkbox"/> No
	<input type="checkbox"/> [Other Specify] #: __ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Data collection tool(s)</b>	X Structured (Quantitative)	<input type="checkbox"/> Semi-structured (Qualitative)
	<b>Sampling method</b>	<b>Data collection method</b>
<b>Structured data collection tool # 1</b> <i>In camps (in camp IDPs)</i>	<input checked="" type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random <input checked="" type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling (in out of camp locations) <input type="checkbox"/> [Other, Specify]	<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Group discussion (Target #):_____ <input checked="" type="checkbox"/> Face-to-face household interview (Target #): approximately 2,281 in camp (see annex 2 for sample targets). <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Direct observations (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ 
<b>Structured data collection tool # 2<sup>7</sup></b> <i>Out of camps (IDPs &amp; returnees)</i>	<input type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input checked="" type="checkbox"/> Probability / Stratified cluster sampling (where in-person data collection possible) <input type="checkbox"/> [Other, Specify]	<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Group discussion (Target #):_____ <input checked="" type="checkbox"/> Face-to-face household interview (Target #): approximately 9,663 out of camp if all districts can be covered through face-to-face data collection (see annex 2 for sample targets) <sup>8</sup> . <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Direct observations (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ 
<b>Structured data collection tool # 3</b> <i>Remote data collection (in camp IDPs, out of camp IDPs &amp; returnees)</i>	<input type="checkbox"/> Purposive (where in-person data collection impossible) <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input checked="" type="checkbox"/> Other: Non-probability purposive quota and snowball sampling (where in-person data collection is not possible)	<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Group discussion (Target #):_____ <input checked="" type="checkbox"/> Remote phone-based household interview (Target #): approximately 6,000 (TBC) out of camp if none of the districts can be covered through in-person data collection (see annex 2 for sample targets) <sup>9</sup> . <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Direct observations (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ 

<sup>7</sup> The tool used for out-of-camp populations will differ slightly from the one used in camp to align with requirements for the REACH-CCCM Camp Profiling exercise conducted in conjunction with the MCNA. As much as possible, both tools will be aligned to enable comparison between HH living in-camp, vs. those living out-of-camp.

<sup>8</sup> Total target sample size assuming scenario 1 (fully operational) described on page 12.

<sup>9</sup> Total target sample size assuming scenario 3 (fully restrictive) described on page 12

<b>Target level of precision if probability sampling</b>	District-level sampling for out-of-camp populations : 90% level of confidence for out of camp IDPs and returnees		10 +/- % margin of error	
	In camps: 95% level of confidence for in-camp IDPs		5 +/- % margin of error at the camp level	
<b>Analytical Framework used</b>	<input type="checkbox"/>	JIAF (All components)	<input checked="" type="checkbox"/>	JIAF (Alignment with the draft JIAF wherever possible)
	<input type="checkbox"/> [Other, Specify]			
<b>Lessons Learned incorporation from past MSNAs</b>	<input checked="" type="checkbox"/>	Documentation available and consulted	<input type="checkbox"/>	No lessons learned documentation available
	<input type="checkbox"/> No MSNAs conducted in the past			
<b>Data management platform(s)</b>	<input checked="" type="checkbox"/>	IMPACT	<input type="checkbox"/>	UNHCR
	<input checked="" type="checkbox"/> Humanitarian Data Exchange Platform (HDX)			
<b>Expected output type(s)</b>	<input type="checkbox"/>	Situation overview #: _ _	<input checked="" type="checkbox"/>	Report #: 1
	<input checked="" type="checkbox"/>	Presentation (Preliminary findings) #: 30 (min) <sup>10</sup>	<input checked="" type="checkbox"/>	Presentation (Final) #: at least 5 (depending on Cluster/Partner request)
	<input checked="" type="checkbox"/>	Interactive dashboard #: 1	<input type="checkbox"/>	Webmap #: _ _
	<input type="checkbox"/>	Profile #: _ _		
	<input checked="" type="checkbox"/>	Factsheet #: 1 series based on MSNA framework (outlining main findings per sector); 1 series on Durable Solution layer		
<b>Access</b>	<input checked="" type="checkbox"/>	Public (available on REACH resource center and other humanitarian platforms)		
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)		
<b>Visibility</b> Specify which logos should be on outputs	<b>REACH</b>			
	<b>Donor:</b> USAID and ECHO			
	<b>Coordination Framework:</b> Assessment Working Group			
	<b>Partners:</b> Logos of all participating clusters and partners (list TBD)			

## 2. Rationale

### 2.1. Background

In 2021, more than three years after the end of military operations against the Islamic State of Iraq and the Levant (ISIL), Iraq remains a fragile humanitarian context of “protracted, widespread internal displacement, ongoing but limited returns due to security concerns, disrupted access to basic services and destroyed livelihoods in the area of origin, and increased protection risks”.<sup>11</sup> Since the beginning of 2021, approximately 1.2 million people remain internally displaced – with more

<sup>10</sup> One presentation per cluster (Food Security, Emergency Livelihoods, Health, WASH, Shelter/NFI, Education, Protection, CCCM), as well as Returns Working Group, AWG/ICCG. Additional presentations on key findings are foreseen, for partner organizations planning to partake in data collection.

<sup>11</sup> Office for the Coordination of Humanitarian Affairs, [Iraq Humanitarian Fund, 2021 First standard Allocation Strategy](#).

than half of them for more than four years, and 4.1 million people needing some form of humanitarian assistance, including 2.4 million people with acute humanitarian needs.<sup>12</sup>

These trends have been further exacerbated by a dual shock of the collapse of oil prices in 2020 and the COVID-19 pandemic.<sup>13</sup> While the Iraqi government was able to largely contain the spread of the virus in the early stages, government-imposed movement restrictions, together with the temporary closure of shops and non-essential businesses have negatively impacted the ability to meet basic needs and to develop livelihoods, while increasing the number of people with severe needs<sup>14</sup>. The current economic situation in Iraq is also characterized by a currency devaluation, due to oil-price collapse, happening for the first time in decades,<sup>15</sup> which further shrinks the economy of the country. In addition, the closure of 14 internally displaced person (IDP) camps, in October 2020, across Iraq, amplified already-existing population movements, while triggering premature returns and secondary displacement.<sup>16</sup> For humanitarian actors, this has expanded the focus on out-of-camp displacement, along with needs of returnees in underserved locations.<sup>17</sup>

While the national landscape is now characterized by new elements, such as COVID-19, complicating the humanitarian response, “transitioning IDPs towards durable solutions remains at the top of the United Nations’ priorities in Iraq” this year. This is expected to translate in overcoming significant barriers to return, rebuilding the country and enhancing local economy.<sup>18</sup> Challenges are expected for 2021, including the potential ones related to upcoming parliamentary elections, that will take place in October. These will happen in a context of protracted political instabilities, similar to protests between 2019 and start of 2021, resulting in possible delays in implementing recovery activities.

## 2.1. Intended impact

This complex multi-sectoral intervention environment in Iraq requires a comprehensive understanding of humanitarian conditions, and the development thereof. Hence there is a need for regular and reliable inter-sectoral data to be gathered on in-camp IDPs, out of camp IDPs and returnees as conflict-affected population groups in order to support humanitarian actors in Iraq in developing evidence-based strategies that address the gaps for the most affected people. The MCNA seeks to provide this for the ninth year, and in strong collaboration with OCHA and the Assessment Working Group (AWG) since 2017.

Similar to previous rounds of MCNA assessments, this year’s MCNA IX is intended to provide an overall understanding of household vulnerabilities, household’s main needs and the severity of these needs, both within each sector and from a cross-sectoral perspective. Given the increasing importance of durable solutions in Iraq, special attention will also be granted to identify indicators that will serve the broader humanitarian/development nexus for ongoing or planned interventions. The findings of this nationwide assessment will notably directly feed into decisions on the need for a 2022 Humanitarian Planning Cycle (HPC) for Iraq, as well as into the PiN and Severity calculations if another Humanitarian Needs Overview (HNO) is to be developed.

## 3. Methodology

### 3.1. Methodology overview

<sup>12</sup> Office for the Coordination of Humanitarian Affairs, [Humanitarian Needs Overview Iraq 2021](#).

<sup>13</sup> Iraq is one of the Middle East and North African (MENA) countries that has been the most impacted by the COVID-19, in terms of number of reported cases and deaths (WB high frequency). Source: World Food Programme, World Bank Group “[Iraq High Frequency Phone Survey \(IHFPS\) – To monitor impacts of COVID-19](#)”, April 2021.

<sup>14</sup> Office for the Coordination of Humanitarian Affairs, [Iraq Humanitarian Fund, 2021 First standard Allocation Strategy](#); UNHCR Iraq [Country Chapter 2021-2022](#), March 2021.

<sup>15</sup> UNHCR – IMPACT Initiatives, “[The Impact of COVID-19 on daily-wage work and the refugee households that rely on it in the Kurdistan Region of Iraq \(KR-I\)](#)”, Financial Times (online) “[Iraq devalues currency by a fifth as oil-price collapse hits](#)”.

<sup>16</sup> Office for the Coordination of Humanitarian Affairs, [OCHA in Iraq](#).

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.



The MCNA IX seeks to cover all geographical areas and population groups of interest to the humanitarian community in Iraq through in-person data collection by REACH enumerators, building on a two-stage stratified cluster sampling approach that allows findings to be statistically representative with a level of confidence of 90% and a margin of error of 10%.

One year after the outbreak of the COVID-19 pandemic in Iraq, its effects on the operational environment remain significant and unpredictable. Government-imposed movement restrictions across or within governorates as well as curfews are likely to obstruct the work of enumerators throughout 2021. Additionally, several insecure and remote areas in Iraq, including Western Anbar, Salah Al Din or Diyala continue to pose logistical challenges or security issues for enumerators. Within such an environment, data collection and planning will have to remain flexible and adaptable to the changing context. Therefore, whilst the majority of data collection will utilize in-person surveys, a small portion of inaccessible areas will rely on remote phone-based surveys or a combination of both. This will ensure data is collected from each relevant strata.

Partner organizations will be engaged for in-person data collection. By enhancing joint data collection with partners, MCNA fulfills one of the Grand Bargain commitments to improve joint and impartial needs assessments.

More specifically, MCNA IX will aim at:

- a) collecting as much in-person data as possible;
- b) relying on in-person data collection by partners mainly in areas that are inaccessible for REACH;<sup>19</sup>
- c) relying on phone numbers only in districts in which neither REACH nor partner enumerators have access.

Results for those districts where data is collected remotely will be indicative only, with a non-probability purposive snowball sampling approach driven by quota-based sampling (see further sections for a detailed description of the data collection and sampling methodology). Quotas are drawn up in order to ensure the most accurate and robust cross-section of the relevant population groups have been assessed as indicative of the geographic area (i.e. district) (quota 1) and the population sub-group (i.e. in-camp IDPs, out of camp IDPs and returnees) (quota 2). Data collection for the MCNA IX is scheduled to begin on 01 June 2021 and will last until 31 July 2021. Depending on the data collection method that will be employed in each of the districts, the total number surveys collected through this year's MCNA IX will be between 5,500 and 11,544 surveys.<sup>20</sup>

### 3.2 Population of interest

In line with previous MCNAs in Iraq, the MCNA IX will continue to assess severity of needs among different crisis-affected population groups within Iraq. The identification and sampling of population groups will be guided by displacement-related factors that have led to increased vulnerabilities over the past seven years. This stratification by population group is required to ensure that the needs of different vulnerable groups are captured, as average governorate-level population findings may misrepresent specific targeted needs.

The following population groups will be surveyed nationwide (definitions below):

- Internally Displaced Persons<sup>21</sup>:
  - In camp: 27 formal IDP camps and camp areas, as agreed upon with the Camp Coordination and Camp Management (CCCM) Cluster
  - Out of camp: all districts where a minimum of 200 IDP households are present in out of camp settings, including those living in informal settlements. (As per [DTM data](#) from April 2021, a minimum of 200 IDP households are expected to be present in 59 districts in 18 governorates).

<sup>19</sup> Considering the value of joint data collection, exceptions can be made to allow partners to conduct in-person data collection in areas accessible to REACH.

<sup>20</sup> Number of surveys needed in districts in which we have to switch to remote surveys will be lower (thus decreasing overall number of surveys). 5,500 surveys would be the target if all districts are to be assessed remotely, which is not foreseen.

<sup>21</sup> A separate assessment will be conducted within formal IDP camps. The household survey questionnaire has been harmonized to allow for comparison between these groups. Additional data on displacement will be captured to allow for disaggregation by newly or secondarily displaced households during the analysis phase.

- **Returnees:** all districts where a minimum of 200 returnee households are present. (As per [DTM data](#) from April 2021, at least 200 returnee households are expected to be present in 34 districts in 8 governorates.)

The selection of the three population groups assessed through the MCNA IX was done in consultation and agreement with the ICCG and has been endorsed by the Humanitarian Country Team (HCT).

**Relevant definitions:**

- **A household** is a group of people who regularly share meals, income, and expenditures together. Members must acknowledge the authority of one person as head of household and that person must actually live with the rest of the household members. In polygamous households, each wife is treated as a distinct household when the wives live in different houses, cook separately and take decisions independently<sup>22</sup>.
- Households displaced from their sub-district between 2014-2017 but still living in Iraq are considered to be **internally displaced**, as per [IOM DTM definitions](#).
- Households displaced since 2014 (using above definition) who have since returned to their sub-district are considered as **returnees**, as per [IOM DTM definitions](#).

### 3.3 Secondary data review

Throughout the research cycle, the assessment team will monitor secondary data sources to inform the design and content of the questionnaires; inform the categorization of areas and target population groups, and ensure proper contextualization of findings for the final output production.

Key sources of secondary data include, but are not limited to:

- Population tracking information, such as [IOM's DTM IDP Returnee Master Lists](#), [CCCM Cluster population figures](#), and [IOM's Integrated Location Assessment Round V](#);
- Nationwide assessments and response strategies, including the 2021 [HNO/HRP](#), and recent REACH products such as MCNA VIII, [Intentions in Formal Camps VI](#), and [Camp Profiles XIV](#);
- [Recent localized area-based assessments](#) to provide a deeper context in key areas;
- Additional assessments such as the Rapid Needs Assessments and other sector-specific gap analyses will serve as sources of triangulation and contextualization for the findings;
- Timely, sector-specific reports (e.g. latest report on [food security and impact of COVID-19](#), [Protection Monitoring System](#));
- Any other relevant and accurate information shared by partner organizations or clusters during data collection and analysis.

### 3.4 Primary Data Collection

#### 3.4.1. Method

The preferred MCNA IX data collection method is face-to-face household surveys, which will ideally be implemented in all districts. However, the design and implementation of data collection activities for the MCNA IX will be contingent on the current operational context in Iraq with regards to security-related measures and the spread of COVID-19.<sup>23</sup> In particular, considerations around movement restrictions and barriers in conducting home visits and face-to-face interviews will feed into the decision about which sampling and data collection methodology will be employed per district.

<sup>22</sup> For comparability, the same definition is applied as in the [MCNA VIII](#).

<sup>23</sup> Precautions and procedures will be guided by the [Standard Operating Procedures \(SOPs\) for data collection during COVID-19](#), as developed by REACH (April 2020).



REACH has prepared three scenarios based on different operational contexts, determined by movement restrictions and safety concerns. **In-person data collection**, either conducted by REACH or its partner organisations, will be implemented as often as the context allows, following assessments on the situation. Partner organisations are responsible for undertaking their own evaluation to assess the feasibility of in-person data collection.<sup>24</sup> Whenever in-person data collection cannot be conducted, either by REACH or its partners, enumerators will carry on **phone-based interviews**.

The three scenarios below outline the type of sampling methodology and collection method per operational context:<sup>25</sup>

Table 1: Scenario per operating environment - 2021

<b>Scenario Planning</b>	<b>Operational Context</b>	<b>Implications for MCNA Sampling Methodology</b>	<b>Implications for MCNA Data Collection Method</b>
Scenario 1: Fully operational	There are no safety concerns or movement restrictions present in any of the districts included in the sampling frame.	As in previous years, a two-stage stratified cluster sampling approach will be employed in all districts included in the sampling frame. All findings will be statistically representative at the strata-level (population group and district) with a level of confidence of 90% and a margin of error of 10%.	As in previous years, primary data collection will take place through face-to-face interviews in all districts included in the sampling frame (by partners and/or REACH enumerators).
Scenario 2: Partly operational	Safety concerns and/or movement restrictions are only present in certain districts included in the sampling frame. Other districts are fully accessible and there are no safety concerns related to a face-to-face data collection.	For those districts where no safety concerns or movement restrictions are present, a two-stage stratified cluster sampling approach will be employed and findings will be representative for each population group with a level of confidence of 90% and a margin of error of 10%. For those districts where safety concerns and/or movement restrictions are present, a purposive non-randomized quota sampling approach will be employed, and findings will only be indicative.	Primary data collection will take place through face-to-face interviews in those districts where no safety concerns or movement restrictions are present. In all other districts, primary data collection will take place through remote phone-based interviews. Phone numbers will be provided by partner organisations.
Scenario 3: Fully restrictive	Safety concerns and/or movement restrictions are present in all districts included in the sampling frame.	A purposive non-randomized quota sampling approach will be employed in all districts included in the sampling frame. Findings for all districts will only be indicative.	Primary data collection will take place through remote phone-based interviews in all districts included in the sampling frame.

Based on recent assessments of the COVID-19 and access situation in Iraq, it is unlikely that the operating environment will be such that REACH can follow a nationwide data collection plan in-person.<sup>26</sup> Safety and COVID-19 related concerns being regionalized, it is likely that data for most districts will be collected through face-to-face interviews, while data for other districts will be collected through remote phone-based interviews. Within one district, however, one data collection method

<sup>24</sup> REACH can however play an advisory role and share contextual information that will feed into the decision-making process of the partner organisations.

<sup>25</sup> Note, the scenario planning and flexibility in data collection strategy proved successful in 2020 and will be further built on for 2021, while allowing for additional support and contributions from partner organisations.

<sup>26</sup> [Iraq: Coronavirus Disease 2021 \(COVID-19\) - Weekly Situation Report \(Week 15\)](#), World Health Organization, April 2021.

will be used (provided that there are no sudden health or security risks for field teams that force a switch to phone based surveys).

Overall, flexibility when collecting data will be crucial, both from REACH and partner organisations sides, as it may vary following the outcomes of situation monitoring. Flexibility will also be required for quickly adapting data collection plans should partner organisations have last-minute, unforeseen barriers to field data collection. To ensure effective communication and coordination between REACH and partner organisations, follow-up with focal points and enumerators will be organized on a regular basis. The field teams and assessment team will jointly develop three-week data collection plans, thereby reassessing access and risks at least at three formalized moments during the data collection period.<sup>27</sup>

In addition, in the context of the ongoing COVID-19 pandemic, and to align with the humanitarian principle of "do no harm", REACH has developed [Standard Operating Procedures \(SOPs\)](#) to provide field teams with guidance on how to undertake data collection in the field. These SOPs aim to protect target populations and staff while ensuring that key information on the humanitarian situation is collected. The procedures require staff to adhere to strict rules of hygiene, use of Personal Protective Equipment (PPE) – e.g. face masks, hand sanitizers – and social distancing before, during and after data collection.

### 3.4.2 Sampling:

The sampling methodology applied to a given district is dependent on the data collection method that will be employed in that same district (face-to-face interviews or remote phone-based interviews). In the following two sub-sections, the sampling methodologies for both data collection methods are described in more detail.

#### 3.4.2.1 Districts that will be assessed through face-to-face interviews:

In case face-to-face interviews are possible in a given district, the sampling methodology will depend on the assessed population group:

*IDPs residing in camps:* 95% confidence level (CL)/5% Margin of Error (MoE) at camp level, in all camps with 100 households or more, based on household population figures provided by CCCM Cluster operational partners:<sup>28</sup>

- Wherever possible, anonymized camp household rosters provided by camp managers will be used as the basis for a simple random sampling within the camp.
- Wherever camp lists are unavailable, point-based sampling will be applied. A grid of points will be generated across the camp, from which points are randomly selected using GIS. Sampling maps will be provided to the teams, and the nearest household to each point is then interviewed.
  - Camp infrastructure areas will be removed from the sampling area, thereby sampling only from household residential areas. Satellite imagery will be ordered for new camps, and GPS tracks of key infrastructure/programme buildings will be taken by field teams.
  - In the event that the household does not have an adult willing to participate in the survey, the nearest household (in a randomized direction) will be approached for the survey.

*IDPs residing out of camps and returnees*

A two-stage stratified cluster sampling approach (90% level of confidence and a 10% margin of error) will be employed in all accessible districts where each of the population groups are present. Sampling frames:

- **IDPs out of camp:** All districts with a minimum of 200 IDP households, as recorded in the IOM DTM database.<sup>29</sup>
- **Returnees:** All districts with a minimum of 200 Returnee households, as recorded in the IOM DTM database.

#### Two-stage stratified cluster sampling for out-of-camp IDPs and returnees

<sup>27</sup> Next to the three-week data collection plans, daily monitoring and coordination with both REACH and partner field teams may result in adaptations throughout.

<sup>28</sup> A full methodology note for the camp portion of the assessment can be found [here](#).

<sup>29</sup> Given the required sample size of approximately 95 households per target population group per district as well as previous assessments highlighting potential discrepancies in displacement tracking data, a minimum threshold is set to 200 households (sample estimate using 2-stage cluster sampling at a 90% confidence level and 10% margin of error; estimated design effect of 1.4). These exclusion criteria may introduce bias as households living in districts with a lesser density of households in their population group may not be selected.

The GIS team will refine both sampling frames in advance of data collection to ensure that locations fall within geographic boundaries for districts and governorates from the Common Operational Datasets that were agreed by the humanitarian community in Iraq, and to remove any points that clearly fall in uninhabited areas (military bases, airports, etc.).

A cluster sample will be drawn for each population group in each district, with probability proportional to size (based on recorded number in the relevant sampling frames). Each cluster will have a minimum target sample size of six households.

The second stage consists of randomly selecting households at the location level:

- A set of random geo-points will be generated and a map will be provided to enumerators through the maps.me app. The eligible household nearest to each point will be interviewed.
  - Areas where households would not be present will be removed from the map prior to the generation of random geo-points, including airports, military bases, known areas with explosive hazards, etc.
  - In the event that the geo-point location falls on a multi-story building, a random number generator will be used to select the floor and/or apartment number.
  - A large buffer of geo-points will be drawn per location. In the event that the household does not have an adult willing to participate in the survey, the nearest household in the same target population group will be approached for the survey (if in the same city block or apartment building), within a radius of 500 meters. If no other eligible household is present at the same point, the enumerator will continue to the next randomly assigned geo-point.

This face-to-face interview methodology will apply to both partner organisations enumerators and REACH enumerators.

#### **3.4.2.2 Districts that will be assessed through remote phone-based interviews:**

For those districts where data collection through face-to-face interviews is inhibited by safety concerns and/or movement restrictions, a non-probability purposive quota sampling approach will be employed. The minimum quotas that are established through this approach will ensure that the collected data is indicative of the geographic location (district) (quota 1) and population groups (IDPs in-camp, IDPs out of camp and returnees) (quota 2).

Wherever the minimum quota targets (as outlined in annex 2) cannot be fulfilled with the available phone numbers, REACH aims to combine the quota-based sampling with a snowball sampling approach. Through snowball sampling, interviewees refer to other potential participants from the same quotas that can be contacted for the assessment. The MCNA assessment team will keep track of the targets and will decide to complement the quota sampling approach with snowball sampling if the number of responses are showing an underrepresentation of certain districts or population groups. In this case, the assessment team will instruct field managers to further instruct enumerators to specifically ask for a certain type of contact. This will be done by asking respondents to specifically recommend individuals in their network that fall within any of the underrepresented sub-group profiles out of those identified above.

While most respondents for the quota sampling are found through previous REACH assessments, some can also be found through local networks of partner organisations. Respondents that are found through local networks of partner organisations can stem from either beneficiary lists or non-beneficiary lists. In addition, and to diversify the list of respondents, individuals outside of the partner organisations' networks will also have to be reached out to, by applying a snowball sampling methodology.

#### **3.4.3 Tool**

While the indicators/variables will remain consistent across all population groups, the two data collection methods will require nuanced differences in the phrasing of certain questions. The final tool will be adjusted accordingly, and the enumerator will specify the data collection method prior to each interview. The following sectors will be covered in the questionnaire: Education, Water, Sanitation and Health (WASH), Food Security, Livelihoods, Shelter and Non-Food Items (NFIs), Protection, and more specifically, Child Protection, Mine Action, and Gender-Based Violence. Cross-cutting themes and analysis will be conducted on themes such as Gender, Disability, Accountability to Affected Populations (AAP), Durable Solutions; as well as themes related to movement intentions.

### 3.4.4 Data collection monitoring

Prior to the start of data collection, field coordinators and enumerators will be trained on the specificities of the MCNA tool, with an emphasis on what has changed since the MCNA VIII and lessons learned from it. In 2021, a more specific training will be provided to partner organisations' enumerators, who are not familiar with REACH methodology and to ensure data collection is aligned nationwide. A specific component on the principles of Protection Against Sexual Exploitation and Abuse (PSEA) will also be added to the training programme as well as practical session on workplanning and operations. One week prior to the start of data collection, REACH will conduct a pilot. This will allow field coordinators and enumerators to test the tool, estimate the response rate and identify and address possible issues, in close collaboration with the assessment team.

For the period of data collection, a dashboard will be deployed that will allow the assessment team to monitor the progress of the data collection towards the set targets and accordingly adjust the data collection plans and provide instructions to the field teams. The collected data will further be monitored on a daily basis and when needed, debriefs will occur prior to the start of data collection in the mornings, to integrate feedback from previous days. For the remote data collection, field coordinators will distribute the phone numbers among the field teams and keep track of the response rate to ensure that the set targets are achieved. If a phone line is busy, the enumerators will call the same number again twice before they mark it as "non-responsive". To that end, a back-up list of phone numbers will be prepared. For those districts and population groups where either too few phone numbers are available or where the set targets might not be achieved, snowball sampling will be triggered and the enumerators will ask the respondents if they are willing to provide the contact details of other IDP or returnee households living in the same district.

## 2.5. Data Processing & Analysis

**Data entry & cleaning:** A data cleaning SOP will be generated prior to the start of data collection, built off of the [Minimum Standard Data Cleaning Checklist](#) developed by IMPACT HQ, to guide data checking, cleaning, and consolidation processes, as well as indicator-specific parameters. Data cleaning will be carried out by the database officer on a daily basis. A pre-coded R script will be verified through manual data checks and data cleaning, particularly during the initial days of data collection. Specific attention will be granted to data collected by partner organizations, as their enumerators will be new to this exercise. It therefore may require additional cleaning work, although training will be provided before the start of data collection.

Any overarching adjustments to data collection procedures will be communicated through daily morning briefings with each operational base. Specific data that are deemed inconsistent will be highlighted and shared with the relevant Field Coordinator for clarification/rectification. These inquiries will be logged in a shared Google Spreadsheet in which focal points for each base will provide responses. All changes will then be made and logged by the technical AO/GIS officer. All issues raised during data collection will be addressed during the concurrent data cleaning phase and recorded in a log that enables retracing of cleaning steps.

**Data analysis:** Prior to data analysis, a framework will be developed and agreed upon with all sectoral partners, including approaches to ranking and prioritizing severity of need. Once the full dataset is cleaned, analysis will be carried out using R. Once the data analysis has been carried out, the dataset will be made available to external partners to enable use of data for further analysis. A full data analysis framework outlining the level of analysis feasible with each indicator will be included as an annex to this TOR.

- Analysis will be conducted at the national level for all population groups. District-level and camp-level analysis will additionally be conducted. R will be used for all analysis.
- In order to run national level analysis, the dataset will be weighted. Findings from populations sampled using a cluster sample will be adjusted accordingly (scaling the confidence interval by the design effect).
- Additional cross-sectoral analysis will be jointly conducted with partners and will culminate in a workshop including all stakeholders (potentially incorporated within the HNO workshop). This may include additional analysis based on the gender of the head of the household, or households with at least one member reported a disability (in line with the [Washington Group Questions](#)), for which a significance test will be conducted (e.g. chi square).

**Statistical Disclosure Control:** Statistical disclosure control (SDC) is a technique used to assess and lower the risk of a person or group being re-identified in the analysis of microdata. Applying SDC to microdata enables organizations to share the data more widely without exposing affected people to harm. SDC can be used to lower the risk of re-identification to an agreed threshold (see section 4. Data Responsibility for more on this threshold). The overall informational value or utility of a dataset will always be impacted when SDC is applied; striking an appropriate balance between re-identification risk and information loss key to ensuring safe, ethical and effective use of the data. Apply SDC on the MCNA microdata after removing direct identifiers to determine the risk of re-identification of respondents, and subsequently lower that risk to an acceptable level before sharing the data in-line with the Data and Information Sensitivity Classification for MCNA IX (see section 4.1).<sup>30</sup> For more information on SDC, review this Guidance Note.

## 4. Key ethical considerations and related risks

Throughout all stages of the MCNA IX research cycle, the assessment team will take all necessary measures stipulated in the global [IMPACT Data Protection Policy](#) in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or households. In addition to personal data protection, the assessment team will uphold data responsibility: the safe, ethical and effective management of data as outlined in the IASC Operational Guidance on Data Responsibility in Humanitarian Action. This includes taking measures to prevent the exposure of sensitive non-personal data, ensuring data protection and security in line with the principles for data responsibility in humanitarian action. This includes taking measures to prevent the exposure of sensitive non-personal data, ensuring data protection and security in line with the principles for data responsibility in humanitarian action.<sup>31</sup>

Similar to previous years, REACH will work with the OCHA Centre for Humanitarian Data to ensure that the publicly available MCNA IX data set does not exceed the risk of disclosure (3% threshold), indicating that no individual respondents have a high risk of re-identification through the data set.<sup>32</sup> If this cannot be achieved, a redacted version of the data set will be uploaded on HDX Connect, and the full data set will only be made available on request, if appropriate. Partners (including Clusters) who have received the complete MCNA IX data set, must take appropriate organizational safeguards and procedures to treat the data confidential. The below Data and Information Sensitivity Classification guides the treatment of MCNA IX related data, both internally by REACH and externally by partners.

### Data and Information Sensitivity Classification for MCNA IX:<sup>33</sup>

Sensitivity Level	Data & Information Type	Classification
<b>Low sensitivity</b> Information or data that, if disclosed or accessed without proper authorization, are unlikely to cause any harm or negative impacts to affected people and/or humanitarian actors.	MCNA IX presentation  MCNA IX dataset with SDC applied (below 3% threshold)	<b>Not restricted</b> Data is shared on public platforms (REACH resource centre) and HDx platform under the condition that SDC has been applied and there is a 3% risk
<b>Moderate Sensitivity</b> Information or data that, if disclosed or accessed without proper authorization, are likely to cause minor harm or negative impacts and/or be disadvantageous for	Cluster specific presentations (e.g. presentation with local Protection focus)  MCNA IX preliminary findings, aggregated to district or camp level	<b>Restricted</b> Data can be shared within a wider community of organizations and data collection partners after bilateral request to REACH and/or signed MoU.

<sup>30</sup> For more information on SDC, review this [Guidance Note on Statistical Disclosure Control](#).

<sup>31</sup> See pg. 13-16 of the [IASC Operational Guidance on Data Responsibility in Humanitarian Action](#).

<sup>32</sup> Please refer to the [Centre for Humanitarian Data](#) for more information and guidance on responsible data sharing.

<sup>33</sup> Based on [Information Sharing Protocol Template](#), as developed by the Centre for Humanitarian Data



affected people and/or humanitarian actors.		Data is shared with AWG, IMWG and ICCG for analysis purposes.  Dataset can be shared with partner organisations with specific guidance on analysis and in coordination with clusters.
<b>High Sensitivity</b> Information or data that, if disclosed or accessed without proper authorization, are likely to cause serious harm or negative impacts to affected people and/or humanitarian actors and/or damage to a response.	MCNA IX complete data set, including individual level data set, personal information redacted  Phone number lists (including phone numbers and location information)	<b>Confidential</b> Data or information can be disclosed within specific organizations or small community of organizations directly involved in delivering humanitarian assistance, based on a clearly specified purpose and related standards for data protection. Bilateral disclosure based on formal HDX Connect request. Complete data set shared with AWG, IMWG and ICCG
<b>Severe Sensitivity</b> Information or data that, if disclosed or accessed without proper authorization, are likely to cause severe harm or negative impacts and/or damage to affected people and/or humanitarian actors and/or impede the conduct of the work of a response.	Raw MCNA IX data set, including GPS points, names and contact details (PII deleted after completing data collection)  Referral contacts shared with Protection focal point directly	<b>Strictly Confidential</b> Highly limited, bilateral disclosure only internally within REACH. Determined and approved on a case-by-case basis, with assurance of upholding the highest standards of data protections.  Data is shared with pre-agreed focal protection focal point, possibly with formal data sharing agreement.

The phone numbers that are shared with the field teams to conduct the phone-based interviews should be classified as “Strictly Confidential” and treated in line with the classification table above. The number of devices and servers holding the contact details that are used for the remote data collection part of the MCNA IX data collection will be minimized and access rights will only be granted to a limited number of individuals. Upon their usage or upon completion of the assessment, all phone numbers collected and stored for the MCNA IX will be deleted. All partner organisations that have shared phone numbers with REACH in order to maximise the coverage of the remote MCNA IX data collection will be provided with a Phone Number Sharing Commitment prior to the start of data collection as well as a Data Deletion Confirmation upon completion of the assessment.

REACH will appropriately manage any data incidents (such as the unwarranted exposure of sensitive data through a breach or through accidental disclosure) that may occur throughout the MCNA. REACH will endeavor to share any data incidents with OCHA in its capacity as co-chair of the AWG, as appropriate.



The proposed research design meets the following criteria:

<b>The proposed research design...</b>	<b>Yes/ No</b>	<b>Details if no (including mitigation)</b>
... Has been coordinated with relevant stakeholders to <b>avoid unnecessary duplication</b> of data collection efforts?	Yes	
... <b>Respects respondents, their rights and dignity</b> (specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided)?	Yes	
... Does not <b>expose data collectors to any risks as a direct result</b> of participation in data collection?	Yes	
... Does not <b>expose respondents / their communities to any risks as a direct result</b> of participation in data collection?	Yes	
... Does not involve <b>collecting information on specific topics which may be stressful and/ or re-traumatizing</b> for research participants (both respondents and data collectors)?	No	The MCNA IX tool does include sensitive questions on for example safety, displacement and personal health which may be traumatizing. However, the answer category "decline to answer" allows respondents to avoid answering, and enumerators are sensitized to potentially challenging questions.
... Does not involve <b>data collection with minors</b> i.e. anyone less than 18 years old?	Yes	
... Does not involve <b>data collection with other vulnerable groups</b> e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	As the selection of households to be interviewed is random, vulnerable groups may be included in the survey. However, they are not targeted because of these vulnerabilities.
... Follows IMPACT SOPs for management of <b>personally identifiable information</b> ?	Yes	

MCNA IX enumerators will share Iraq Information Centre (IIC) information and contact cards, as the central (free of charge) information hotline for affected communities to request information or support, as well as to raise complaints. Through this, MCNA IX seeks to contribute to the two-way communication and accountability to affected populations. Depending on respondent's survey answers, for example on missing civil documentation, reference to the IIC hotline as support provider is additionally made by enumerators.

## 5. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
<b>Research design</b>	Focal Point (FP), Assessment Officer (AO)	Research Manager (RM)	AWG, IMPACT Research Design and Data Unit	Country Coordinator (CC)
<b>Supervising data collection</b>	Field Coordinators; Operations Manager; FP, AO, JAO	FP	RM, IMPACT Research and Data Unit	AWG, CC
<b>Data processing (checking, cleaning)</b>	Data Base Officer (DBO)	HQ Technical Focal Point (TFP)	AO, IMPACT HQ Data Unit	RM, CC
<b>Data analysis</b>	TFP, DBO	FP, AO, TFP	RM, IMPACT Research and Data Unit AWG (joint analysis) ICCG	CC
<b>Output production</b>	FP, AO, JAO	RM	CC, IMPACT Research and Data Unit, IMPACT Reporting Unit	AWG, ICCG
<b>Dissemination</b>	FP, AO, RM	CC	IMPACT Reporting Unit, AWG, ICCG, HCT	
<b>Monitoring &amp; Evaluation</b>	FP	FP	RM	CC, Impact Research Design and Data Unit
<b>Lessons learned</b>	FP, AO	FP	RM, CC	Impact Research and Design Unit

**Responsible:** the person(s) who executes the task

**Accountable:** the person who validates the completion of the task and is accountable of the final output or milestone

**Consulted:** the person(s) who must be consulted when the task is implemented

**Informed:** the person(s) who need to be informed when the task is completed

## 5. Data Analysis Plan

Indicator Group / Sector	Indicator / Variable	Question	Questionnaire Responses
Metadata	NA	Unique ID of enumerator	Enter unique ID
Metadata	NA	Current Governorate	List of governorates
Metadata	NA	What is the ID number of your Location?	List of locations
Metadata	NA	Are you the head of household?	Yes No
Metadata	NA	If no, are you willing and able to respond to the questions on behalf of the household?	Yes No
Metadata	NA	What is your age?	Integer
Metadata	NA	Respondent's sex	Male Female
HH Profile	Displacement status	Was your household living in this location prior to January 2014?	Yes No
	Displacement status - Returnee	Have you been displaced from this location since January 2014?	Yes No
	Displacement status - IDP	Did you move to this location because of the conflict?	Yes No
	Displacement status - Host	Have you been displaced from this location since January 2014?	Yes No
HH Profile	Displacement status - IDP secondary displacement	Is this location your first place of displacement?	Yes No
HH Profile	Duration of displacement - IDP & Returnee	When did you return to this location after your most recent incidence of displacement?	Date
		For how many months were you displaced?	Integer
		When were you initially displaced from your location?	Date
		When did you arrive to this current location?	Date
HH Profile	% HH from [governorate of origin]	What governorate in Iraq were you living in before your displacement (forced to leave your home)?	Select one governorate
HH Profile	% HH from [district of origin]	What district in Iraq were you living in before your displacement?	Select one district
HH Profile , CCCM	% HH that attempted return to their AoO in the past 12 months	Has your household tried return to your AoO but then decided to displace again in the past 12 months?	Yes No Decline to answer

HH Profile , CCCM	% of IDP HHs that intend to remain in their current location for the next three months	What are your household's current movement intentions for the next three months?	[Displacement status : IDP] <b>Remain in the location;</b> Return to area of origin; Move to another location (inside Iraq); Move to another (outside Iraq); Do not know - waiting to make a decision
HH Profile, CCCM	% of IDP HHs that intend to remain in their current location for the next twelve months	What are your household's current movement intentions for the next 12 months?	[Displacement status : IDP] <b>Remain in the location;</b> Return to area of origin; Move to another location (inside Iraq); Move to another (outside Iraq); Do not know - waiting to make a decision
HH Profile, CCCM, Intentions	% of returnee HHs that intend to remain in their current location for the next three months	What are your household's current movement intentions for the next three months?	[Displacement status : returnee] <b>Remain in the location;</b> Move to another location (inside Iraq); Move to another (outside Iraq); Do not know - waiting to make a decision
HH Profile, CCCM, Intentions	% of returnee HHs that intend to remain in their current location for the next twelve months	What are your household's current movement intentions for the next 12 months?	[Displacement status: returnee] <b>Remain in the location;</b> Move to another location (inside Iraq); Move to another (outside Iraq); Do not know - waiting to make a decision
HH Profile, CCCM, Intentions	% of IDP HHs that intend to integrate into the local community of their current district in the long-term	Does your household intend to integrate into the local community of your current district in the long term?	<b>Yes</b> No Don't know Decline to answer
HH Profile, CCCM, Intentions	% of IDP HHs that currently intend to return to their AoO due to [insert response option]	What are the main reasons why you currently intend to return to your area of origin? (Select max 3)	<b>Security situation in area of origin is stable</b> <b>Area of origin was cleared of explosive ordnance</b> <b>Other family/community members have returned</b> <b>Livelihood options are available in area of origin</b> <b>Basic services (e.g. water, electricity, health, education) available in area of origin</b> <b>Emotional desire to return</b> <b>Necessary to secure personal housing, land and property</b> <b>Necessary to secure civil documentation</b> <b>Limited livelihood opportunities in area of displacement</b> <b>Limited access to basic services in area of displacement</b> <b>Do not feel safe in area of displacement</b> <b>Do not feel integrated in area of displacement</b>

			<p>Facing eviction in area of displacement</p> <p>Forced to return by security actors or civilian authorities</p> <p>Lack of safety and security for women and girls in area of displacement</p> <p>Family member released from detention</p> <p>Other, please specify</p>
HH Profile, CCCM, Intentions	% of IDP HHs that currently don't intend to return to their AoO due to [insert response option]	If not intending to return within the next year, why not? (select max. 3)	<p>Fear/trauma associated with returning to place of origin</p> <p>Lack of security forces</p> <p>Presence of explosive hazards (mines, bombs, IEDs)</p> <p>Fear of discrimination or rejection from the community in AoO</p> <p>Ongoing community tensions (ethno-religious)</p> <p>Movement restrictions by militias</p> <p>Lack of safety and security for women and girls</p> <p>In need of civil documentation (including personal IDs, marriage or divorce certificates, death certificates, inheritance documents)</p> <p>In need of Security Clearance</p> <p>No transportation available to return home</p> <p>No financial means to return and restart</p> <p>Lack of livelihood/income generating activities in AoO</p> <p>House/land I own in AoO is currently occupied</p> <p>House I own in AoO has been damaged/destroyed</p> <p>Family assets in AoO have been damaged/destroyed</p> <p>Non-restoration of courts and/or civil registries in AoO</p> <p>Local markets are not functioning</p> <p>Basic services in the AoO are not enough/available (e.g. electricity, water, health)</p> <p>Lack of education opportunities for children in AoO</p> <p>Immediate family and network will not return</p>

			<p>Health condition does not allow me to leave the AoD</p> <p>Children enrolled at school in the AoD</p> <p>Living conditions are better in the AoD</p> <p>Other, please specify</p> <p>Do not know</p> <p>Decline to answer</p>
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HH Profile, CCCM, Intentions	% of IDP HHs not intending to return due to HLP issues (damage/destruction, secondary occupation or unresolved HLP ownership issues)	If not intending to return within the next year, why not? (select max. 3)	<p>Fear/trauma associated with returning to place of origin</p> <p>Lack of security forces</p> <p>Presence of explosive hazards (mines, bombs, IEDs)</p> <p>Fear of discrimination or rejection from the community in AoO</p> <p>Ongoing community tensions (ethno-religious)</p> <p>Movement restrictions by militias</p> <p>Lack of safety and security for women and girls</p> <p>In need of civil documentation (including personal IDs, marriage or divorce certificates, death certificates, inheritance documents)</p> <p>In need of Security Clearance</p> <p>No transportation available to return home</p> <p>No financial means to return and restart</p> <p>Lack of livelihood/income generating activities in AoO</p> <p>House/land I own in AoO is currently occupied</p> <p>House I own in AoO has been damaged/destroyed</p> <p>Family assets in AoO have been damaged/destroyed</p> <p>Non-restoration of courts and/or civil registries in AoO</p> <p>Local markets are not functioning</p> <p>Basic services in the AoO are not enough/available (e.g. electricity, water, health)</p> <p>Lack of education opportunities for children in AoO</p> <p>Immediate family and network will not return</p> <p>Health condition does not allow me to leave the AoD</p> <p>Children enrolled at school in the AoD</p> <p>Living conditions are better in the AoD</p> <p>Other, please specify</p> <p>Do not know</p> <p>Decline to answer</p>
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HH Profile, CCCM, Intentions	% of IDP HHs not intending to return to their AoO due to explosive ordnance contamination	If not intending to return within the next year, why not? (select max. 3)	<p>Fear/trauma associated with returning to place of origin</p> <p>Lack of security forces</p> <p>Presence of explosive hazards (mines, bombs, IEDs)</p> <p>Fear of discrimination or rejection from the community in AoO</p> <p>Ongoing community tensions (ethno-religious)</p> <p>Movement restrictions by militias</p> <p>Lack of safety and security for women and girls</p> <p>In need of civil documentation (including personal IDs, marriage or divorce certificates, death certificates, inheritance documents)</p> <p>In need of Security Clearance</p> <p>No transportation available to return home</p> <p>No financial means to return and restart</p> <p>Lack of livelihood/income generating activities in AoO</p> <p>House/land I own in AoO is currently occupied</p> <p>House I own in AoO has been damaged/destroyed</p> <p>Family assets in AoO have been damaged/destroyed</p> <p>Non-restoration of courts and/or civil registries in AoO</p> <p>Local markets are not functioning</p> <p>Basic services in the AoO are not enough/available (e.g. electricity, water, health)</p> <p>Lack of education opportunities for children in AoO</p> <p>Immediate family and network will not return</p> <p>Health condition does not allow me to leave the AoD</p> <p>Children enrolled at school in the AoD</p> <p>Living conditions are better in the AoD</p> <p>Other, please specify</p> <p>Do not know</p> <p>Decline to answer</p>
Intentions, Protection - HLP	% HH lacking secure tenure	Is the property you are currently living in, or own elsewhere, under any kind of dispute?	<p>Yes</p> <p>No</p> <p>Do not know</p> <p>Decline to answer</p>
Protection, Access and safety	% HHs experiencing daytime movement restrictions	In the past 30 days, has anyone in your HH experienced any of the following restrictions in their ability to move freely in your area in day light?	n/a

		Needing to obtain security clearance / coupons	Yes No Don't know Decline to answer
		If yes, was this restriction related to government imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer
		Needing to show ID documents to civilian authorities or security actors	Yes No Don't know Decline to answer
		If yes, was this restriction related to government imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer
		Time restrictions on when to leave and return	Yes No Don't know Decline to answer
		If yes, was this restriction related to government imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer
		Needing to provide a specific reason for movement (employment, medical, school)	Yes No Don't know Decline to answer
		If yes, was this restriction related to government imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19 No Don't know Decline to answer
		Physical road blocks	Yes No Don't know Decline to answer

		If yes, was this restriction related to government imposed movement restrictions aimed to curb the spread of COVID-19?	Yes, this restriction was exclusively related to the spread of COVID-19 <b>Yes, but we also experienced similar restrictions that were unrelated to the spread of COVID-19</b> No Don't know Decline to answer
		Other	<b>Yes</b> No Don't know Decline to answer
Protection - GBV	% women and girls who avoid areas because they feel unsafe there	Are there any specific locations in your location where women and girls feel unsafe?	Not applicable/no areas reported as unsafe Yes, at latrines and bathing facilities Yes, at markets Yes, at distribution areas Yes, at water points Yes, at social / community areas Yes, on their way to work Yes, at on their way to school Yes, on their way to women community centers / health centers Yes, at police stations/check points/with security forces Don't know
HH Profile	Average household size	How many members are there in your household?	Integer
HH Profile	Average family size	How many members are there in your family?	Integer
Protection - GBV	% of [male/female] family members	What is the sex of [this person]?	Female Male
HH Profile	% of [children/adult/elderly] family members	What is the age of [this person]?	Integer
Family Profile	% of single-headed households (separated, divorced, widowed)	What is [this person]'s relation to the head of household?	HoH Spouse, Child, Sibling, Parent, Child in law, Grand child, Parent in law, Nephew/niece, Other relative, Guest, Friend
		What is [person]'s marital status, including customary marriage?	<b>Single</b> Married <b>Separated</b> <b>Widowed</b> <b>Divorced</b>

Family Profile	% of female-headed households	What is [this person]'s relation to the head of household?	HoH Spouse, Child, Sibling, Parent, Child in law, Grand child, Parent in law, Nephew/niece, Other relative, Guest, Friend
		What is the sex of [this person]?	Female Male
Family Profile, Protection CP & Protection GBV	% of households with presence of child marriage	What is the age of [this person]?	Integer (< 18)
		What is [person]'s marital status, including customary marriage?	Single Married Separated Widowed Divorced
Protection	% HH missing at least one key household or individual document	Does your household have a valid PDS card?	Yes, we have it, it is valid, and it is stored in a secure place No, we don't have it, it is missing, confiscated, expired or invalid Do not know / Decline to answer
		Does every person above 18 in your household have the following documents? This means you have it, it is valid, and it is stored in a secure place.	n/a
		National ID card or unified ID card	Yes (every adult in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one adult in my household); Do not know / Decline to answer
		Nationality certificate or unified ID card	Yes (every adult in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one adult in my household); Do not know / Decline to answer
		Does every person under 18 in your household have the following documents? This means you have it, it is valid, and it is stored in a secure place.	n/a

		National ID card or unified ID card	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
		Nationality certificate or unified ID card	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
		Birth certificate	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
Protection - CP	% of HH with at least one child missing a key individual document	Does every person under 18 in your household have the following documents?	n/a
		National ID card or unified ID card	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
		Nationality certificate or unified ID card	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
		Birth certificate	Yes (every child in my household has the document, and they are all valid and in a secure place/in our possession); No, (the document is missing, confiscated, expired or invalid for at least one child in my household); Do not know / Decline to answer
Protection - CP	% of children under 18 currently not residing in the HH	Do you have any other child, son or daughter under 18 years not living in the HH?	Yes No Don't know Don't want to say



		If yes, how many?	Integer
Protection - CP	% of HHs with children under 18 currently not residing in the HH, by protection incident	We would like to understand why those children are not living under your roof. I read you a list of possibilities, let me know how many children currently under 18 years fall in each category	1. Married and left the house 2. Left the house to seek employment 3. Left the house to study 4. Left the house to engage with the army or armed groups 5. Kidnapped/abducted 6. Missing (left and no news) 7. Arbitrarily detained
Family Profile, Health	% HH with at least one individual with a chronic health condition	Does [this person] suffer from any of the following health conditions?	Conflict-related injury (gunshot, mines, shrapnel, etc.) Communicable disease (vaccine-preventable, water-borne, vector-borne, food-borne) <b>Chronic health condition (heart disease, hypertension, blood disease, cancer, lung disease, diabetes, renal diseases)</b> Other health issue (specify) None
Protection, Health	% HH with at least one individual with a disability (% HH with at least one individual that has "lots of difficulty" or "cannot do at all" one of the following activities: seeing, hearing, walking/climbing steps, remembering/concentrating, self-care, communicating)	Is there anyone in your house who has difficulty with the following?	Seeing, even if wearing glasses Hearing, even if using a hearing aid Walking or climbing steps Remembering or concentrating Self-care, such as washing all over or dressing Communicating, such as understanding or being understood using usual language
		[Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you say...	No difficulty Some difficulty <b>A lot of difficulty</b> <b>Cannot do at all</b> Refused Don't know
		[Do/Does] [you/he/she] have difficulty hearing even if using a hearing aid? Would you say...	No difficulty Some difficulty <b>A lot of difficulty</b> <b>Cannot do at all</b> Refused Don't know
		[Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say...	No difficulty Some difficulty <b>A lot of difficulty</b> <b>Cannot do at all</b> Refused Don't know
		[Do/Does] [you/he/she] have difficulty remembering or concentrating? Would you say...	No difficulty Some difficulty <b>A lot of difficulty</b> <b>Cannot do at all</b> Refused Don't know

		[Do/Does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say...	No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know
		Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say...	No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know
Protection MA	% of HHs where at least one member has received any information, education or training about the risk of explosive ordnance	Have you or any member of your household received any information, education or training about the risk of explosive ordnance?	Yes No Don't know
Protection	% HH with members unable to access one or more services due to disability	Does any member of your household face any difficulties in accessing any basic services (e.g education, health clinics, markets, etc.) due to their difficulty?	Yes No Do not know Decline to answer
Education, Protection - CP	% of households with at least one school-aged child not attending school regularly (at least 4 days a week) in the 2020-2021 school year while schools were open	While schools were open in the current school year (2020-2021), was [this person] (6-17) attending regularly (at least 4 days a week)?	Yes No Do not know Decline to answer
		While non-formal learning environments were open in the current school year, was [this person] (6-17) attending a non-formal learning environment at least 4 days per week?	Yes No Do not know Decline to answer
Education, Protection - CP	% of school-aged children attending formal education regularly (at least 4 days a week) in the 2020-2021 school year while schools were open	While schools were open in the current school year (2020-2021), was [this person] (6-17) attending regularly (at least 4 days a week)?	Yes No Do not know Decline to answer
Education, Protection - CP	% of school-aged children attending non-formal education regularly (at least 4 days a week) in the 2020-2021 school year while non-formal school	While non-formal learning environments were open in the current school year, was [this person] (6-17) attending a non-formal learning environment at least 4 days per week?	Yes No Do not know Decline to answer

	environments were open		
Family profile - Protection CP	% HH with at least one person under (<18) working	What is the age of [this person]?	Integer [<18]
		Is [this person] currently working or contributing to household income?	Yes No
Family profile - Emerg. livelihoods	% HH with at least one adult (18+) unemployed and seeking work	What is the age of [this person]?	Integer [<17]
		Is [this person] currently working or contributing to household income?	Yes No
		Is [this person] actively seeking work?	Yes No No, because no employment opportunities available [only if explicitly mentioned by respondent!] Do not know
Education, Protection - CP	Main barriers to school for school-aged children	For those children not attending school, what were the reasons?	<input type="checkbox"/> School stopped functioning and is now closed (e.g. occupied by armed forces, partially/totally damaged, occupied by displaced persons, lack of students) <input type="checkbox"/> Going or attending school is not safe (e.g. unsafe to travel or go to school, fear of recruitment or abduction in/on way to school, fear of bombing, fear of violence against children at school (corporal punishment, harassment by teachers and other students, bullying) <input type="checkbox"/> We can't afford to pay for the school related expenses (e.g. high cost of school supplies, tuition, textbook, food, uniforms, transport) <input type="checkbox"/> We are not able to register or enrol our children in the school (e.g. lack of documentation to enrol child, recently or continuous movement to different locations, unable to enrol school due to discrimination, poor performance/dismissed) <input type="checkbox"/> Health condition of child (e.g. disability, disease or traumatization) <input type="checkbox"/> Physical limitations to access school (e.g. no transport, no fuel available, distance too far) <input type="checkbox"/> School and classes are overcrowded and/or lack of staff to run the school (e.g. lack of skilled/trained teachers, lack of gender appropriate teachers/staff) <input type="checkbox"/> The school infrastructure is poor

			<p>(e.g. the schools building is in poor condition, lack of furniture, no electricity, water leaks, poor latrines, poor amenities, WASH facilities are in poor conditions (e.g. latrines maintenance, smell, lightning, gender segregation, poor menstrual hygiene management), facilities are not in line with COVID-19 safety measures</p> <p><input type="checkbox"/> The curriculum and teaching are not adapted for our children (e.g. curriculum or language is not appropriate)</p> <p><input type="checkbox"/> Our children are busy working or supporting the household (e.g. children need to stay at home and assist the family with household chores or contribute to HH income, early marriage)</p> <p><input type="checkbox"/> Parental refusal to send children to school (e.g. customs/tradition, don't believe schooling is necessary/do not consider education important, missed too much school to make up, children shouldn't get western education)</p> <p><input type="checkbox"/> Lack of interest of children in education.</p> <p><input type="checkbox"/> Unable to access distance learning: household does not have the required resources (e.g. internet connection, laptop)</p> <p><input type="checkbox"/> Unable to access distance learning: school is not offering alternative education while school buildings are closed</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other</p>
Livelihoods	Main barriers to employment	What obstacles, if any, are people in this household facing in finding work?	<p>Increased competition for jobs, not enough jobs</p> <p>Available jobs are too far away</p> <p>Only low-skilled, socially degrading or low-paying jobs</p> <p>Underqualified for available jobs</p> <p>Lack of family/personal connections</p> <p>Lack of livelihood/employment opportunities for women</p> <p>Fear of harassment/GBV in the workplace</p> <p>None</p> <p>Other</p>
Food Security	% HH with "moderately insecure" or "severely insecure" food	Over the last 7 days, how many days did your household consume the following food?	n/a
		Cereals, grains, roots and tubers: rice, pasta, bread, potato,	Integer [<8]

	security status, using CARI Analysis (composite using FCS, food expenditure share, and CS categories)	Legumes / nuts : beans, peanuts, lentils, nut, soy, and / or other nuts	Integer [<8]
		Milk and other dairy products: fresh milk / sour, yogurt, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee)	Integer [<8]
		Meat, fish and eggs: goat, beef, fish, including canned , chicken tuna, and / or other seafood, eggs consumed in large (meat and fish quantities and not as a (condiment	Integer [<8]
		Vegetables and leaves: spinach, tomatoes, carrots, ,onion peppers, green beans, lettuce, cabbages, egg plants, etc	Integer [<8]
		Fruits: banana, apple, lemon, watermelon, apricot, ,mango peach, pineapple, passion, gishta, fruits etc orange, avocado, wild	Integer [<8]
		Oil / fat / butter: vegetable oil, palm oil, margarine, other fats / oil	Integer [<8]
		Sugar, or sweet: sugar, honey, candy, cookies, ,jam, cakes pastries, cakes and other sweet (sugary drinks)	Integer [<8]
		Condiments / Spices: tea, coffee / salt, garlic, spices, yeast / ,cocoa baking powder, lanwin, tomato / fish as a sauce, meat or condiment, condiments including .small amount of milk / tea coffee	Integer [<8]
		What was the main source of food in the past 7 days? (do not read out list)	Purchased with food vouchers / PDS Purchased with own cash Purchased with cash assistance Receive in-kind for labor or other items Food assistance from government Purchased on credit (debt) Gift of food from family or friends Own production (including hunting, fishing, gathering) Food assistance form UN or international organizations Begging Food assistance from local charity or community Other
Food Security	% of HH by Household Hunger Category	In the past 30 days, was there ever no food to eat of any kind in your house because of lack of resources to get food?	Yes, No
		How often did this happen in the past 30 days?	Rarely (1-2 times), Sometimes (3-10 times), Often (10+ times)

Livelihoods, Food Security, CWG, Protection	% HH relying on stress / crisis / emergency strategies to cope with a lack of resources to meet basic needs.	In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?	Yes, No
		How often did this happen in the past 30 days?	Rarely (1-2 times), Sometimes (3-10 times), Often (10+ times)
		In the past 30 days, did you or any household member go a whole day and night without eating anything at all because there was not enough food?	Yes, No
		How often did this happen in the past 30 days?	Rarely (1-2 times), Sometimes (3-10 times), Often (10+ times)
		During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?	n/a
		Selling household properties (refrigerator, television, jewelry...)	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
		Buying food on credit or through borrowed money from relatives and friends	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
		Selling means of transport (car, motorbike)	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
		Children dropout from school	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
		Reducing expenditure on non-food items (health, education)	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
		Changing place of residence and accommodation to reduce expenses	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me



		Engaging in high risk behaviour/activities	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
		Children under 18 work to provide resources	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
		Whole family are migrating	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
		Children or adult forcefully married	Yes No, no need to use this coping strategy No, already exhausted this coping strategy Not applicable/strategy is not available to me
Health	% HH that can access primary healthcare (health clinic and/or hospital) within one hour's walk from dwellings	How long does it take you to reach the nearest health clinic? (in minutes)	integer [<60 min]
		How long does it take you to reach the nearest hospital? (in minutes)	integer [<60 min]
Health	% HH that can access a health clinic within one hour's walk from dwellings	How long does it take you to reach the nearest health clinic? (in minutes)	integer [<60 min]
Health	% of HH that can access a hospital within one hour's walk from dwellings	How long does it take you to reach the nearest hospital? (in minutes)	integer [<60 min]
Health	% of HH that can access a hospital with emergency, maternity, surgical and pediatric services within one hour's walk from dwellings	How long does it take you to reach the nearest hospital? (in minutes)	integer [<60 min]
		Does it provide emergency services?	Yes No Do not know
		Does it provide maternity services?	Yes No Do not know
		Does it provide surgical services?	Yes No Do not know

		Does it provide pediatric services?	Yes No Do not know
Health, Protection GBV	% of households reporting that women of reproductive age (15-49) face difficulty in accessing specialized reproductive health services	What barriers, if any, do women of reproductive age (15-49) face when accessing specialized reproductive health services?	No barriers No services available Financial constraints Transportation/distance constraints Services not perceived as (culturally/socially) appropriate Lack of civil documentation Not applicable to household Other (specify)
Health, Protection CP	% HH with children with psychosocial distress (proxy data with behaviour change)	Has any member of your household suffered or showed signs of psychosocial distress or trauma such as nightmare, lasting sadness, extreme fatigue, being often tearful or extreme anxiety, in the last 30 days?	Yes No
		If yes, how many persons under 18 years showed those signs?	Integer
Protection - Protection CP	% of HH using violent disciplinary measures against their children	Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read out various methods that are used. Please tell me if you or any other adult in your household has used these methods with your children the past 30 days.	Explained why the child's behavior was wrong Took away privileges, forbade something your child liked or did not allow him/her to leave the house Shouted, yelled or screamed at him/her Spanked, hit or slapped him/her Prefer not to answer
Health, Protection	% HH adults with psychosocial distress (proxy data with behavior change)	Has any member of your household suffered or showed signs of psychosocial distress or trauma such as nightmare, lasting sadness, extreme fatigue, being often tearful or extreme anxiety, in the last 30 days?	Yes No
		If yes, how many persons over 18 years showed those signs?	Integer

Health	% of households reporting [type of difficulty] in accessing health services in the past 3 months [among households reporting unmet health care need]	What barriers if any did your household experience that prevented you from accessing the health care you needed? [choose up to 3 most important]	<p>No issues</p> <p>Have not tried to access medical services</p> <p>Cost of consultation or treatment was too high</p> <p>Cost of medication was too high</p> <p>Did not get access to qualified health staff at the health facility</p> <p>Problems with civil documents</p> <p>Public health clinic did not provide referral</p> <p>Public health clinic not open</p> <p>The treatment center was too far away/no means of transport</p> <p>Medical staff refused treatment without justification</p> <p>No medicine available at health facility/pharmacy</p> <p>No treatment available for my disease at the health facility</p> <p>Health services not inclusive of people with disabilities</p> <p>Insufficient number of female health staff</p> <p>Fear of contracting COVID-19</p> <p>Fear or distrust of health worker, examination or treatment</p> <p>Waiting time to receive service too long</p> <p>Other</p>
WASH	% of HH with access to an improved water source	What is the main source of water used by your household for drinking?	<p>Improved:</p> <ol style="list-style-type: none"> <li>1.Piped water into compound</li> <li>2.Piped water connected to public tap</li> <li>3.Borehole</li> <li>4.Protected well</li> <li>5.Protected rainwater tank</li> <li>6.Protected spring</li> <li>7.Bottled water</li> </ol> <p>Unimproved:</p> <ol style="list-style-type: none"> <li>8.Water Trucking</li> <li>9.Illegal connection to piped network</li> <li>10.Unprotected rainwater tank</li> <li>11.Unprotected well</li> <li>12.Unprotected spring</li> <li>13. Surface water without pre-treatment (river, dam, lake, pond, stream, canal)</li> <li>14. Other</li> </ol>
		If bottled water, why is this your main source for drinking water?	<p>Personal preference</p> <p>Lack of alternative sources</p>
		If water trucking, why is this your main source for drinking water?	<p>Personal preference</p> <p>Lack of alternative sources</p>
WASH	% of households having access to a sufficient	Does your household currently have enough water to meet the following needs?	n/a

	quantity of water for drinking and domestic purposes	Drinking	Yes No Don't know
		Cooking	Yes No Don't know
		Personal hygiene (washing or bathing)	Yes No Don't know
		Other domestic purposes (cleaning house, floor, etc.)	Yes No Don't know
WASH	% of HH treating their water prior to drinking	Does your household treat the water in any way to make it safer for drinking? (e.g. use of filter, purification tablets)	Yes, we always treat it before drinking Yes, we sometimes treat it before drinking No, we never treat it before drinking Don't know
	% of households reporting problems related to water quality	Does your household have problems related to the water quality? If yes, which ones?	No problems with water quality The water is not clear The water tastes unpleasant The water smells unpleasant Other Don't know
WASH	% HH with access to improved functional sanitation facilities	What kind of sanitation facility (latrine/toilet) does your household usually use?	Flush or pour/flush toilet Pit latrine without a slab or platform Pit latrine with a slab and platform Open hole Pit VIP toilet Bucket toilet Plastic bag Hanging toilet/latrine None of the above, open defecation Other (specify) Don't know
		With how many households do you share this sanitation facility (latrine or toilet)? [enter 0 if not shared]	integer
WASH	% HH with access to soap and practicing handwashing	Do you have any soap in your household?	Yes (soap is shown) Yes (soap is not shown) No Don't know

SNFI, Protection	% of people living under critical shelter conditions (aggregated indicator)	<p>What type of shelter is the household currently living in? (observation by enumerator) -- <b>face-to-face data collection</b></p> <p>Could you describe the type of shelter that your household is currently living in? -- <b>remote phone-based data collection</b></p>	<p>Host Family</p> <p>Hotel/motel or short-term rental</p> <p>Makeshift shelter (with scavenged material such as zinc sheets, cardboards, etc.)</p> <p>Religious building</p> <p>Public building (school, etc.)</p> <p>Habitual residence - good condition (ok for living inside)</p> <p>Habitual residence - damaged/destroyed (not ok for living inside)</p> <p>Rental apartment/house- good condition (ok for living inside)</p> <p>Rental apartment/house- damaged/destroyed (not ok for living inside)</p> <p>Sub-standard shelter not for residential purposes/non-residential structure (garage, farm building, shop etc.)</p> <p>Tent</p> <p>Unfinished or abandoned residential building</p> <p>Prefab/caravan/ RHU</p> <p>Other (specify)</p>
Shelter	% of HHs with access to a safe and healthy housing enclosure unit	Does the shelter have any of the following enclosure issues?	<p>Lack of insulation from cold</p> <p>Leaks during light rain</p> <p>Leaks during heavy rain</p> <p>Limited ventilation (no air circulation unless main entrance is open)</p> <p>Presence of dirt or debris (removable)</p> <p>Presence of dirt or debris (non-removable)</p> <p>None of the above</p> <p>Don't know</p>
Protection - HLP	% HHs reporting risk of eviction	Is your HH presently at risk of eviction?	<p>Yes</p> <p>No</p> <p>Don't know</p> <p>Decline to answer</p>
Protection - HLP	% HH reporting [reason] as a risk for eviction	What are the main reasons for fearing eviction?	<p>Lack of funds to pay rental costs</p> <p>Host family no longer able to host our family</p> <p>Local community does not accept our family living in the area</p> <p>Authorities requested our HH to leave</p> <p>Request to vacate from owner of building / land</p> <p>No valid tenancy agreement</p> <p>Housing occupied by other groups</p> <p>Risk of property being confiscated</p> <p>Ownership of property is disputed</p>
Protection - HLP	% of HHs lacking valid HLP documentation	Does your household own valid documentation indicating land tenure or rental agreement for the	<p>Yes</p> <p>No</p> <p>Don't know</p>

		property you are currently living in, or own elsewhere?	
SNFI	% HHs needing basic NFI items	Please indicate which of the following items you need but do not have in your HH (select max. 2)	Bedding items (bedsheets, pillows) Mattresses/sleeping mats Blankets Cooking utensils Cooking stove Winter heaters Clothing Fuel (Cooking / Heating) Other
Shelter, SNFI	% HHs reporting at least 2 shelter improvements	What are your priority needs to make your current shelter a better place to live (top 2)?	No improvements needed  Protection from hazards (contamination from explosive remnants of war, land at risk of flooding or landslides, solid waste dumping site, fire risks, etc.)  Improve safety and security (shelter located in an insecure/ isolated area, shelter not solid enough to offer protection from intruders, not fenced, etc.)  Improve privacy and dignity (no separate rooms, not enough space, shared facilities such as toilets & showers, low/high ceilings, lack of ventilation, lack of natural lighting)  Protect from climatic conditions (leaking roof, floor not insulated, opening on the walls, broken windows, lack of ventilation, missing heating system, etc.)  Other
Education	% of children dropping out of school in the previous year	During the 2020-2021 school year, how many school-aged children in the household dropped out of school?	Integer
Education	% of households with at least one child regularly attending formal or informal education (at least 4 days a week) prior to the COVID outbreak, while also working	Was [this person] (6-17) attending school at least 4 days per week prior to the COVID-19 outbreak? (during school season)	Yes No Do not know Decline to answer
		While non-formal learning environments were open in the current school year, was [this person] (6-17) attending a non-formal learning environment at least 4 days per week?	Yes No Do not know Decline to answer

	or contributing to the household income	Is [this person] currently working or contributing to household income?	Yes No
Livelihoods	% of households whose average monthly income [from employment and pension] was less than 480,000 IQD/month	Could you estimate your household's total income (in IQD) from employment and pension over the last 30 days?	Integer
Livelihoods	% of female headed households whose average monthly income [from employment and pension] was less than 480,000 IQD/month	Could you estimate your household's total income (in IQD) from employment and pension over the last 30 days?	Integer
		What is [this person]'s relation to the head of household?	HoH Spouse, Child, Sibling, Parent, Child in law, Grand child, Parent in law, Nephew/niece, Other relative, Guest, Friend
		What is the sex of [this person]?	Female Male
Livelihoods, Protection - GBV	% of adult women (18-59) working or contributing to the household income	What is the age of [this person]?	Integer
		What is the sex of [this person]?	Male Female
		Is [this person] currently working or contributing to household income?	Yes No



Livelihoods	% HH relying exclusively on humanitarian assistance as their main source of income	What were your household's primary income sources over the last 30 days? (do not read out from list)	Saving Income from renting out house, land or property Regular employment (private or public sector) - salaried work Irregular employment (temporary or daily wage earning) - casual or daily labour Income from own business or commerce Remittances Retirement fund or pension Selling household assets Selling assistance received Loans, debts MODM cash assistance Support from community, friends, family NGO or charity assistance Charitable donations Government benefits or social service (disability allowance) Illegal or socially degrading activities (e.g. unlawful sales, begging) Zakat Other
Livelihoods	% HH spending [expenditure] on basic needs per month	Could you estimate your household's total expenditure (in IQD) over the last 30 days?	Integer
		During the past 30 days, how much did your household spend (in IQD) on each of the following categories	n/a
		Rent	Integer
		Food	Integer
		Medical Care (including medicines)	Integer
Livelihoods	% of HH spending more than 40% of their total expenditure on food	During the past 30 days, how much did your household spend (in IQD) on each of the following categories	
		Food	Integer
Livelihoods	% of households spending more than 25% of their total expenditure on health care	During the past 30 days, how much did your household spend (in IQD) on each of the following categories	
		Medical Care (including medicines)	Integer
Livelihoods	% of households with debt value > 90,000 IQD per household member	What is your household's total amount of debt, in IQD?	Integer
		20. How many members are there in your household?	integer

Livelihoods	% HH unable to afford basic needs (% HH taking on debt due to healthcare, food, education, or basic household expenditures)	What was the primary reason behind taking on debt?	Basic household expenditures; Healthcare; Food; Education; Clothing or NFIs; House repair/reconstruction Purchasing productive assets for small business or income-generating activities
Livelihoods	% of households reporting barriers to an operational market place or grocery store	Does your household face barriers to accessing a operational marketplace or grocery store?	No barriers Distance is too far Lack of means of transportation Products at the market place/grocery store are too expensive Limited variety/quantity of products Safety or security concerns on the way to marketplace and/or at the market place
Durable solutions - Access to effective mechanisms to restore housing, land and property (HLP) or to provide compensation, Protection - HLP	% of HH who have received property compensation	Was housing, land or property that you own damaged or destroyed during the recent conflict (after 2014)?	Yes No
		Have you applied for land, housing or property compensation?	Yes No
		Have you received any cash from the government as a result of your housing, land or property compensation application?	Yes No
Durable Solutions - Use of mechanisms for effective remedies, incl. access to justice, reparations and information about the causes of violations	% of households reporting [barrier] as barrier to receive property compensation	What are the main reasons for not applying to or receiving compensations?	I am not aware of any land, housing or property compensation mechanism I refused to/could not pay a bribe/"wasta" The bureaucratic procedures are too heavy and too long Information or communication are unclear The disbursement of the compensation has been delayed I do not have all the required documentation to apply

AAP	Information needs and preferences from aid providers - what	What type of information would you like to receive from humanitarian actors (top 3)? Please specify your top 3 priorities.	<p>News on what is happening here</p> <p>News on what is happening in area of origin</p> <p>Finding missing people</p> <p>How to register for aid</p> <p>How to access water services</p> <p>How to get food</p> <p>How to get shelter/accommodation/shelter materials</p> <p>Information about nutrition</p> <p>Commodity prices</p> <p>How to get cooking fuel/firewood</p> <p>How to get healthcare/medical attention</p> <p>How to get psychosocial support services</p> <p>How to stay safe or get help after attack or harassment (link to IIC phone number 800699999)</p> <p>How to request/renew core documentation (e.g. birth certificate, ID, household documentation on HLP)</p> <p>How to get access to education</p> <p>How to find work</p> <p>How to get transport (e.g. transport within the area of displacement, transport to the area of origin, etc)</p> <p>How to get support for women and girls survivors of GBV (use the GBV referral pathways of the location)</p> <p>How to get more money/financial support</p> <p>Info about possible return to place of origin</p> <p>Info about relocation</p> <p>Info about local integration</p> <p>Info about organization, programs and how to contribute/engage</p> <p>Complaint mechanisms</p> <p>Legal rights to housing, land and property</p> <p>COVID-19-related information</p> <p>None</p> <p>Other (specify)</p>
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AAP	Top 3 information needs and preferences - who current	3.1. <b>Currently</b> , from whom do you receive information (top 3)?	<ul style="list-style-type: none"> <li>Friends and family</li> <li>Local authorities</li> <li>National authorities</li> <li>Humanitarian and development actors (UN, NGO/INGO...)</li> <li>Outreach volunteers/Community mobilizers</li> <li>Religious leaders</li> <li>Mukhtars/community leaders</li> <li>Camp Management</li> <li>Schools and community centres</li> <li>Social media and internet (websites...)</li> <li>Others</li> </ul>
AAP	Top 3 information needs and preferences – how current	3.2. Currently, what is the mode of receiving this information? (top 3)	<ul style="list-style-type: none"> <li>Face-to-face communication (eg from humanitarian actors, community mobilizers, camp management, friends)</li> <li>Direct observation</li> <li>Television</li> <li>Telephone/mobile phone (voice call)</li> <li>Mobile phone (text SMS)</li> <li>Facebook (app or messenger)</li> <li>Whatsapp</li> <li>Viber</li> <li>Other social networks (skype, instagram, twitter)</li> <li>Notice boards, posters or leaflets</li> <li>Newspapers and magazines</li> <li>Loud speakers</li> <li>Radio</li> <li><b>Other</b> (specify)</li> </ul>
	Top 3 information needs and preferences - who ideally	3.3. Ideally, from who would you like to receive information? (top 3)	<ul style="list-style-type: none"> <li>Friends and family</li> <li>Local authorities</li> <li>National authorities</li> <li>Humanitarian and development actors (UN, NGO/INGO...)</li> <li>Outreach volunteers/Community mobilizers</li> <li>Religious leaders</li> <li>Mukhtars/community leaders</li> <li>Camp Management</li> <li>Schools and community centres</li> <li>Social media and internet (websites...)</li> <li>Others</li> </ul>

	Top 3 information needs and preferences – how ideally	3.4. Ideally, what is <b>your preferred</b> mode of receiving the information (top 3)?	Face-to-face communication (eg from humanitarian actors, community mobilizers, camp management, friends) Direct observation Television Telephone/mobile phone (voice call) Mobile phone (text SMS) Facebook (app or messenger) Whatsapp Viber Other social networks (skype, instagram, twitter) Notice boards, posters or leaflets Newspapers and magazines Loud speakers Radio <b>Other</b> (specify)
AAP	% HH reporting to have received aid	Have you received aid in the past 30 days?	<b>Yes</b> No Do not know
AAP	% of households reporting to have received humanitarian aid in the past 30 days, per type of aid	4. What type of assistance/aid did you receive in the past 30 days? (select multiple)	Cash for multiple needs (Multi-Purpose Cash Assistance) Food Water Fuel Shelter Seasonal items Health services Education services Other non-food items Protection/legal services/GBV services
AAP	% HH satisfied with aid received	If you have received aid in the last 30 days, are you satisfied with the aid you received?	<b>Yes</b> No Do not know Decline to answer
AAP	% HH not satisfied with quantity	If you have received aid in the last 30 days and were not satisfied, why were you not satisfied with the aid received?	Quality not good enough <b>Quantity not enough</b> Delays in delivery of aid Other
AAP	% of households reporting awareness of complaint mechanisms [To be asked to all households.]	7. Are you aware of feedback or complaint mechanisms to reach aid providers about community needs, assistance received, problems with assistance, reporting (PSEA, fraud, misconduct)?	<b>Yes</b> No Do not know Decline to answer

AAP	Barrier to access information in the community	8. Are you aware of any people in your community who may be unable to access available information because of specific needs?	<p>Not aware of any groups not accessing information all groups can access information</p> <p>Unaccompanied and separated children</p> <p>People with serious health conditions</p> <p>Persons with special legal or physical protection needs</p> <p>Single women</p> <p>Women-headed households</p> <p>Persons living with disabilities</p> <p>People with mental health problems</p> <p>Older persons (60+)</p> <p>Persons with a diverse sex, sexual orientation or gender identity</p> <p>People who cannot read</p> <p>Other</p>
Durable Solutions	% of households reporting they are able to play a role in local decision-making	Do you feel that you are currently able to play a role in local decision-making? (e.g. inclusive consultation processes, ability to shape public life, participate in local community organisations)	<p>Yes</p> <p>No</p> <p>Decline to answer</p>
AAP	Perception of top three most commonly reported unmet/met needs, by % of HHs per type of priority need reported	2.1. Over the past year, what were the top priority needs for your household?	<p>Shelter / housing</p> <p>Food</p> <p>Healthcare</p> <p>Seeds or other agricultural inputs</p> <p>Livelihoods support / employment</p> <p>Drinking water</p> <p>Hygiene NFIs (e.g. soap, sanitary pads) and sanitation services (e.g. latrines)</p> <p>Need to repay debt</p> <p>Education for children under 18</p> <p>Psychosocial support</p> <p>Legal support services (e.g. civil or HLP documentation)</p> <p>Info about services/psychosocial assistance/legal assistance to protect women and girls from risk/threats</p> <p>Child Protection</p> <p>None</p> <p>Other (specify)</p>
AAP	Perception of top three most commonly reported unmet/met needs, by % of HHs per type of priority need reported	2.2. Were these needs met?	<p>Yes, some needs were met</p> <p>Yes, all needs were met</p> <p>No</p> <p>Do not know</p> <p>Decline to answer</p>

Protection, MA	% of households with at least one member injured/disabled due to the presence of explosive ordnance	How did the (perceived) presence of explosive ordnances impact your household? (select max. 3)	Not applicable/no (perceived) presence Informed decision to move elsewhere Limits access to health services Limits access to education Limits access to markets Limits livelihood opportunities (e.g. contaminated farmland) Limits freedom of movement (e.g. children to playing) Household member was killed Household member was injured or became disabled Impact on psychological wellbeing (e.g. fear)
Protection, MA	% of households impacted by the (perceived) presence of explosive ordnance	How did the (perceived) presence of explosive ordnances impact your household? (select max. 3)	Not applicable/no (perceived) presence Informed decision to move elsewhere Limits access to health services Limits access to education Limits access to markets Limits livelihood opportunities (e.g. contaminated farmland) Limits freedom of movement (e.g. children playing) Household member was killed Household member was injured or became disabled Impact on psychological wellbeing (e.g. fear)
HH Profile, CCCM, Shelter	% of out of-camp households living in an informal site	Is this an informal site? (enumerator observation ONLY if it's face-to-face data collection) [follow-up question to the following shelter types: Makeshift shelter (with scavenged material such as zinc sheets, cardboards, etc.) / Religious building / Public building (school, etc.) / Sub-standard shelter not for residential purposes/non-residential structure (garage, farm building, shop etc.)/Tent/Unfinished or abandoned residential building Prefab/caravan/ RHU/Other (specify) ]	Yes: this is a site where 5 or more HH are living together collectively in this shelter type No: this is not a collective accommodation
Education	% of school-aged children enrolled in school for the 2020-2021 school year	Was [this person] (6-17) enrolled/registered in a formal learning environment for the 2020-2021 school year? Note: this does not mean going physically to school as schools were partially closed, but that the child was registered/affiliated/'signed-up' with a school.	Yes No Do not know Decline to answer



Education	% of households with at least one school-aged child not accessing distance education regularly (at least 4 days a week) while schools were closed	While schools were closed in the current school year (2020-2021), was [this child] (6-17) accessing distance learning regularly? Note: this means they were doing some distance learning activities at least 4 days per week, for at least 3 hours per day e.g. listening to radio/TV broadcasts, textbook learning, online learning	No Yes, online video classes Yes, radio classes Yes, tv classes Yes, phone/whatsapp communication with teachers Yes, paper-based learning materials
Health	% of individuals who report having a health care need in the last 3 months that was unmet	During the last 3 months, did anyone in your household have a health problem and needed to access health care?	Yes, no, don't know
		If yes, please tell me how many people in your household in the last 3 months were NOT able to obtain health care when they felt they needed it?	integer
Family Profile, Health	% of households with women of reproductive age (15-49 years) with a live birth in the last two years at a location with skilled health personnel, among households with a live birth in the last two years	Has any woman [15 - 49] in your household been pregnant in the last two years and completed that pregnancy with live birth?	Yes No Decline to answer
		If yes, Where did the woman give birth?	Hospital Primary Health Care Centre (PHCC) Clinic At home
Family Profile, Health	% of households with women of reproductive age (15-49 years) with a live birth in the last two years facing [barrier] as barrier to accessing skilled health personnel, among households with a live birth in the last two years	If at home, what barriers did they face when accessing skilled health personnel?	No services available Financial constraints Transportation/distance constraints Services not perceived as culturally/socially appropriate Time constraints/emergency birth No barriers reported Other (specify)

Livelihoods	% of households with the head of household unemployed and seeking work	What is [this person]'s relation to the head of household?	HoH Spouse, Child, Sibling, Parent, Child in law, Grand child, Parent in law, Nephew/niece, Other relative, Guest, Friend
		What is the age of [this person]?	Integer [<17]
		Is [this person] currently working or contributing to household income?	Yes No
		Is [this person] actively seeking work?	Yes No No, because no employment opportunities available [only if explicitly mentioned by respondent!] Do not know
Protection, HLP	% of households reporting [barrier] as barrier to access civil documentation	What are the main reasons for missing this documentation ?	Documents are lost or left behind My application to obtain a document is pending Deliberate destruction or confiscation (by others) Unable to access civil affairs directorates/courts Lack of information about CAD/courts and administrative processes Refusal of issuing/renewing documents by civilian authorities Refusal of issuing/renewing documents by security actors Refusal of security clearance from authorities Cost of obtaining/renewing documents is too high (e.g. transportation, administrative fees) Complexity, length of the legal processes to obtain documentation Have not tried to obtain/renew documents
WASH	% of households with access to functioning handwashing facilities with water available	What kind of handwashing facility do your household members usually use to wash their hands? Note: A handwashing facility refers to a fixed or mobile device designed to contain, transport or regulate the flow of water to facilitate handwashing. (Ask to see the handwashing device, if needed)	No specific handwashing device (no device at all or only pouring device or simple basin/bucket, with no taps, or device but no water available) Sink with tap water Buckets with taps Tippy tap Other (specify) Don't know

Protection - HLP	% of female headed households lacking HLP documentation	What is [this person]'s relation to the head of household?	HoH Spouse, Child, Sibling, Parent, Child in law, Grand child, Parent in law, Nephew/niece, Other relative, Guest, Friend
		What is the sex of [this person]?	Male Female
		Does your household own valid documentation indicating land tenure or rental agreement for the property you are currently living in, or own elsewhere?	Yes No Don't know
Family profile - Protection CP	% of households reporting children working in [type of work], among households reporting at least one child working	What is the age of [this person]?	Integer
		Is [this person] currently working or contributing to household income?	Yes No
		If yes, what type of work was this?	Non-structured: Selling chewing gum, plastic bags, water in the bazaar or on traffics. carrier in the bazaar. Structured: Serving in shops, Hotels, restaurant, making things. Family work: sewing, farming, shepherding, selling in a shop. Other

## 6. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products  Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		X Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		X Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		X Yes
		# of visits to x webmap/x dashboard	Country request to HQ		<input type="checkbox"/> Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	Iraq HNO 2022 Iraq HRP 2022  Cluster specific strategies
		# references in single agency documents			
Humanitarian stakeholders are	Humanitarian actors use IMPACT evidence/products as a	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and	Usage feedback – September to December 2021
		Perceived usefulness and influence of IMPACT outputs			

using IMPACT products	basis for decision making, aid planning and delivery	Recommendations to strengthen IMPACT programs		Usage_Survey template	Presentation feedback
		Perceived capacity of IMPACT staff			
	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs ( <i>providing resources, participating to presentations, etc.</i> )	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_Log	X Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes

## ANNEX 1: DISSEMINATION PLAN

#	Products	Message	Stakeholders	Means of dissemination	Purpose	Responsible	Timeframe
<b>Iraq Multi-Cluster Needs Assessment IX – June 2021</b>							
<b>Program goal:</b> Deliver up-to-date information for humanitarian actors on the severity of humanitarian conditions of crisis-affected Iraqi populations in selected districts with the aim of contributing to a more targeted and evidence-based humanitarian response.							
1.	Final MCNA Assessment Report	Provide an overview of the context in Iraq Provide information about the methodology and objective of the assessment Provide a comprehensive overview of the sectoral and cross-sectoral needs by geographic area and by population groups	Humanitarian clusters Iraq humanitarian community Regional and central government agencies	AWG mailing list REACH Iraq mailing list REACH Resource Center Reliefweb	Inform the humanitarian community and influence the response	MCNA Focal Point	By 10/11/2021
2.	Multi-sector Preliminary Findings Presentation	Key sectoral and cross-sectoral findings from the MCNA VIII	Assessment Working Group (AWG) Iraq humanitarian community OCHA HCT	Joint-Intersectoral Analysis Workshop REACH Resource Center	Provide preliminary findings to inform the 2021 HNO and to allow clusters to draft their inputs	MCNA Focal Point	By 20/09/2021
3.	Sectoral presentations	Severity of sectoral and cross-sectoral needs Level of access to basic services Sectoral severity of needs by population group and district	Humanitarian clusters Cluster partners	Presentation of findings at cluster meetings Cluster mailing lists	Validate and establish consensus around main findings and conclusions	MCNA Focal Point	By 31/10/2021
4.	MCNA Dashboard	Distribution of needs across population groups and districts	Iraq humanitarian community Humanitarian clusters	REACH mailing lists AWG mailing lists Cluster mailing lists	Allow actors to engage with the MCNA data in a way that makes the distribution of sectoral and cross-sectoral needs across population groups and districts more easily visible	Database officer	By 10/11/2021

5.	MCNA Factsheet	Severity of needs by sector Distribution of needs across different sectors, population groups and districts	Iraq humanitarian community Humanitarian clusters	REACH Resource Center Cluster mailing lists OCHA mailing lists Reliefweb	Inform the humanitarian community about the severity of needs in different sectors, population groups and geographic areas	MCNA Focal Point	By 30/09/2021
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## ANNEX 2: SAMPLING FRAMES & TARGET SAMPLES (PER DISTRICT, PER POPULATION GROUP)

Table 4: sampling frame & target sample, for out of camp IDPs and returnees, per district

Governorate	District	IDP Surveys	Returnee Surveys
Al-Anbar	Al-Falluja	100	102
Al-Anbar	Al-Kaim	66	102
Al-Anbar	Al-Ramadi	140	96
Al-Anbar	Al-Rutba	130	138
Al-Anbar	Ana	68	102
Al-Anbar	Haditha		96
Al-Anbar	Heet	57	96
Al-Basrah	Abu Al-Khaseeb	36	
Al-Basrah	Al-Basrah	22	
Al-Basrah	Al-Zubair	46	
Al-Najaf	Al-Kufa	69	
Al-Najaf	Al-Najaf	114	
Al-Qadissiya	Al-Diwaniya	40	
Al-Sulaymaniyah	Al-Sulaymaniyah	90	
Al-Sulaymaniyah	Chamchamal	104	
Al-Sulaymaniyah	Derbendikhan	104	
Al-Sulaymaniyah	Dokan	109	
Al-Sulaymaniyah	Halabcha	104	
Al-Sulaymaniyah	Kalar	105	
Al-Sulaymaniyah	Rania	55	
Babil	Al-Hilla	47	
Babil	Al-Mussyab	104	72
Baghdad	Al-Adhamiya	52	
Baghdad	Al-Kadhmiyah	104	102
Baghdad	Al-Karkh	99	
Baghdad	Al-Mahmoudiya	125	102
Baghdad	Al-Risafa	47	
Diyala	Al-Khalis	104	96
Diyala	Al-Muqdadiya		108
Diyala	Baquba	104	
Diyala	Khanaqin	95	96
Diyala	Kifri	104	61
Duhok	Al-Amadiya	95	
Duhok	Duhok	104	
Duhok	Sumail	110	
Duhok	Zakho	105	
Erbil	Erbil	100	

Erbil	Koysinjaq	120	
Erbil	Makhmour	78	96
Erbil	Rawanduz	68	
Erbil	Shaqlawaw	120	
Kerbala	Kerbela	99	
Kirkuk	Al-Hawiga		96
Kirkuk	Daquq	130	108
Kirkuk	Dibis	69	198
Kirkuk	Kirkuk	109	144
Maysan	Al-Kahla	52	
Ninewa	Al-Baaj	140	96
Ninewa	Al-Hamdaniya	460	108
Ninewa	Al-Hatra	73	102
Ninewa	Al-Mosul	95	96
Ninewa	Al-Shikhan	140	64
Ninewa	Aqra	220	
Ninewa	Sinjar	120	96
Ninewa	Telafar	140	96
Ninewa	Tilkaef	151	108
Salah Al-Din	Al-Daur		126
Salah Al-Din	Al-Shirqat		102
Salah Al-Din	Balad	104	114
Salah Al-Din	Beygee		102
Salah Al-Din	Samarra	120	174
Salah Al-Din	Tikrit	104	102
Salah Al-Din	Tooz Khurmato	130	126
Thi Qar	Al-Nasiriya	44	
Wassit	Al-Kut	99	
	<b>Total</b>	6,040	3,623

Table 5: sampling frame & target sample, for IDP in-camp per camp

Governorate	District	Camp name	In camp IDPs
Al-Anbar	Al-Falluja	AAF	81
Al-Sulaymaniyah	Kalar	Tazade	65
Al-Sulaymaniyah	Al-Sulaymaniyah	Arbat IDP	72
Al-Sulaymaniyah	Al-Sulaymaniyah	Ashti IDP	91
Diyala	Khanaqin	Qoratu	52
Duhok	Zakho	Berseve 1	88
Duhok	Zakho	Berseve 2	90
Duhok	Zakho	Chamishku	94
Duhok	Zakho	Darkar	84
Duhok	Al-Amadiya	Dawadia	81
Duhok	Sumail	Kabarto 2	92

Duhok	Sumail	Khanke	93
Duhok	Sumail	Bajet Kandala	91
Duhok	Sumail	Rwanga Community	92
Duhok	Sumail	Shariya	92
Duhok	Sumail	Kabarto 1	92
Erbil	Erbil	Baharka	87
Erbil	Erbil	Harshm	72
Erbil	Makhmour	Debaga 1	90
Ninewa	Aqra	Mamilian	62
Ninewa	Al-Shikhan	Essian	93
Ninewa	Al-Shikhan	Mamrashan	90
Ninewa	Al-Shikhan	Sheikhan	83
Ninewa	Al-Hamdaniya	Hasansham U2	87
Ninewa	Al-Hamdaniya	Hasansham U3	89
Ninewa	Al-Hamdaniya	Khazer M1	88
Ninewa	Al-Mosul	Qayyarah-Jad'ah 5	90
		<b>Total</b>	<b>2,281</b>