

HUMANITARIAN NEEDS OVERVIEW

IRAQ

HUMANITARIAN
PROGRAMME CYCLE
2021
ISSUED FEBRUARY 2021



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Two children living in Esyan Camp, 2020
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Summary of Changes

October 2020 to 18 January 2021

After the needs assessments and analysis underpinning this Humanitarian Needs Overview (HNO) concluded in early October 2020, the Government of Iraq (GoI) announced it would close all camps hosting internally displaced people by the end of the year. From mid-October 2020 to the time of HNO publication in mid-January 2021, 14 formal IDP camps in areas under GoI administration were closed, consolidated or reclassified as informal sites. As a result, 25 per cent (or 65,000) of the people whose needs are presented in this HNO as “in-camp IDPs” were no longer living in camps at the time of publication. In line with the trends observed since October 2020, some 43,000 are assumed to have become returnees and 22,000 out-of-camp IDPs.¹

In November 2020, the Humanitarian Country Team discussed how to reflect these changes in the 2021 HNO. The data and analysis that underpin the HNO are the product of months of rigorous work at the inter-sectoral and sector-specific levels. As they are interlinked, to change one figure would require a recalculation of all figures, in order to maintain the integrity of the data and analysis. To do this would require a full reset of the entire process and another four months of work, without any guarantee that the final analysis of needs would be significantly different.

The HCT determined that it was best to present the HNO using the data as of early October 2020 to keep the detailed analysis coherent throughout the document. However, the HCT also viewed it as important to reflect the significant changes that had occurred in late 2020. This “Summary of Changes” document does just that.

Camp Closures and Reclassification

Between October 2020 and mid-January 2021, 14 formal IDP camps closed or were reclassified into informal sites by the GoI. Two informal sites – Al-Ishaqi and Al-Shams – were also closed. The 14 formal camps, which were closed or reclassified, include one in Al-Anbar,² three in Baghdad,³ three in Diyala,⁴ one in Kerbala,⁵ two in Kirkuk,⁶ three in Ninewa⁷ and one camp in Salah Al-Din. The closure of the Salamiyah camp in Ninewa Governorate on 12 January 2021 was the most recent camp closure.

Four camps remain open in federal Iraq,⁸ hosting close to 12,000 IDPs. Closures were also announced for these camps in the last quarter of 2020 but subsequently put on hold. However, reports continue to be received of the possible closure of the two largest camps that remain open in federal Iraq, namely Ameriyat Al-Fallujah (AAF) in Al-Anbar, hosting some 2,800 people, and Jad’ah 5 in Ninewa, hosting some 8,600 people.⁹ However no concrete timeframe has been given. The two other camps under the administration of federal Iraq are Latifyah camps 1 and 2 in Baghdad; no specific information on their closing has been received.

Of the 29 camps still open at the time of writing, 25 are in areas administered by the Kurdistan Regional Government (KRG). These camps shelter approximately 180,000 IDPs,¹⁰ and are not expected to close imminently.

Overview of camp closures (August to December 2020)

	# TOTAL IDP CAMPS	TOTAL # INDIVIDUALS, ALL IDP CAMPS	# IDP CAMPS IN KRI & KRI-ADMINISTRATION	TOTAL # INDIVIDUALS, WITHIN CAMPS IN KRI & UNDER KRI-ADMINISTRATION
August 2020	43	256,861	25	193,746
September 2020	43	251,765	25	190,325
October 2020	39	245,720	25	186,417
November 2020	31	208,493	25	182,172
December 2020	30	202,580	25	180,396

Population Figure Changes

From August 2020 to mid-January 2021, the number of IDPs residing in camps decreased by about 65,000 people, leaving around 192,000 people living in 29 formal camps in seven governorates at the time of publication.¹¹ This reduction in the camp population includes departures due to camp closures, but also other more voluntary or spontaneous camp departures, which occurred at the same time. The figures also reflect other ongoing population movements, including movements between camps and new arrivals from non-camp settings or return areas, linked to failed return attempts.

IOM-DTM traced some 33,300 individuals affected by camp closures as they arrived across eight governorates in Iraq, between 18 October 2020 and 17 January 2021. Most people arrived in Ninewa (18,700 people), followed by Kirkuk (4,600 people) and Diyala (4,300 people) Governorates. The remaining 5,700 people arrived in Anbar, Baghdad, Erbil, Kerbala, and Salah Al-Din Governorates.¹² Some 3,300 people continued to be on the move at the time of writing.¹³

Approximately 30 per cent (an estimated 10,300 people) of those affected by camp closure and traced as of 17 January 2020 by IOM-DTM, have not returned to their location of origin and are now secondarily displaced, while the remaining 70 per cent (23,000 people) have returned to their respective village or neighbourhood of origin and are now counted by the IOM-DTM as returnees. These percentages are in line with previous population movements due to camp closures, and when extrapolated to all those who have departed camps since October would indicate that 22,000 previous in-camp IDPs have become IDPs displaced in out-of-camp locations, while 43,000 have become returnees.

Impact of 2020 Camp Closures on Humanitarian Needs Analysis

While the camp closures have led to some adjustments to the population figures across the different categories (in-camp IDPs, out-of-camp IDPs, and returnees), the overall number of people in need, the drivers of need, and the specific types of needs experienced by each group, remain unchanged by the camp closures. The analysis presented in this HNO remains valid, and the needs emerging among the newly affected coherent within.

Similar to the tens of thousands of IDPs and returnees whose needs were assessed and analyzed in this HNO, the people departing camps with little or no notice are likely to find it difficult to start a safe and dignified life when faced with a lack of income, documentation and shelter; unable to meet basic food needs; and exposed to serious protection risks resulting from discrimination, marginalization and even physical harm on return to areas of origin. According to follow up surveys, people having recently departed camps cited shelter, livelihoods and food as their top priority needs.¹⁴ These are largely the same as the top priority issues flagged by the population groups whose needs were analyzed in the current HNO.¹⁵ More than half of the surveyed households who have departed camps since October 2020 reported not having access to enough food to meet their basic needs, while close to a quarter said they had no income since leaving the camp. This is comparable to the socio-economic situation of IDPs and returnees highlighted in the HNO in September 2020 when the unemployment rate was found to be at 19 per cent, and over two thirds of IDPs and half of all returnee households were estimated to be unable to meet basic needs, including food needs.¹⁶

Furthermore, about one-fifth of families who agreed to be contacted after camp departure, were now living in critical shelters, including in tents, makeshift shelters, or unfinished or damaged buildings, while a quarter of families reportedly feared eviction.¹⁷ Considering that only 11 per cent among out-of-camp IDPs and four per cent among returnees were identified by the HNO as living in critical shelters, it seems that ending up in critical shelters is more widespread, at least temporarily, among those affected by the recent wave of camp closures.

Beyond shelter, food and livelihoods needs, some 13 per cent reported missing civil documentation;¹⁸ this is below the national average found for the population groups covered in the HNO.¹⁹ Many more among those recently departing camps reported having at least one family member unable to access needed medical assistance (41 per cent), not having regular access to enough drinking water (37 per cent), and insufficient access to hygiene items (55 per cent).²⁰ These findings are similar to those identified in the current HNO, where some 45 per cent of IDPs indicated that none or not all members of their communities had access to health care, while

approximately half of all IDPs out-of-camp and half of all returnees reported severe water, sanitation and hygiene needs or poor water quality in areas of return.²¹

As with other IDPs and returnees whose barriers to return were analyzed for this HNO, the lack of housing due to destruction, damage or occupation by other persons; communal tensions and lack of acceptance; and local security constraints are among the primary barriers to return also for the recently departed IDPs.²² Swift closures have further narrowed the possibility for many to find adequate temporary solutions especially as reduced livelihoods, job loss and income cuts often happen when moving to a new location. Some families affected by the 2020 camp closures have had no other option but to seek re-entry to the closed camps or new entry into other camps, including those in the Kurdistan Region of Iraq, with varying degrees of success.²³ This is not a new trend seen only among those affected by the recent closures, as some families affected by closures in 2019 undertook similar actions, but it is all the more visible now due to the diminishing number of camps where such families with no other options can go.

Use of Data in the 2021 HNO

The 2021 HNO relies on data as of August and September 2020 to determine the number of people in need and the severity of their humanitarian situation. The humanitarian profile - baseline for estimating the people in need for the Iraq 2021 HNO - was developed in September using the most up-to-date demographic data available at the time: the CCCM Cluster Population Flow as of August 2020 for in-camp IDPs and the IOM-DTM Master List round 117 as of August 2020 for IDPs outside of camp and returnees. To evaluate the humanitarian needs of these populations, partners relied on the two large-scale assessments with nationwide coverage that assessed the needs of IDPs and returnees in Iraq: the Multi-Cluster Needs Assessment (MCNA), Round VIII, as of September 2020 and the Integrated Location Assessment (ILA), Round V, as of September 2020.

After the completion of the assessments and needs analysis informing the 2021 HNO, between mid-October and the start of December 2020, close to a third of all formal IDP camps in Iraq were closed, consolidated or reclassified as informal sites. Subsequent population movements have resulted in some changes to the

humanitarian profile, with the number of people living in camps decreasing, and the number of people in out-of-camp and return locations increasing. As the population movements are still ongoing and the situation remains volatile, it has not been possible to recalculate the PIN and severity accordingly. However, all IDPs who were forced to leave camps at short notice are assumed to face acute humanitarian needs in the short term and the overall assessment and analysis of the needs of the people in each of the population categories thus remain valid.

A summary of data changes resulting from the recent camp closures and population movements is included separately in the 2021 HNO to show how the profile of the IDP and returnee population in Iraq has changed. The update, added to this HNO, outlines which camps have been closed, how many people have departed camps, where they have gone and what their current needs are, based on the latest available data as of mid-January 2021. The number of in-camp and out-of-camp people in need are very likely to continue to change in the coming months.

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Summary of Humanitarian Needs and Key Findings

Current figures

PEOPLE IN NEED

4.1M

TREND (2016-2020)



WOMEN *

28%

CHILDREN

44%

WITH DISABILITY

15%

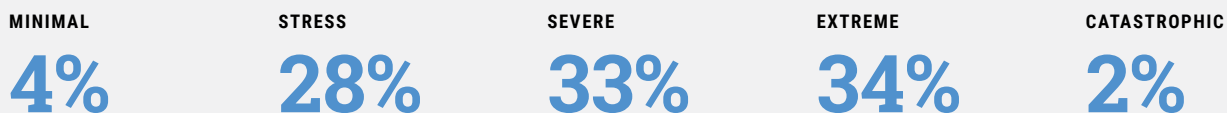


DUHOK, IRAQ

A Yazidi family living in Shekhan IDP Camp, 2020

© A Lazau-Ratz, OCHA

Severity of needs **



By Population Group

POPULATION GROUP	PEOPLE IN ACUTE NEED
In-Camp IDPs	151K
Out-of-Camp IDPs	470K
Returnees	1.8M
Total	2.4M

By Gender *

GENDER	PEOPLE IN ACUTE NEED	% PIN
Boys	553K	22%
Girls	533K	22%
Men	683K	28%
Women	683K	28%

By Age

AGE	PEOPLE IN ACUTE NEED	% PIN
Children (0-17)	1.1M	44%
Adults (18-59)	1.3M	52%
Older persons (60+)	0.1	4%

By Condition & Gender

CONDITION	BY GENDER (FEMALE/MALE)
Internally Displaced Persons	50 / 50
Returnees	48 / 52
Persons with disabilities	49 / 51

* All individuals aged 0 - 17 years are children (boys and girls) and 18 years and above are classified as men and women.

** To measure the severity of humanitarian conditions (the degree of harm brought by all combined humanitarian consequences of the conflict, displacement and COVID-19) and to estimate people in need (PIN), the 2021 HNO analyzed and categorized needs along a five-point severity scale: none or minimal (1), stress (2), severe (3), extreme (4), and catastrophic (5). Households evaluated as having needs falling in the severity category 4 and 5 are considered to be households in acute need.

Context, Shocks/Events and Impact of the Crisis

Three years after the end of formal military operations against the Islamic State of Iraq and the Levant (ISIL), the humanitarian context in Iraq remains fragile, characterized by protracted internal displacement; eroded national social cohesion; extensive explosive ordnance threatening internally displaced persons (IDPs), returnees and communities; and incomplete rehabilitation of housing, basic services and livelihoods opportunities. Although significant reconstruction has been completed in the five governorates most severely affected by military operations against ISIL, durable solutions have not yet been secured for about 40 per cent of the 6.1 million Iraqis displaced from 2014–2017. More than one million Iraqis remain internally displaced; spontaneous returns remain slow in most areas and are often unsustainable due to unresolved barriers in areas of origin. Two out of five Iraqis who have returned home still do not have adequate housing, economic self-sufficiency, or access to basic services or other conditions essential to durable solutions.

Against this backdrop, the COVID-19 pandemic and drop in oil prices in early 2020 increased socioeconomic vulnerabilities across the country, including among IDPs and returnees. Unemployment rose, while the average expenditure for food increased, likely due to a combination of price fluctuations and loss of jobs and income. Protection issues were amplified, while access to legal and community-based support was curtailed by movement restrictions, disruption of public services and other measures to mitigate the spread of COVID-19. As a result, reliance on negative coping mechanisms and psychological trauma, stress and anxiety have increased.

Basic services in displacement and return locations—including health care, education, water and sanitation, and legal services—were already inadequate prior to

the pandemic, the consequence of decades of conflict and turmoil. Closures of schools and public offices, and increased demands for health and sanitation services due to COVID-19, stretched these services further in 2020. The arrival of IDPs affected by camp closures, which the Government of Iraq (GoI) resumed in October 2020, also increased the pressure on scarce services in out-of-camp and return locations.

The closure of most IDP camps in areas under GoI administrative control in the fall of 2020 led to increased population movements, including forced evictions, premature returns and secondary displacement. In many areas of origin, conditions were not conducive to sustainable returns. At the time of writing, population movements resulting from the closures were ongoing.

Scope of Analysis

The 2021 Humanitarian Needs Overview (HNO) focuses on the humanitarian needs of the people displaced by ISIL attacks and the military operations to defeat them. The impact of the COVID-19 pandemic on the broader Iraqi population was assessed and analyzed in the process of developing the 2021 HNO, however, was not found to have crossed emergency thresholds at the time of writing. Humanitarian organizations will continue to monitor COVID-19 impacts in 2021.

Public health measures to mitigate the spread of COVID-19 challenged primary data collection from IDPs and returnees in 2020. To ensure the representativeness, quality and depth of data, assessment partners relied on remote household-level data collection and key informant interviews to ensure data was collected safely and in line with established protocols. An extensive secondary data review complemented these assessments.

Humanitarian Conditions, Severity and People in Need

Of the 6 million people displaced during the conflict, 4.7 million have returned to areas of origin, while 1.3 million people remain displaced. Across the country, 4.1 million IDPs and returnees continue to have humanitarian needs related to their physical and mental well-being, living standards and coping capacities.

The overall number of people affected by the ISIL crisis has not changed substantially since 2017,

however, the number of IDPs and returnees in acute need has increased significantly over the past year. Needs and vulnerabilities have deepened, specifically for out-of-camp IDPs and returnees. Some 2.4 million people are now in acute need, compared to 1.8 million people in 2020. The proportion of out-of-camp IDPs in acute need increased from 36 per cent to 45 per cent year-on-year, while the proportion of returnees with acute needs increased from 28 per cent to 38 per cent. Loss of employment, accrual of debt and increased expenditure on food are the main drivers of this increase.

MOSUL, IRAQ

An IDP family in Khazer IDP Camp near Mosul tries to stay safe during the pandemic © Anmar Rfaat, UNICEF

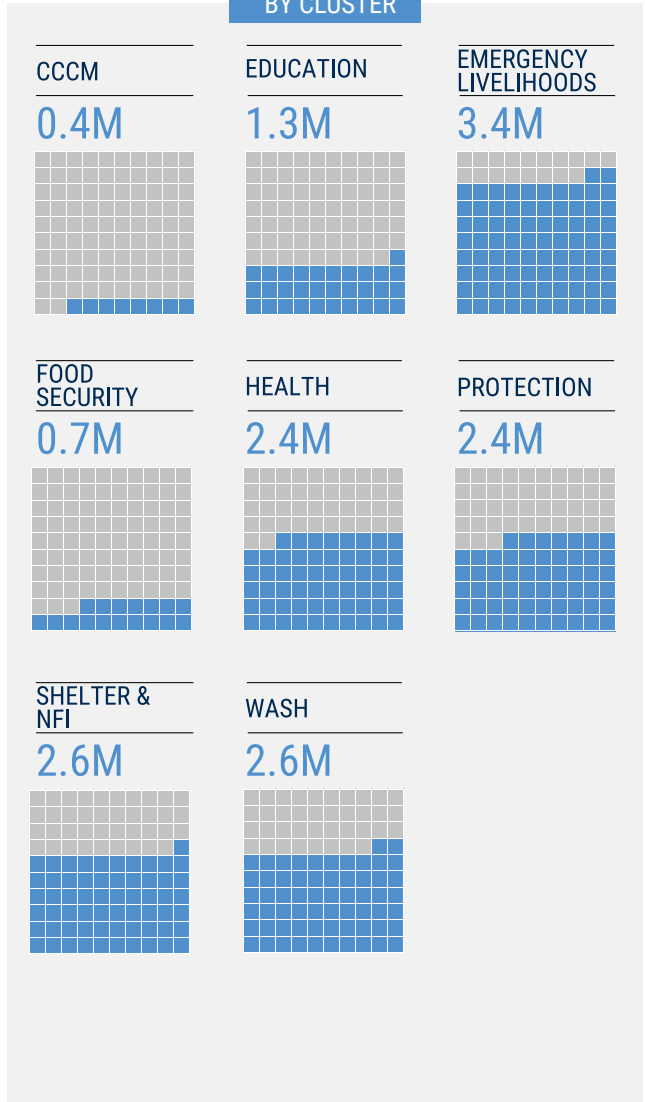


Estimated number of people in need

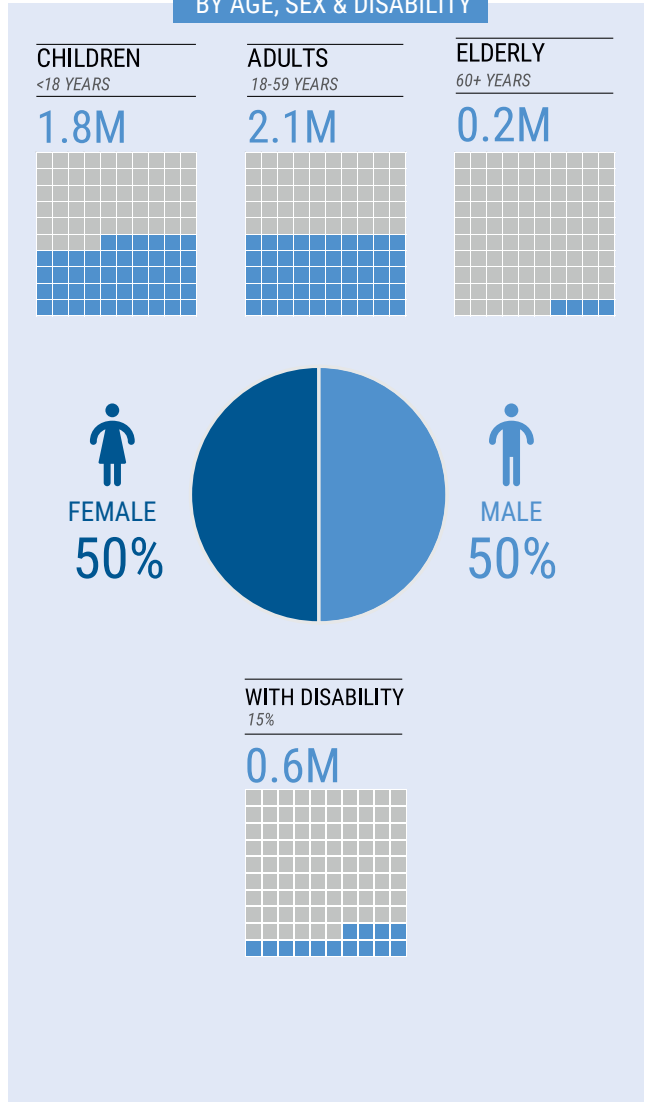
TOTAL POPULATION



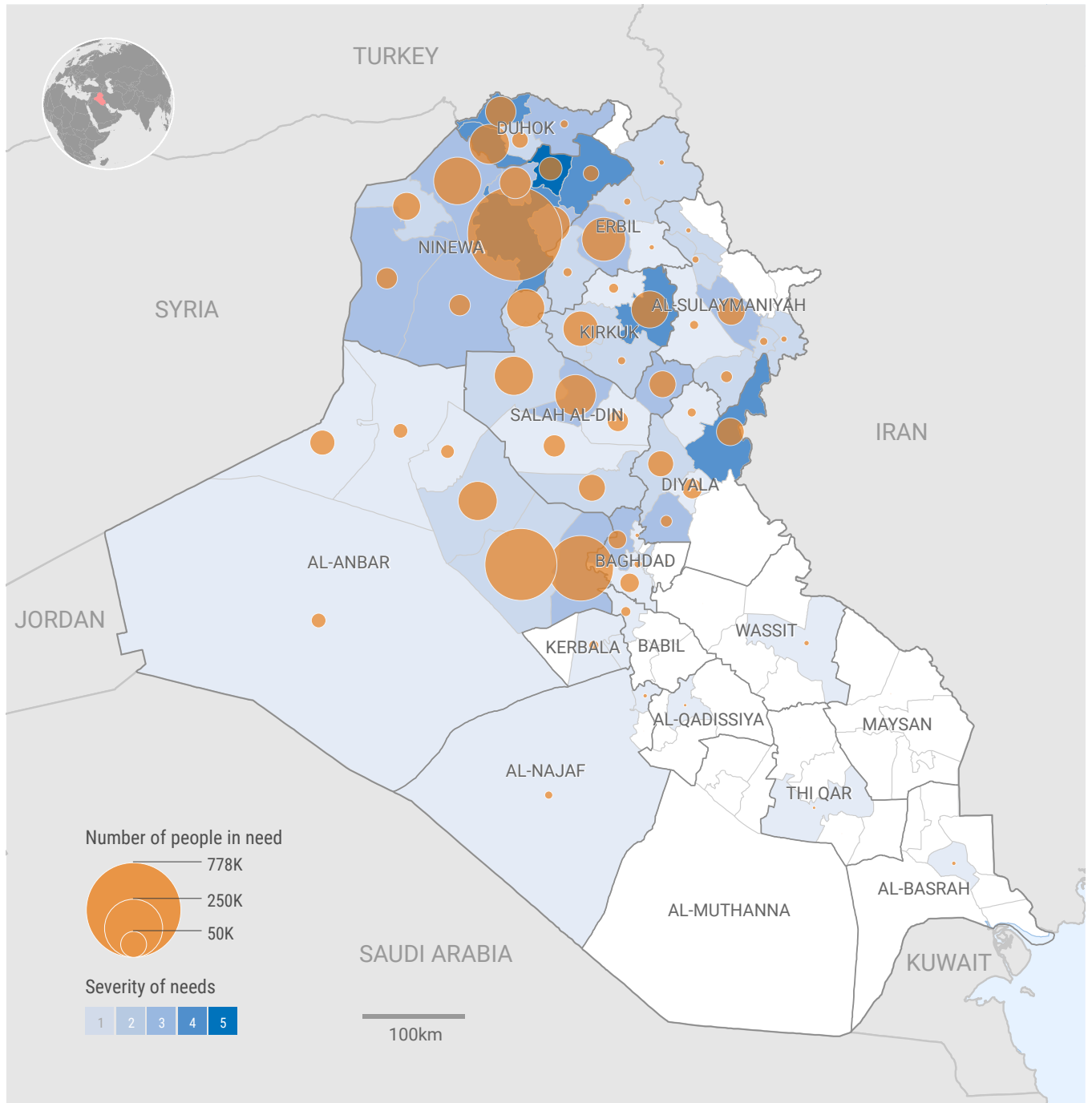
BY CLUSTER



BY AGE, SEX & DISABILITY

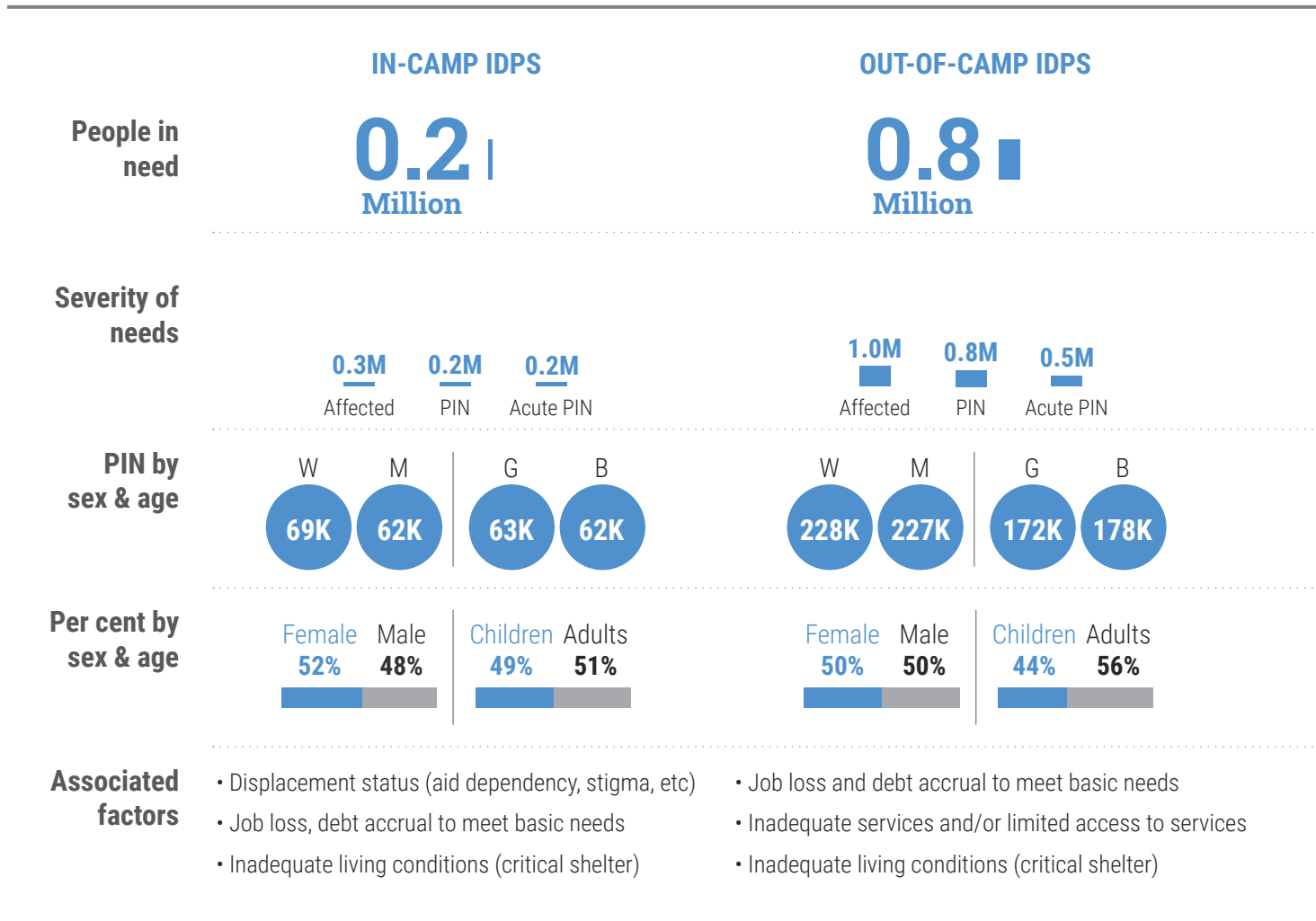


Severity of humanitarian conditions and number of people in need by district



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Severity of humanitarian conditions and number of people in need



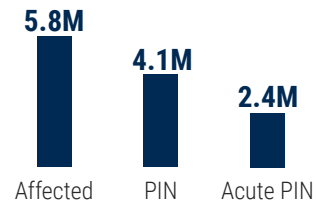
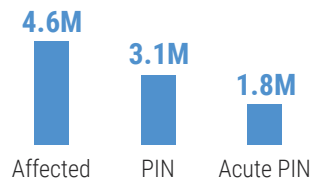
RETURNEES

TOTAL

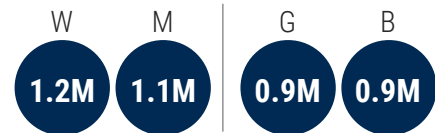
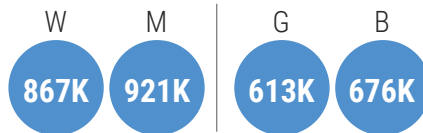
People in need



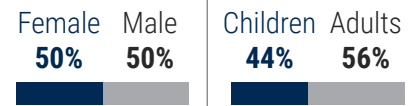
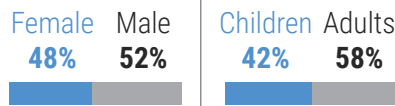
Severity of needs



PIN by sex & age



Per cent by sex & age



Associated factors

- Debt accrual to meet basic needs
- Inadequate living conditions (damaged shelter)
- Slow post-conflict rehabilitation (ERW, infrastructure, social cohesion, governance)

Expected Evolution

The government-led closure and consolidation of IDP camps and informal sites is expected to continue in 2021, spurring further population movement, resulting in some unsustainable returns and secondary displacement. As more people may arrive in areas lacking adequate shelter, basic services, livelihood opportunities, social cohesion and safety, the number of out-of-camp IDPs and returnees in acute need is expected to increase. Humanitarian partners will continue to monitor population movements and resulting humanitarian needs, as well as the vulnerabilities of the wider population, as the impacts of COVID-19 continue to affect the country.

Part 1:

Impact of the Crisis and Humanitarian Conditions

DUHOK, IRAQ

A mother and child photographed in Shekhan IDP Camp in Duhok, 2020 © A Lazau-Ratz, OCHA



1.1

Context of the Crisis

The humanitarian context in Iraq is set within a fragile, post-conflict environment, characterized by multiple competing crises, including long-standing governance challenges, a contracting economy, poor public service provision, proliferation of armed groups, decades of cyclical violence and displacement, and a range of internal and external pressures. Since the end of the large-scale military operations against ISIL, chasms in the political, security and social landscapes have become increasingly exposed. If not addressed, these could pose further risks to the stability and welfare of the country. Against this backdrop, the COVID-19 pandemic has further reduced livelihoods opportunities and access to basic services, pushing more people into poverty, yielding less revenue for basic services and deepening vulnerabilities across the country. Due to COVID-19-related movement restrictions imposed by the government to halt the spread of the disease, humanitarian partners' ability to meet needs was simultaneously decreasing, which may have also exacerbated needs to some extent. With 2021 poised to be a difficult year for Iraq, securing durable solutions that end displacement becomes simultaneously more imperative and challenging.

Political Landscape

The political landscape in Iraq continues to be fraught. Nationwide protests resulted in the resignation of the previous government and prime minister in December 2019, resulting in the formation of a new government in May 2020, with early elections planned for June 2021. The attention of Iraq's political class is fragmented on numerous internal issues, including the significant economic downturn caused by the decline in oil prices and other financial losses attributed to COVID-19.

Regional geopolitical tensions continue to have a significant impact in Iraq. To counter these tensions, both the GoI and the Kurdistan Regional Government (KRG) continue to work to maintain productive

engagement with influential external entities. However, external pressures and engagement continue to threaten the stability of Iraq, with competing interests playing out in the political, economic and security spheres of the country.

At the same time, GoI and KRG struggle to resolve the multiple complex issues that strain Baghdad-Erbil relations. Complicated by constitutional challenges, tensions between Baghdad and Erbil continue to grow due to ongoing budget and fiscal crises, exacerbated by calculations for oil and border revenue sharing. Civil servants have borne the brunt with many months of unpaid salaries. The Sinjar Agreement signed between Baghdad and Erbil in early October 2020 aimed to unify Sinjar's administration, improve security in the area, accelerate reconstruction and improve public service delivery. Implementation of the agreement was in initial stages at the time of writing and was facing resistance from some stakeholders.

Security Environment

Three years since the end of large-scale military operations against ISIL, social, ethnic and sectarian tensions, along with a fractured security sector, are increasingly contributing to general insecurity and uncertainty. Domestic, regional and international security developments continue to take their toll on the country; over the course of several months in 2020 there were multiple improvised explosive device (IED) and rocket attacks launched by armed groups against several coalition force bases and convoys primarily in central Iraq, with the perceived aim of a reduction of coalition force presence in the country. Some embassies based in the International Zone of Baghdad were also the focus of repeated missile attacks, although many projectiles did not cause structural damage to their apparent targets.

During 2020, a resurgent ISIL increased its activity on Iraqi soil through isolated incidents in the central and northern part of the country, with violence escalating from small attacks on security personnel and farm raids, to more sophisticated double-pronged attacks, fake checkpoints, abductions and executions of civilians. Hostilities between the Kurdistan Workers' Party (PKK) and the Turkish armed forces inside Iraq are increasing, with air strikes hitting targets through the Kurdistan Region of Iraq (KRI) and into Sinjar, reportedly causing limited displacement and civilian casualties.

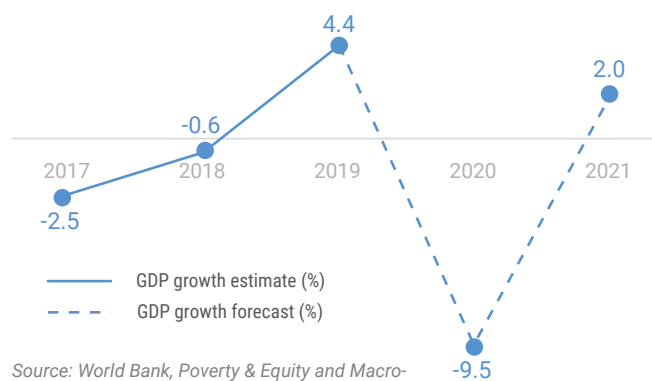
Communal-level violence and retribution against people with perceived affiliations to extremist groups remain a troubling legacy of the extensive violence once perpetrated by ISIL against communities in central and northern Iraq. Previous decades of violence, as well as unresolved and continued demographic changes to certain localities, also contribute to inter-communal tensions. Targeted attacks on IDPs and vulnerable returnees persist, with patterns of violent attacks aimed at dissuading displaced Iraqis from returning home. During 2020, there were multiple reports of abductions, murder, threats and discharging weapons at returnees. In the absence of widespread social cohesion and reconciliation programmes in liberated areas, those who facilitate returns have also been targeted, including government officials and drivers who have been shot at by aggrieved community members.

The multiplicity of armed actors, each under varying levels of state control, and the lack of a unified command structure, have operational impact for humanitarians seeking a reliable, timely and nationally recognized access authorization system. As a result, humanitarian organizations have to obtain multiple permissions from various actors to be able to reach people in need. The fragmentation of security actors also poses significant challenges for IDPs and returnees, whose lives may be governed by the often-unknown priorities of local actors.

Economic Situation

In 2020, Iraq's economy was hit by the twin shocks of

an unprecedented drop in oil prices and the significant economic consequences of government-imposed public health measures aimed at restricting the spread of COVID-19. Iraq is one of the most oil-dependent countries in the world, with oil accounting for 43 per cent of gross domestic product (GDP) and 92 per cent of government revenues in 2019. While the government's 2020 draft budget was costed based on an average oil price of US\$56 per barrel, the price fell to a low of \$13.80 in April, recovering to \$40.40 in September 2020.²⁴ This remains far below the amount required to fund the national budget. The reduction in oil prices has been due to a dramatic decline in global demand, as transport was impacted worldwide due to widespread government-imposed movement restrictions and general disinclination to travel. Price war tactics within OPEC+ and the OPEC+ decision to limit oil production also affected oil prices. As a result, Iraq's average monthly oil export revenues were cut in half during the first nine months of 2020.



At the same time, government-imposed public health measures aimed at restricting the spread of COVID-19 in Iraq resulted in significant economic consequences, as businesses were temporarily shuttered and travel between governorates was prevented for five months. An International Labour Organization (ILO) survey of vulnerable households in June 2020 indicated that a quarter of people previously employed had lost their jobs. Among those still employed, earnings had declined by 40 per cent.²⁵ In 2019, Iraq's labour force participation rate was about 50 per cent, one of the lowest in the world and below the regional average. The rate is expected to fall further, as a result of the long-term impacts of COVID-19 containment measures.

In parallel, and relatedly, global oil prices plummeted

to historic lows in March 2020 and OPEC+ set stricter limits on production. Although prices have recovered somewhat, the events have triggered a serious financial crisis and threaten economic and fiscal collapse, as Iraq needs to spend more than its monthly revenue on basic payments (public sector salaries, pensions, and the public distribution system, plus government operations). In 2020, monthly oil revenues averaged around US\$3 billion while expenditures averaged over \$4 billion per month. The drop in revenues exacerbated a pre-existing liquidity issue; when the current government came into office, the Ministry of Finance had just \$1 billion available to make payments. Austerity measures proposed by the Cabinet were rejected by the Parliament in June. Since then, salary payment has been delayed or incomplete, electricity increasingly interrupted, and civil unrest resurgent. As a short-term gap filling measure, the GoI has borrowed over \$3 billion per month from the Central Bank, drawing down reserves. It has taken out loans to pay salaries. It began to sell oil on a prepayment basis for the first time ever. And in December, the Central Bank of Iraq announced that it was devaluing the currency by 23 per cent. The prospect of millions of people being potentially pushed further into economically precarious circumstances and the impact this could have on the humanitarian conditions in the country must be taken into account.

As a result of the twin shocks, Iraq's GDP is predicted to contract by 9.5 per cent in 2020, its worst annual performance since 2003. Oil-driven GDP is predicted to contract by 12 per cent and non-oil-driven GDP by 5 per cent.²⁶ The poverty rate is expected to grow and possibly double. Analysis indicates that poverty could increase by up to 14 percentage points nationally. This would result in up to 5.5 million Iraqis becoming newly poor, adding to the 6.9 million people already living in poverty.²⁷ This could mean 12.4 million Iraqis would be in poverty in 2021—about one-third of the country's population. The reduction in government revenue and increasing budgetary pressure will likely lead to reduced spending on reconstruction and recovery projects and social safety nets for out-of-work Iraqis, undoing years of development gains. Undermined by decades of governance challenges, bureaucratic barriers that stymie foreign investment and business

development, and poor public service delivery, the government will be hard-pressed to support the rapidly growing number of impoverished and out-of-work people in the country.

The fiscal and economic crises are expected to grow, with GDP predicted to contract by at least 10 per cent; the Central Bank of Iraq's reserves predicted to fall from \$67.6 billion in 2019 to just \$12.2 billion by end of 2021, if no intervention is made; and the budget deficit predicted to increase to \$43 billion. As a result, economic vulnerabilities will broaden—affecting greater numbers of IDPs and returnees—and will deepen for those already facing other types of acute vulnerabilities.

COVID-19 Health Situation

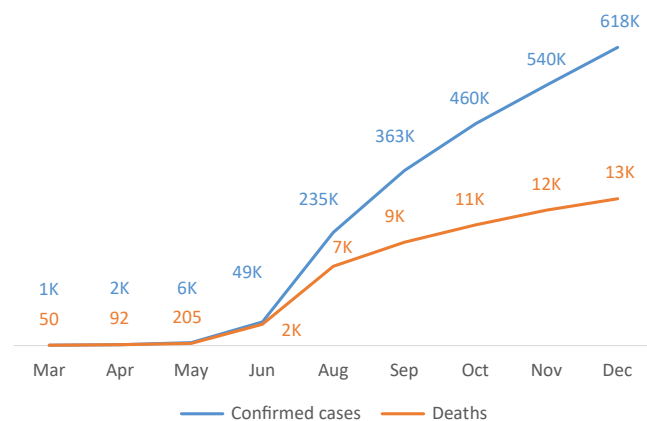
By early December 2020, Iraq had confirmed more than 556,000 cases of COVID-19 and more than 12,000 deaths,²⁸ making it the 19th most affected country globally and second only to Iran in the Middle East and North Africa region.²⁹ Some 22,900 health-care workers have also tested positive, with nurses and paramedical staff being most affected, followed by administrative and support staff.³⁰ Cases rose steadily between June and July, in the range of 2,500-3,500 cases per day, before climbing to about 4,500 cases daily in August and September when several major religious pilgrimage festivals, coupled with loosening international and national travel restrictions and general fatigue among the population contributed to a major increase in transmission. Peaking on 23 September with 5,055 cases, the situation began to improve thereafter, with a reproductive ratio of less than one since 31 October.

IDP camps have higher levels of vulnerability to COVID-19 outbreaks due to limited personal space and communal sharing of kitchens and latrines. Cases have been confirmed in 29 IDP camps, with 214 IDPs testing positive.³¹ Due to rapid reactive measures such as lockdowns, isolation, testing and disinfection, major camp outbreaks have not transpired. Challenges also exist in the out-of-camp settings: in October 2020, 45 per cent of respondents in a survey of IDPs indicated that none or not all members of their communities

had access to health care, particularly in out-of-camp settings, due to lack of medical facilities or personnel, prohibitive costs of health care, lack or high costs of transportation, or lack of information about health-care facilities.³²

COVID-19 cases and deaths

from March to December 2020



Source: Ministry of Health Iraq published by WHO

Legal and Policy Context

An inherent tension between legal frameworks and customary practices creates challenges in ensuring that legislation and its implementation can enable particularly vulnerable populations to exercise the full range of their basic rights. This applies particularly to people missing civil documentation, possession of which would enable them to exercise their full rights as citizens and access basic services; as well as people lacking valid housing, land and property documentation, possession of which would enable them to secure tenure or access restitution and compensations schemes. The multiple instruments and plans aimed at safeguarding the rights of women and promoting women's participation in the labour market and economy have not translated into an improvement of the economic status of women. Child protection efforts are hampered by lack of appropriate legal instruments³³ as well as lack of harmonization of existing legal and policy mechanisms to address children's protection needs. Legislation around disability takes a medical, caregiving and charity-based approach to disability, rather than a rights-based approach. Neither the law, nor the social welfare environment, considers the environmental and attitudinal barriers impacting people with disability.

Infrastructure, Technology and the Environment

Still reeling from years of conflict and prone to political instability, violence, corruption and natural disasters, Iraq is an anomaly of an upper middle-income country. Despite a significant effort to rebuild infrastructure damaged during the armed conflict against ISIL, progress on reconstruction and development remains slow and inadequate, effectively leaving much of the country's infrastructure damaged or destroyed.

At the same time, inadequate electricity supply and intermittent internet services further hamper development and economic growth, presenting a critical challenge during COVID-19, by obstructing children from following distance-learning activities, and putting their education at risk.

Iraq is also prone to environmental threats, including earthquakes, floods, drought and extreme winter and summer temperatures. Due to the economic downturn caused by COVID-19 and a reduced humanitarian footprint due to access restrictions and challenges in obtaining visas, the ability to scale up response to meet a major natural disaster in 2021 remains precarious.

Ending Internal Displacement in Iraq:

The Need for Harmonized Priority Determination across the Humanitarian, Stabilization, Development and Peace Nexus

Ending the displacement crisis has remained a goal of successive Iraqi governments. In October 2020, the Government resumed the closure of IDP camps in areas under Government of Iraq administrative control. The closures were done without prior coordination with the humanitarian community and with short notice. Around 45,000 people left at least 14 camps between mid-October 2020 and mid-January 2021.

The humanitarian community in Iraq is supportive of camp closures and an end to the protracted displacement for all IDPs, when conducted in line with humanitarian principles, including ensuring voluntary, safe, sustainable and dignified departures. Achieving this requires removal of obstacles to sustainable returns in areas of origin, as well as exploring options for other durable solutions such as re-settlement or local integration.

Priority Actions to Address Protracted Displacement and Fragile Returns

Unsuitable conditions in areas of origin are the main obstacles preventing the return of the remaining 1.3 million IDPs - roughly 20 per cent of the population who fled since January 2014 - according to research and analysis [published by IOM](#). These challenges also threaten the sustainability of some returns that have already occurred. Housing-related issues are the most commonly cited reason.

The main reported obstacle to sustainable returns is destruction of housing (71 per cent). The problem is most severe for IDPs from Ninewa, Anbar, Salah Al-Din, and Diyala governorates, based on the scale of the damage reported by returnees and the large number of IDPs originating from these governorates. The occupation of homes by other families or entities is also a barrier for some IDPs who wish to return, as

well as a source of tension for some who have already returned; this issue has been reported as prevalent in multiple return locations.

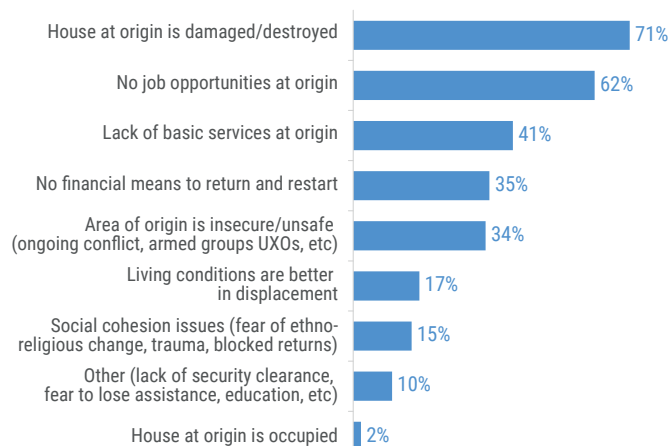
The lack of job opportunities and basic services in areas of origin are further obstacles to return and drivers of protracted displacement, and in some cases undermine the sustainability of returns. According to data collected by IOM in areas of displacement, 62 per cent of families still in displacement cannot return home due to lack of livelihoods in areas of origin. Similarly, financial insecurity, including lack of financial means to return, has been noted as a key concern for many households when thinking of returning. In addition, around 40 per cent of IDP families view the lack of basic services – such as education, healthcare, water, and electricity – in their areas of origin as an obstacle to return and a reason to remain in displacement. The lack of services also threatens the sustainability of previous returns in some areas.

Approximately 34 per cent of households still in displacement have reported fears of insecurity in their areas of origin as an obstacle to return. Attacks by ISIL, the presence of armed groups and, to a lesser degree, the presence of explosive ordnance (EO) remain concerns for these IDPs. In addition, some armed groups or other actors in the communities of origin have blocked the return of IDP families to some areas. Even with government security clearances, IDPs are unable to return to these areas of origin due to the barriers established by other groups (as well as other factors in some cases). As a result, dozens of villages are now unofficially labeled as “no return areas”. According to the MCNA, fear of discrimination in areas of origin is a cause for continued displacement for around 10 per cent of IDP families, affecting those from Diyala and Ninewa most.

Beyond returns, when considering the other two durable solutions to internal displacement – local integration and resettlement in a third location – additional factors also present obstacles. As noted in other sections of this HNO, up to half of all IDPs and returnees are thought to be missing some form of civil documentation. Without this, families are unable to access the full range of government services and protections afforded to them under Iraqi law and governance. Similarly, the elaboration by the Government of Iraq of criteria – coherent with international principles and norms – for when displacement ends would assist in helping IDP families that would prefer to locally integrate or settle in a third location to do so. Guiding policy would direct local and national government to assist those families in settling locally or identify options for relocation and integration in another setting. Such policy would help families be afforded the status as a local resident, including full access to local services, legal and social protection, and job opportunities. These issues point to the important role that Government plays in securing the civil and political rights and, in so doing, helping resolve displacement.

Factors determining success in local IDP integration as a durable solution may also include the IDP family's housing satisfaction, trust in people and in local authorities, social connection with host community members and access to employment and services. Research indicates that communities are more willing to accept the integration of IDPs when the socio-ecological environment is conducive and community assessments of local security conditions, local governance and public service provision are positive. The ratio of IDPs to host community is also a factor. In some locations, provision of security clearances is important to ensure IDPs are officially authorized to live in areas outside their villages or neighbourhoods of origin. While the regulatory framework in Iraq does not present legal or policy barriers to IDP integration or resettlement, the Government's focus has been on facilitating returns, leaving gaps – and opportunities – in the prioritization, framework and implementation of the other solutions.

Most common obstacles to return



Source: DTM ILA V 2020 (Note: These obstacles do not apply to all persons surveyed and was only asked to IDPs who want to return)

Priority Geographic Areas

IOM-DTM's Return Index provides significant information on specific priority geographic areas where returns are affected by poor livelihoods, basic services, social cohesion and/or security conditions. Despite the achievements of three years of stabilization and recovery investments, the situation in areas of return, when assessed in mid-2020 for this document, remained roughly the same as it was one year prior, in mid-2019.

Some 51 per cent of returnees live in areas where houses have been destroyed and not yet rehabilitated; access to livelihood opportunities and basic services are limited, including schools and health care; or where community social cohesion remains fractured and insecurity present. Although the proportion of returnees living in such severe conditions are nearly equal to previous years, the overall number of people living in these areas has increased due to continued returns. Nearly 2.5 million returnees now live in areas that have not been rebuilt or rehabilitated or where the current conditions will not enable them to live safe and dignified lives free of humanitarian need. This is half of all returnees.

Round 10 of the Return Index, completed in September/October 2020, shows that Ninewa, Salah Al-Din and Anbar governorates have the highest numbers of returnees living in severe conditions. Conditions are particularly severe in Sinjar, Telafar and

Ba'aj districts in Ninewa Governorate; in Salah Al-Din Governorate, the districts of Balad, Baiji and Tooz have the worst conditions; and in Anbar Governorate, Heet, Ramadi and Fallujah districts are the worst off.

With almost 60 per cent of current IDPs originating from Ninewa, 11 per cent from Anbar and 11 per cent from Salah Al-Din, prioritizing recovery, stabilization and development interventions in the above districts would make a critical contribution to ending displacement and facilitating voluntary, sustainable returns.

Harmonizing Priorities across the Nexus

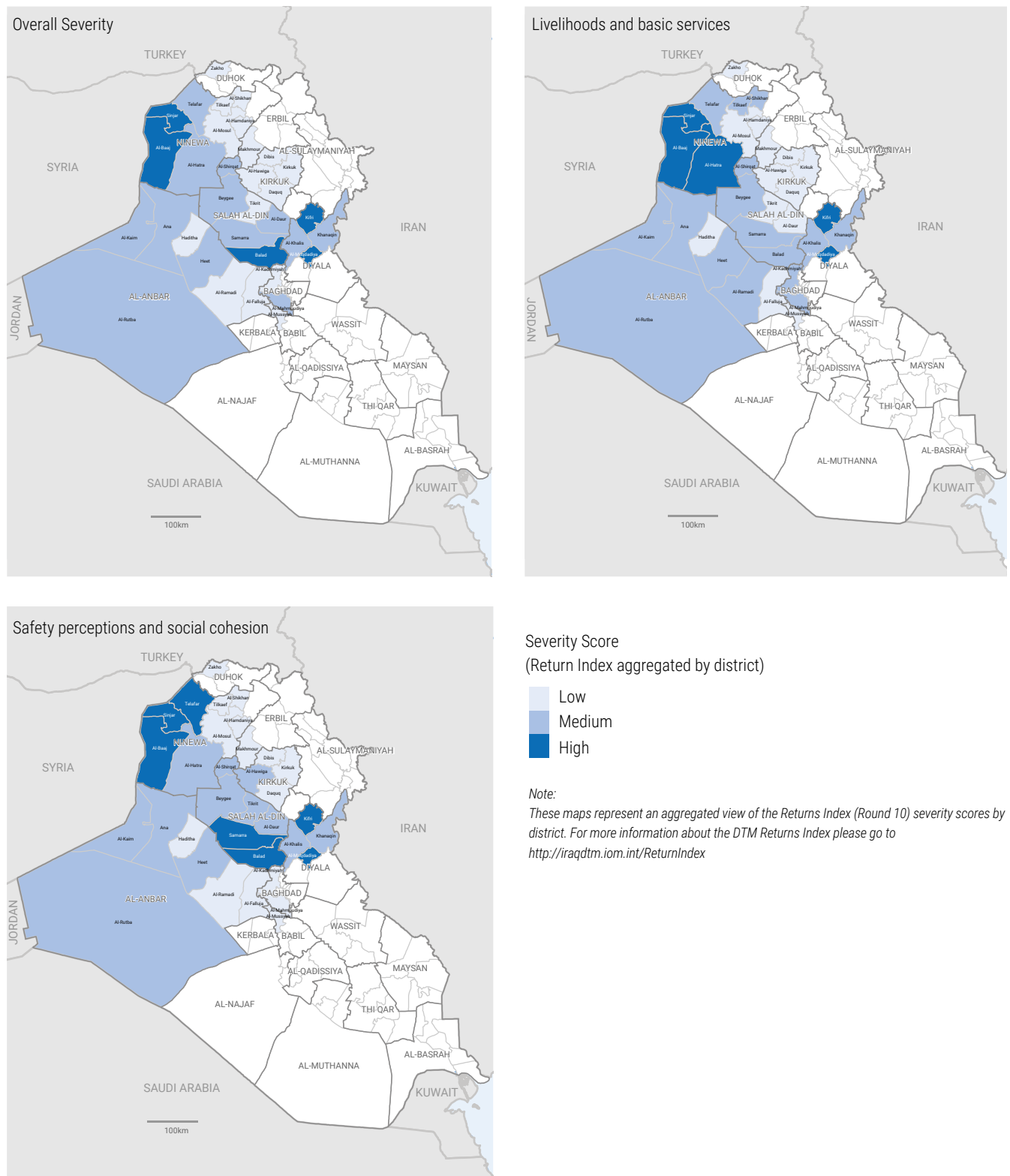
While the primary purpose of this Humanitarian Needs Overview is to highlight the number of people in Iraq who are in acute need of life-saving and life-sustaining humanitarian assistance, as well as the type of assistance they require, it would be remiss to not also highlight the interventions required to actually end the need for humanitarian assistance.

The investments required to overcome the above obstacles, expedite recovery and stabilization in affected areas, and facilitate a sustainable end to displacement extend beyond the remit of humanitarian action. Achieving durable solutions requires a comprehensive and coordinated approach amongst humanitarian, stabilization, development and peace actors, in collaboration with and under the leadership of the Government of Iraq.

In particular, the adoption of harmonized priorities by all entities would create better synergy across the range of assistance being invested in these areas. As a tangible first step, all actors – humanitarian, stabilization and development – should use the same assessments and data sets to analyze the needs on the ground. From that data, evidence-based priorities can be determined, with displaced and returned families and communities placed at the center of the analysis, seeking to answer the question “what does the data say is most critical, and where, to facilitating durable solutions to displacement and successful recovery from years of conflict. In 2021, a key priority for humanitarian organizations will be to proactively contribute their knowledge, deep-field operational

experience and data to efforts that facilitate a common situational awareness and result in harmonized determination of intervention priorities across the humanitarian, stabilization and development nexus, in order to maximize collective impact and facilitate a sustainable end to displacement.

Severity of conditions in locations of return by district



Timeline of Events





NINEWA, IRAQ

Children playing in Salamiyah IDP Camp, 2019

© Janice Leung, ACTED

1.2 Shocks and Impact of the Crisis

Humanitarian needs in Iraq are primarily driven by conflict and displacement, with COVID-19 presenting an additional shock in 2020. The impact of COVID-19 – particularly loss of livelihoods, disrupted access to services and increased protection risks, including gender-based violence (GBV) – has had a significant socioeconomic impact on the population as a whole and has increased humanitarian needs among conflict-affected populations, particularly in out-of-camp and return locations.

In late 2020, GoI resumed the closure of IDP camps and large informal displacement sites in areas under federal Iraq administrative control. The closures were not coordinated with the humanitarian community and often happened at short notice. With conditions

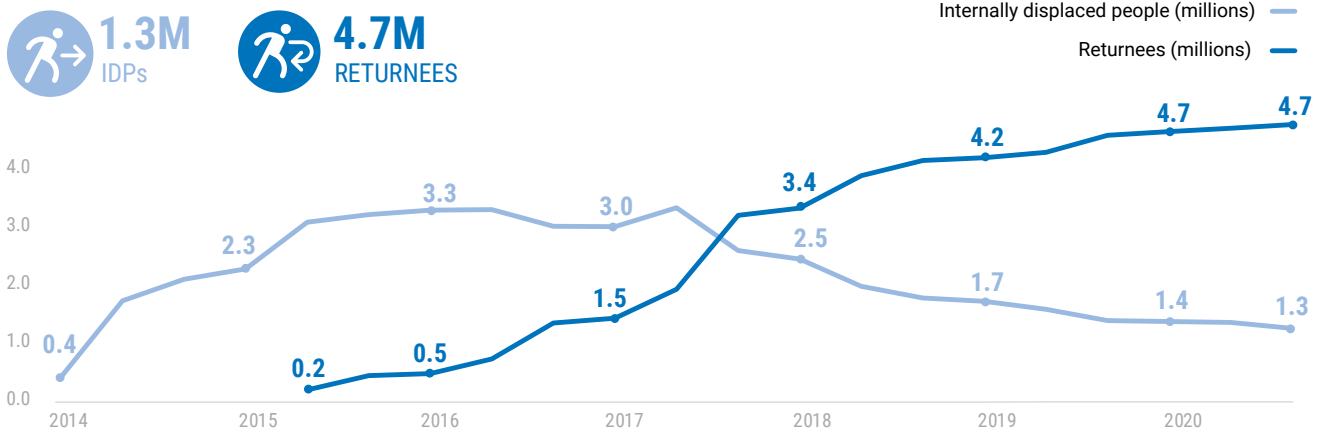
in some areas of origin not conducive to return,³⁴ and many of those affected facing more significant barriers to return than previous cohorts of returnees, including fully destroyed housing and perceptions of affiliation to ISIL, about one-third of IDPs departing camps ended up in secondary displacement and one in five departees have not been able to find safe and dignified housing.

Impact on People

Three years after the conclusion of large-scale military operations against ISIL, 1.3 million people remain internally displaced in Iraq. Four out of five IDPs live outside camps, in urban or rural settings, mostly in central, western and northern Iraq. Most IDPs have limited options for finding durable solutions to their displacement and, as a result, prior to the latest camp

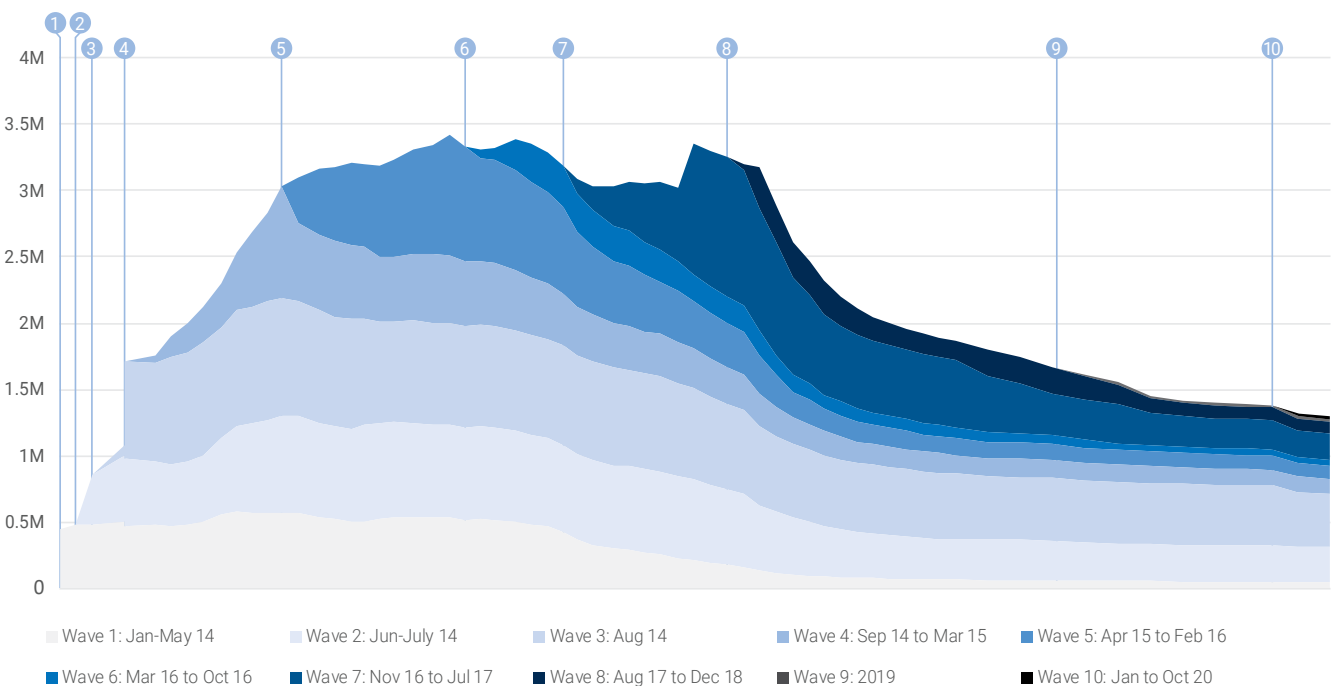
closures, less than one per cent of IDPs returned on average every month to their area of origin in 2020. Despite their returns, many of the 4.7 million returnees still have significant humanitarian needs, including lack of adequate shelter, livelihoods, basic services, social cohesion and safety in areas of return, areas which are seeing more people arriving as they are forced to leave camps that have been suddenly closed.

Population movements over time (as of August 2020)



Source: IOM-DTM Iraq

Distribution of IDP population by period and duration of displacement



Source: IOM-DTM Iraq

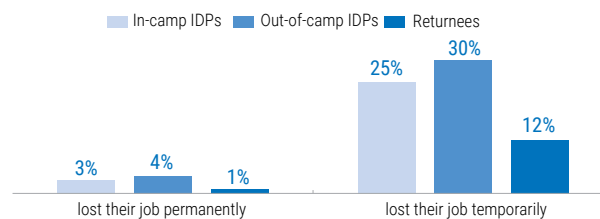
Loss of livelihoods and income

Prior to COVID-19, Iraq already had a high unemployment rate of 19 per cent; this figure has since increased.³⁵ A June 2020 ILO labour market survey of vulnerable households found that three-quarters of households had lost their usual employment and the average monthly household income had dropped by 40 per cent. With more than 80 per cent of the households having no savings, financial resources were reported to be insufficient to meet basic needs.³⁶ The World Food Programme (WFP) estimated in October that 5.3 million people are using negative coping strategies and could see their living conditions further deteriorate.

Among conflict-affected populations, approximately 18 per cent of households reported having at least one member who lost their job either temporarily or permanently due to COVID-19,³⁷ with job losses being particularly widespread among IDPs. Some 34 per cent of IDP households living outside camps and 28 per cent of IDPs living in camps reported job losses due to COVID-19, compared to 12 per cent for returnee households. However, most believed that the COVID-19-related job loss would be temporary and anticipated a return to former employment post-COVID-19. Only 4 per cent of out-of-camp and 3 per cent of in-camp IDP households, and 1 per cent of returnee households expected job losses due to COVID-19 to be permanent.

Nevertheless, unemployment remains particularly high among in-camp IDPs: 29 per cent of households reported that at least one member is unemployed and actively seeking work, compared to 22 per cent for out-of-camp IDPs and 18 per cent for returnees. At the same time, average food expenditure per household also increased from 230,000 Iraqi Dinar (IQD) (approximately US\$192) in 2019 to 280,000 IQD (approximately \$234) in 2020, and nearly two-thirds of out-of-camp IDPs and returnees are now unable to pay rent.³⁸ As a result, the percentage of households relying on negative coping strategies has increased for IDPs and returnees.

Percentage of households reported that at least one member has lost their job either temporarily or permanently due to COVID-19



Source: MCNA VIII, 2020, REACH

Increased protection concerns

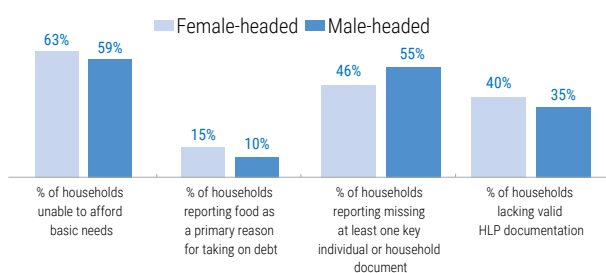
Conflict-affected communities continue to face serious protection risks, with vulnerable groups, including people lacking civil documentation and people with perceived affiliation to extremists, being at particular risk. Due to the pandemic, freedom of movement has been restricted, access to legal and community-based support has been curtailed, school closures and economic pressures have increased the use of harmful negative coping mechanisms, including child labour, child marriage and exploitative forms of labour. The recruitment of children by armed groups in areas in which they operate also continues to pose a grave risk to adolescent boys. Moreover, widespread contamination of land with explosive ordnances also remains a key protection concern, jeopardizing the safety of people living in affected areas and challenging safe returns.

The Protection Cluster's protection monitoring system found that protection risks significantly increased during the pandemic in conflict-affected communities, particularly for more vulnerable groups, including women, children, older people and people with disabilities. The deteriorating protection environment, although occurring nationwide, was particularly acute for people in Al-Anbar, Salah Al-Din, Kirkuk, Diyala and Ninewa reporting psychological trauma, stress and anxiety; lack of education for children and specialized services for women; lack of safe spaces and privacy; lack of access to sexual and reproductive health; and violence and abuse within the household.

Different people – different impact

In Iraq, more men than women are confirmed to have contracted COVID-19 (57.4 per cent vs. 42.6 per cent).³⁹ Meanwhile, women face specific challenges resulting from the impact of the pandemic. Prior to COVID-19, only 16 per cent of women participated in Iraq's formal labour force.⁴⁰ COVID-19 measures, including quarantine and school closures, have added to the disproportionate amount of time that women already spent on unpaid domestic care work compared to men. At the same time, the risk of domestic and gender-based violence during home confinement has also increased, while women have faced additional challenges in accessing health care, including due to lack of female medical staff or the cultural/normative requirement to be accompanied by a male guardian.⁴¹

Comparison of female-headed and male-headed households



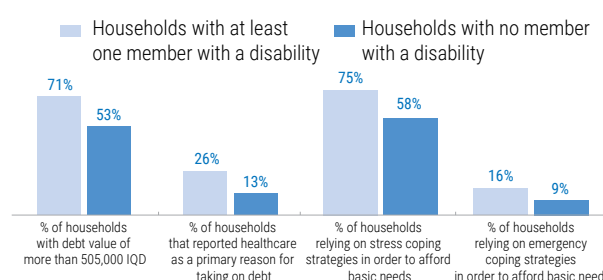
Source: MCNA VIII, 2020, REACH

Children, many of whom were already living with the ongoing psychosocial impact of the armed conflict, have also been affected by the pandemic. More than 10 million students in Iraq have lost access to education because of school closures, compromising development and learning potential, inducing trauma, stress and anxiety, while increasing exposure to risks, such as child labour, child marriage or recruitment into armed groups, in the absence of the protective environment provided by the school. Children are also at increased risk of developing preventable diseases due to an overburdened health system.

Iraqis with disability face unique challenges in addition to those arising from their displacement. Some of the greatest barriers to accessing specialized services include: high costs of services, assistive devices and medications (when available); inaccessible physical environments; limited affordable and reliable

transportation; difficulty with walking/communication/vision; and lower net income of households with at least one person with disability (lower household income combined with higher costs associated with managing the disability). Many of these barriers and circumstances have intensified during COVID-19. More than one third of households with at least one member with a disability reported being unable to access basic services due to their cognitive and/or physical difficulty.⁴²

Comparison of households with and without a member with a physical and/or cognitive difficulty



Source: MCNA VIII, 2020, REACH

Impact on Systems and Services

Physical living environments

Of the 1.3 million IDPs, 72 per cent live in private settings (including own/rented accommodation or with host families) and 20 per cent live in formal IDP camps, as of 1 October 2020. The remaining 8 per cent live in sub-standard housing (considered critical shelter), outside camps, such as makeshift shacks in informal settlements or unfinished, abandoned or non-residential buildings, leaving about 104,000 IDPs exposed to harsh weather conditions and increased protection risks. Among the 4.7 million returnees, 95 per cent live in their habitual residence and 2 per cent in other private settings, including with host families. However, up to 4 per cent of all returnees (185,000 people) also live in critical shelters.⁴³

Disruption to already overburdened basic services

Basic services, including health care, education, water and sanitation, and legal services in displacement and return locations were inadequate prior to the pandemic. Measures imposed to curb the spread of COVID-19 further disrupted provision of and access to services. Schools and associated school feeding programmes closed, access to public health facilities

was limited and demand for water and sanitation facilities increased as families tried to prevent the spread of the disease.⁴⁴ Civil Affairs Directorates and courts were closed for most of 2020, and despite the gradual resumption of work,⁴⁵ significant backlogs of court cases have been reported. These disruptions are particularly grave for IDP and returnee populations, who have additional difficulties in accessing services due to discrimination, physical or financial barriers, stigma or missing key individual documentation.

Market functionality and resilience

Local markets have proven to be resilient across all governorates in the face of the pandemic.⁴⁶ Due to the uncertainties within the global and national economy, and restricted liquidity in the financial markets, prices for basic goods initially increased, peaking between March and May 2020. As markets for basic products adjusted to the new environment, the prices somewhat stabilized. As of October, prices for key food and non-food commodities had increased, on average, approximately 10 per cent compared to the pre-pandemic period.⁴⁷ A similar trend was observed for the functionality and accessibility of food and non-food markets, which faced significant challenges in the first months of the pandemic, particularly in Kirkuk, Najaf and Al-Anbar. By September only markets in Kirkuk showed limited functionality. As of the end of the year, the overall economic situation remains highly volatile, and close monitoring of the dynamics related to markets and prices for basic commodities, as well as the purchasing power of Iraqis will be important in 2021.

Impact on Humanitarian Access

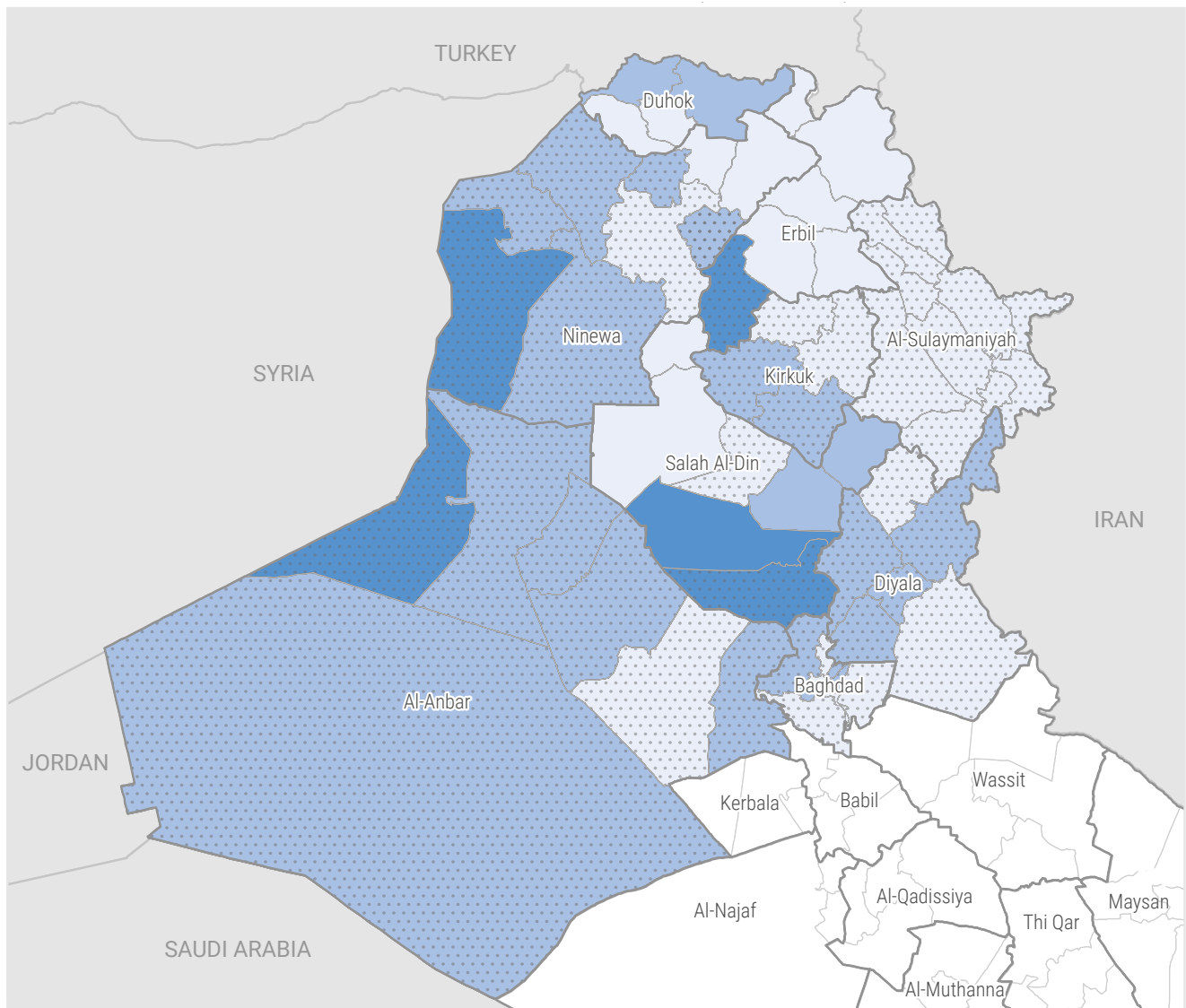
In a post-conflict context characterized by bureaucratic impediments and the multiplicity of armed security actors, humanitarian access conditions in Iraq further deteriorated with the onset of COVID-19. In March 2020, to contain the spread of the pandemic, GoI and KRG imposed nationwide curfews and movement restrictions. Inter-governorate movements were mostly prohibited for five months, limiting humanitarian partners' ability to access project sites or move critical supplies and personnel across governorates or regions. Humanitarian operations and missions

were impacted by the COVID-19 containment measures in 77 per cent of districts. The impact varied by governorate, depending on how quickly the governorate-level authorities were able to respond to initial cases and how quickly they engaged with humanitarian organizations to grant governorate-level exemptions for humanitarian interventions.

The number of districts with high access difficulties increased fourfold between November 2019 and April 2020⁴⁸ due to the suspension of the federal government's mechanism for granting national-level access letter authorizations for non-government organizations (NGOs), compounded by the COVID-19 movement restrictions. General administrative restrictions were found to affect 92 per cent of districts.

By October 2020, domestic movement conditions had improved, as COVID-19-related curfews and movement restrictions were lifted or eased, and as GoI re-established the national mechanism for NGO movement authorization. By October, the number of districts with high constraints had decreased by 60 per cent compared to April, although conditions were still not comparable to 2019 levels.⁴⁹ By November, more than 1.8 million people in need, including 343,000 IDPs, lived in districts with moderate to high access constraints in the governorates of Al-Anbar, Baghdad, Diyala, Kirkuk, Ninewa, Salah Al-Din and Al-Sulaymaniyah.

District access difficulty levels, as perceived by humanitarian actors (November 2020)



The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

 Districts where COVID-19 related restrictions have impacted humanitarian operations

Accessible / Low access constraints (Level 1): Relatively few access constraints. Armed actors, checkpoints, or other impediments such as administrative obstacles may be present and may impede humanitarian activities. However, with adequate resources and clearances, humanitarian organisations can still operate and reach all or nearly all targeted people in need.

Moderate access constraints (Level 2): Armed actors, checkpoints, lack of security, administrative impediments, or other impediments may be present, and often result in restrictions on humanitarian movements and operations. Operations continue in these areas with regular restrictions.

High access constraints (Level 3): Armed actors, checkpoints, high levels of insecurity, administrative obstacles, as well as other impediments are present and very often result in restrictions on humanitarian movements and operations. Operations in these areas face high difficulties and sometimes are impossible.

1.3 Scope of Analysis

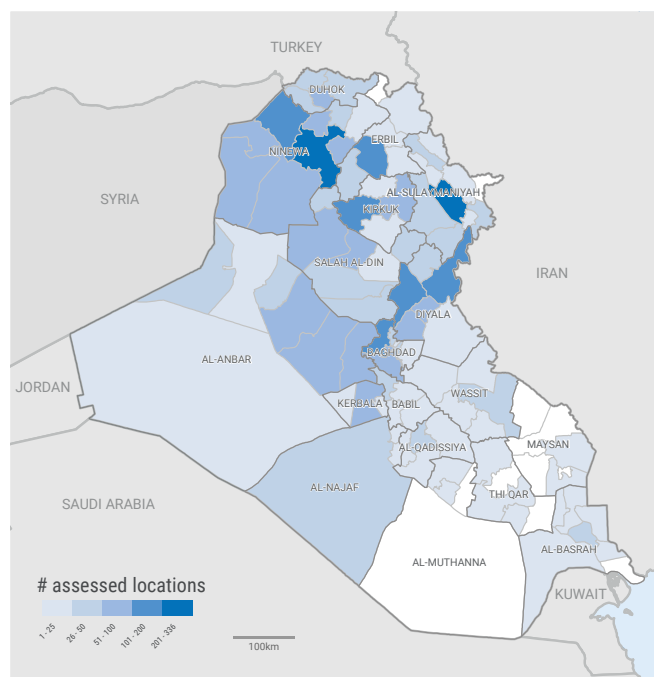
The 2021 HNO focuses on the humanitarian needs of the people displaced by ISIL attacks and the military operations to defeat them. The impact of the COVID-19 pandemic on the broader Iraqi population was assessed and analyzed in the process of developing the 2021 HNO, however, was not found to have crossed emergency thresholds at the time of writing. Humanitarian organizations will continue to monitor COVID-19 impacts in 2021.

COVID-19 mitigation measures, including lockdowns, curfews and social distancing measures, challenged primary data collection in 2020. To ensure the representativeness, quality and depth of data, assessment partners made a significant effort to safely collect and analyze data in line with established methodologies, by switching to remote household-level assessments and key informant interviews. As a result, humanitarian partners were able to proceed with the key intersectoral assessments used to inform the joint humanitarian needs analysis, namely the Multi-Cluster Needs Assessment (MCNA) led by REACH Initiative, and the Integrated Location Assessment (ILA) led by the International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM).

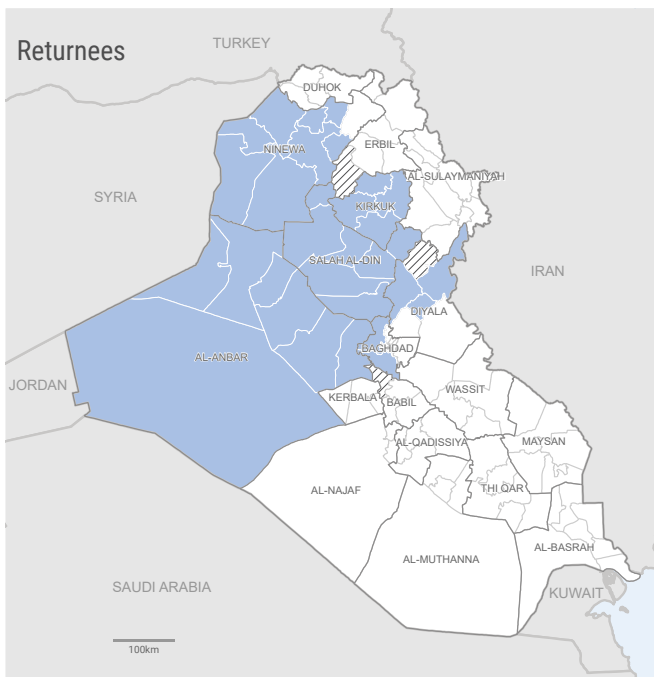
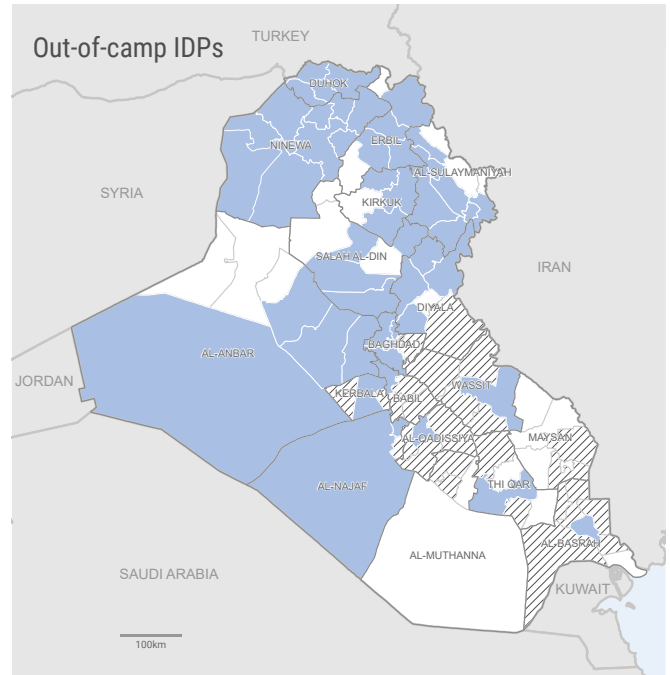
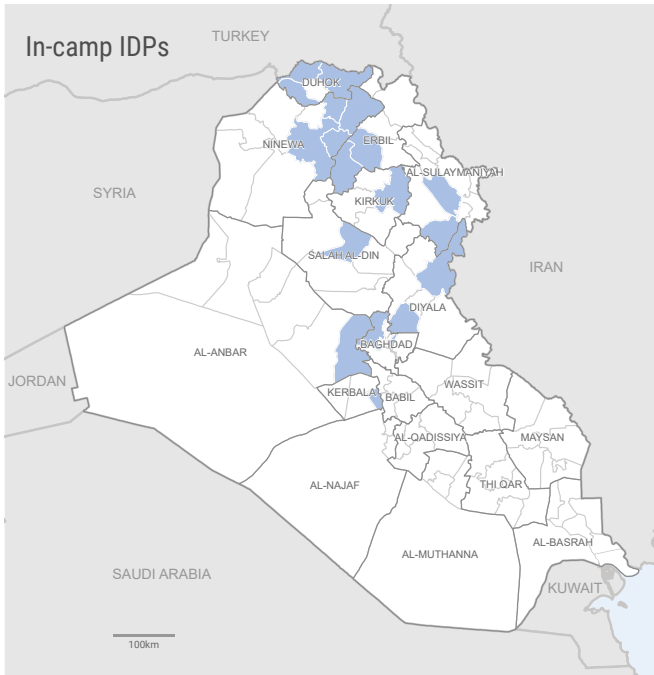
The MCNA surveyed 9,634 households in 62 districts (from a total of 101 districts), where a minimum of 200 IDP/returnee households were recorded to live. Of these, 41 per cent of the surveys were face-to-face interviews and 59 per cent phone-based. In addition, 40 formal camps in 18 districts were surveyed remotely. ILA covered 3,852 locations, all with at least five IDP/returnee families, including camps, of the 4,643 recorded IDP/returnee locations. Through face-to-face interviews with key informants, the assessment covered 784,588 returnee families and 219,765 IDP families.

Recognizing that remote assessments could reduce the quality of data, primary data collection was complemented by an extensive secondary data review. The Global Information Management, Assessment and Analysis Cell on COVID-19 (GIMAC) supported the humanitarian community in Iraq with a qualitative secondary data review of more than 100 sources and 1,200 information pieces. The resulting analysis further informed the joint needs analysis.

ILA coverage map



MCNA coverage by population group



MCNA Coverage

- No data
- Assessed district



ANBAR, IRAQ

Returnee children living in Albu Kash village in Saqliwiyah, Anbar, 2020 © H. Stauffer, OCHA

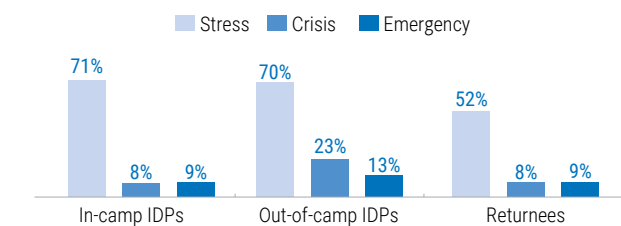
1.4 Humanitarian Conditions, Severity and People in Need

Three years after the end of large-scale military operations against ISIL, finding solutions to displacement and rebuilding post-conflict lives is complicated by the current socioeconomic, political and security context.⁵⁰ Additionally, the impact of COVID-19 has been felt across the country, resulting in large-scale loss of livelihoods, disrupted access to basic services, over-burdened capacity for service providers and increased protection concerns. These developments have deepened vulnerabilities, particularly among out-of-camp IDPs and vulnerable returnees.

As a result, while the overall number of people in need remains comparable to 2020, the number of people in acute need has increased by 38 per cent, particularly in out-of-camp and return locations. The proportion

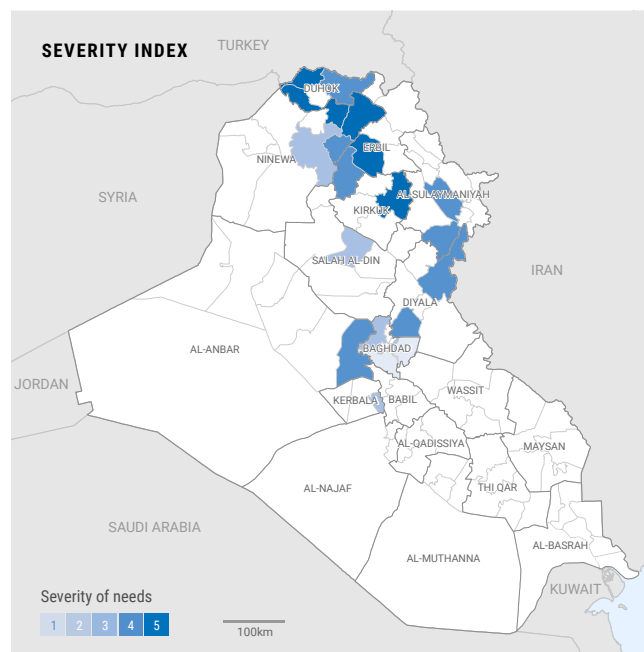
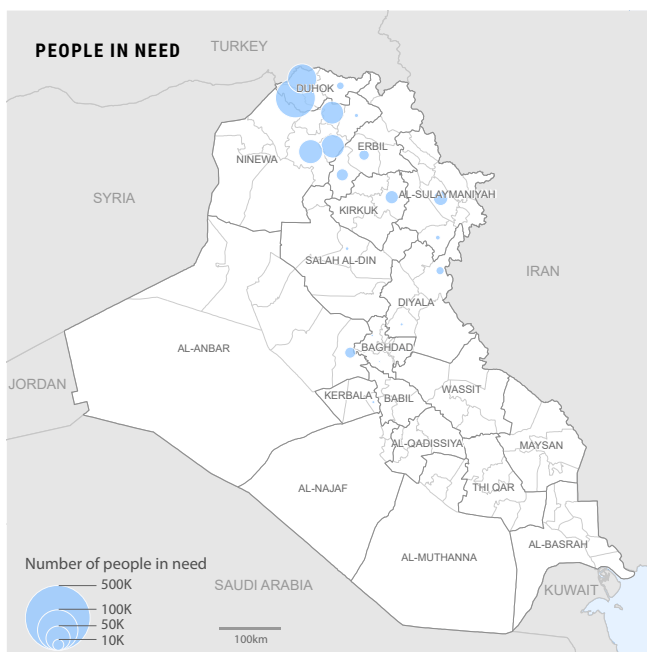
of out-of-camp IDPs in acute need increased from 36 per cent in 2020 to 45 per cent in 2021, while the proportion of returnees with acute needs increased from 28 per cent to 38 per cent. Loss of employment, accrual of debt and increased expenditure on food are the main drivers of this increase, resulting in increased use of negative coping mechanisms.

Percentage of households that relied on negative coping strategies in order to meet basic needs in the 30 days prior to data collection



Source: MCNA VIII, 2020, REACH

In-Camp IDPs



In August 2020, 257,000 IDPs lived in 43 formal camps in 10 governorates,⁵¹ a decrease of 32 per cent in the in-camp population compared to a year prior. Almost all 95 per cent resided in camps in five governorates: Al-Sulaymaniyah, Duhok, Erbil, Kirkuk and Ninewa. Most had been displaced for more than five years; many with limited options for ending their displacement.

After the completion of the assessments and needs analysis informing the 2021 HNO, the GoI resumed closure and consolidation of IDP camps in Federal Iraq. As a result of camp closures and other camp departures, the number of in-camp IDPs, whose needs are assessed in this HNO, has dropped and is continuing to decrease at the time of writing. Nevertheless, the analysis of needs presented here remains relevant for people remaining in camps. Moreover, the 25 camps located in areas administered by the KRG hosted some 182,000 IDPs as of the end of November,⁵² and are not expected to close imminently.

In August 2020, camps were home to just over 123,000 displaced children. Some 13 per cent of in-camp households were headed by women,⁵³ the highest ratio of female-headed households to male-headed households among all population groups. There were also several hundred child-headed families and several thousand families headed by older people.

All IDPs in camps need assistance to meet basic needs, to access basic services in accordance with existing standards and to live safe and dignified lives while in displacement. Despite being a well-served beneficiary group in recent years, the analysis indicated that an estimated 151,000 individuals in camps continued to have acute needs, with many unable to afford to meet their basic needs, while also spending a large portion of their available income on food and health care. As many as 15 per cent of households in camps spend more than 85 per cent of their income on food. Many are concentrated in camps in Sumail and Zakho districts in Duhok and Al-Hamdaniya and

Al-Shikhan district in Ninewa. Smaller groups with equally severe needs are in camps in Erbil, Kirkuk and Aqra (Ninewa) districts.

Key Drivers and Risks Shaping Humanitarian Needs of In-Camp IDPs

The main factors shaping the vulnerabilities and severity of needs of IDPs in camps relate to their displacement status and the impact of COVID-19. The broader political, security and economic context also impacts their situation.

Firstly, service levels below minimum standards persist in many camps due to insufficient investment in improvements. Many camps are five to six years old and have deteriorating infrastructure. Many of the 715,000 people first displaced in 2014 who remain displaced today continue to live in such camps, primarily in areas under KRG administration. There are many children who only know life in a camp. Poor living conditions, services designed to emergency standards and limited financial resources contribute to deteriorating mental and physical well-being of people living in camps.

Secondly, premature and uncoordinated camp closures created additional stress and anxiety for many IDPs. Secondary displacement, re-displacement and unsustainable returns are likely outcomes for departing in-camp populations, with an average of one-third ending up in secondary displacement.⁵⁴

Thirdly, camp-based IDPs, like out-of-camp IDPs, face significant obstacles to return. Barriers to return include destroyed houses; lack of livelihoods and basic services; social tensions; and a lack of security and safety, compounded by fear and trauma associated with areas of origin.⁵⁵ Among in-camp IDP households some 65 per cent report missing documentation related to housing, land and property (HLP), which has slowed down the reconstruction and rehabilitation efforts of their homes, and consequently their ability to return. In 2020, socioeconomic and psychosocial reasons not to return became more prevalent, as conditions in areas of return deteriorated due to COVID-19.

Finally, across the country, 3 per cent of all households

in IDP camps reported that at least one member of their household permanently lost their jobs due to COVID-19; another 25 per cent reported temporary job losses.⁵⁶

Living Standards

The inability to meet basic needs—measured as taking on debt to meet basic food needs, health care, other household items and education needs—is highest among IDPs residing in camps primarily because of limited income and livelihoods. Almost one third (29 per cent) of all households in IDP camps report having at least one adult (over age 18) unemployed and seeking work. A higher proportion of IDP households living in camps (84 per cent), compared to out-of-camp populations (68 per cent) and returnee households (59 per cent) have income-related vulnerabilities, with a monthly income from employment and pension lower than 480,000 IQD/month (equivalent of \$400/month). This is an increase of 8 per cent from 2019, when 76 per cent of in-camp IDPs had income below this threshold.⁵⁷ As a result, two-thirds of all in-camp IDPs are taking on debt to afford to meet basic needs.⁵⁸ As many as 15 per cent of all in-camp IDPs reported spending more than 85 per cent of all their income on food. Very little is left from their income to attend to other needs.⁵⁹

Living conditions and services in camps were not designed for protracted displacement. Moreover, as camp populations shrink, investments in, and maintenance of, infrastructure and services contract further, while services provided outside camps are not always accessible to camp residents due to physical barriers, stigma and discrimination or lack of documentation. This situation was further exacerbated by COVID-19 movement restrictions. Water, sanitation and hygiene (WASH) infrastructure, originally designed to emergency standards, does not fully address the needs of long-term residents.⁶⁰ Tents remain a critical shelter and are not suitable for living in over long periods. Up to 9 per cent of households require shelter improvements, in addition to regular tent maintenance and repair from normal wear and tear. Related to education services, one quarter of all households in camps reported having at least one child not attending formal or informal education regularly prior to COVID-19 restrictions. The inability to afford school-

related expenses is the most frequently cited barrier to accessing school (28 per cent of households with school-aged children), followed by lack of interest of children in education (22 per cent) and lack of physical access of children to schools (16 per cent).

The camp consolidation/closure process which started in 2019 contributed to the disruption of health and nutrition services for many IDP children who were moved at short notice to areas with little infrastructure. COVID-19 exacerbated this situation, exposing people to a wide range of risks threatening their physical and mental well-being. The situation is dire for children when their families are unable to find positive coping strategies.

Further compounding needs is the lack of civil documentation preventing families from accessing certain services and re-establishing their lives at home or elsewhere. More than half of all in-camp households are missing at least one key household or individual document. Some 24 per cent report missing two or more core documents, including identification cards, Public Distribution System (PDS) ration cards (entitling them to government food assistance), birth certificates or HLP documentation to document property ownership. Among these households, 5 per cent lack as many as three or more of their core documents. These households are in acute need of legal assistance.

Coping Strategies

To meet their basic needs, families resort to harmful activities that reach stress, crisis or emergency-levels. Stress strategies, such as selling property, buying food on credit, or reducing non-food expenditure were more widespread in camp settings in 2020. Some 71 per cent of all households reported employing at least one such negative strategy in 2020, compared to 50 per cent in 2019.⁶¹ Although the use of more severe strategies decreased slightly from 2019 to 2020, 8 per cent of in-camp households still resort to crisis strategies (e.g. selling means of transport; child labour), while 9 per cent employ the most severe emergency strategies to meet basic needs (e.g. school dropout; child/adult forced marriage). Negative coping strategies are especially hard on children. Reducing expenditure on health and education (stress coping strategy);

children under age 18 working to provide resources (crisis strategy); and children dropping out of school or entering forced marriages (emergency coping strategies) directly affect the physical and mental well-being of adults and children.

In-camp IDPs are also disproportionately reliant on humanitarian assistance as a primary source of income—29 per cent compared to only 2 per cent of IDPs living outside camps.⁶² Combined with loss of livelihoods, low income and accumulation of debt, people living in camps face significant challenges to recover from the shocks of displacement and COVID-19, and struggle to resolve problems related to their living standards, or manage their physical and mental health.

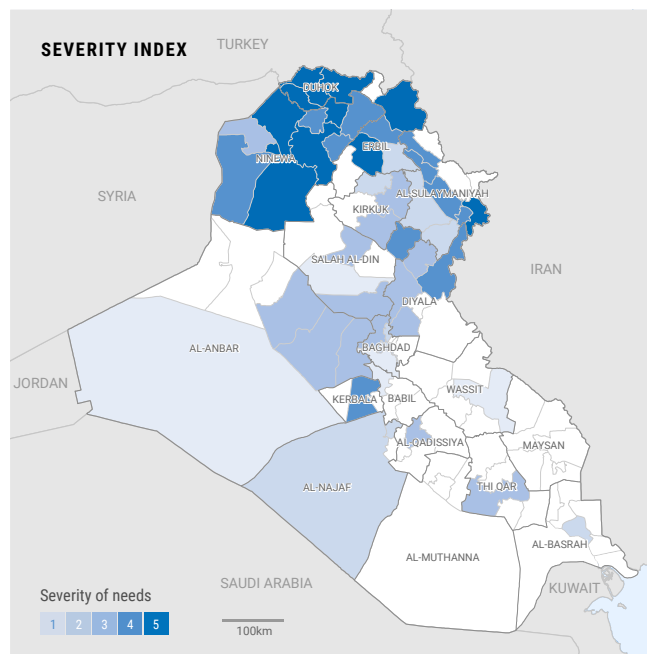
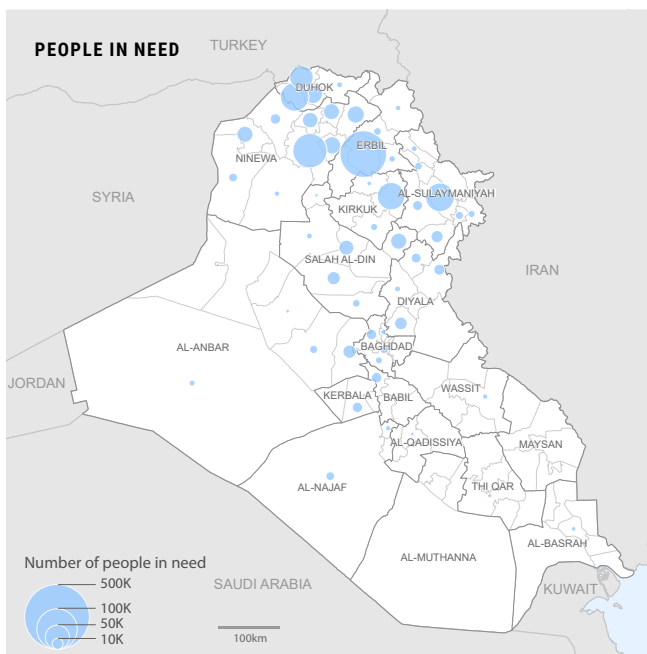
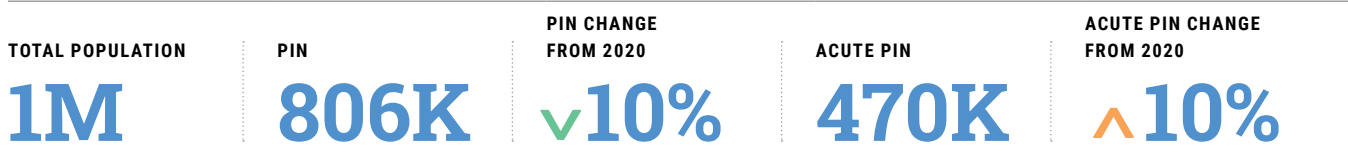
Physical and Mental Well-being

Households with member(s) with a chronic health condition or living with disability in camps are at heightened risk of seeing their physical and mental health deteriorate in the absence of inclusive care and services. The highest percentage of households with people living with disability are in camps, with almost half reporting that their condition prevents them from accessing one or more services.⁶³

In addition to the negative coping mechanisms which can have harmful and long lasting physical and mental consequences, living standards also determine the well-being of people in camps. In some camps, people who had attained food security prior to the pandemic have fallen back into food insecurity due to loss of income and/or employment. People missing key individual documentation have particularly limited access to services and reduced prospects for a productive life. For children, the need for civil documentation is particularly acute. Approximately 52 per cent of all households in camps reported having at least one child missing key documentation, which compromises their ability to access schooling, health care and future employment.⁶⁴

Since the start of the pandemic, protection issues affecting communities have increased. Six months into the pandemic, the proportion of key informants reporting a deteriorating protection situation was higher in camps (73 per cent) than in out-of-camp locations (53 per cent).⁶⁵

Out-of-Camp IDPs



There are 1 million IDPs living in non-camp settings spread across 98 of the 101 districts in Iraq. Some 77 per cent live in the same governorates that are hosting most of the in-camp IDPs, namely in Al-Sulaymaniyah, Duhok, Erbil, Kirkuk and Ninewa.

Of the 1 million people displaced outside formal camps, 806,000 people are estimated to have humanitarian needs. More than half are in acute need, meaning that they experience severe needs and deprivation in multiple sectors; of these, approximately 230,000 are children and close to 19,000 are older people. An additional 40,000 people fell into acute need in 2020, a 10 per cent increase from 2019, attributable to the impact of COVID-19.

Some 30 per cent of the people leaving camps due to camp closures have become secondarily displaced in non-camp settings, including in informal sites and

critical shelters. Their conditions are precarious, due to the unprepared nature of their moves and risk to deteriorate further in 2021 if appropriate humanitarian and durable solutions assistance is not provided.⁶⁶

Key Drivers and Risks Shaping Humanitarian Needs of Out-of-Camp IDPs

Humanitarian needs of out-of-camp IDPs are primarily driven by their inability to afford to meet their basic needs. Similar to in-camp IDPs, two-thirds of all IDPs living outside camps are not able to afford to meet their basic needs—measured as taking on debt due to health care, food, education and other basic household expenditure. Taking on debt to meet food and health needs is considered more critical than taking on debt for education or other household expenditure. Overall, the inability to meet basic needs is a little less severe for out-of-camp households, considering that only one-third incur debt for food and health care, compared

to 54 per cent of in-camp IDPs. Related to basic food needs, almost 10 per cent of all out-of-camp IDPs spend two thirds or more of their income on food, resulting in limited financial resources left to attend to other immediate needs and even fewer resources for medium to longer-term planning and investments related to their future.

The proportion of people who are chronically ill or elderly is higher among out-of-camp IDPs than among returnees and IDPs inside camps. As a result, vulnerabilities related to age and health status also influence the severity of needs for out-of-camp IDPs to a greater extent than they do for in-camp IDPs or returnees, as these population groups have particular service needs. At the same time, proportionally more displaced children outside camps do not regularly attend school than for other population groups. Other factors impacting out-of-camp IDPs are linked to their inability to afford private rent with consequences related to living standards (e.g. critical shelters and/or risking eviction).

Living Standards

Because they live with host communities in large urban settings, or are scattered across the country where humanitarian programming has been limited, humanitarian actors were not able to reach all vulnerable out-of-camp IDPs in 2020. With limited reach in terms of humanitarian assistance and increased socioeconomic problems, the living situation for out-of-camp IDPs worsened in 2020. This is likely to explain, at least in part, why out-of-camp IDPs are more frequently dissatisfied with the aid received—34 per cent of IDP households outside of camps report not being satisfied, followed by 24 per cent of in-camp IDP households and 3 per cent of returnee households. The most cited complaints relate to the quantity and quality of health services, non-food items (NFI), cash and food.

An estimated 11 per cent of people displaced outside of camps live in critical shelters,⁶⁷ half of them in unfinished and abandoned buildings. Others spend a significant portion of their income on rent and 5 per cent of out-of-camp IDPs report a risk of eviction from

their current accommodation.

COVID-19-related loss of employment is, on average, higher among out-of-camp IDPs than other population groups of concern. Some 34 per cent of all out-of-camp IDP households report that at least one household member lost their job, temporarily or permanently, as a result of COVID-19, compared to 28 per cent among in-camp IDP households and 13 per cent of returnee households. Even though instances of debt accrual are more frequent among returnee households, the average reported debt value is highest among out-of-camp IDP households (1,700,000 IQD) when compared to returnee households (1,500,000 IQD) and in-camp IDP households (1,400,000 IQD).⁶⁸ Overall, out-of-camp IDP households report, on average, a much higher proportion of their total household expenditure going towards rent (27 per cent) compared to no such costs for in-camp IDPs and only 5 per cent for returnees.⁶⁹ This is second to food expenses (51 per cent) and followed by medical expenses (14 per cent).

Education gaps and needs have also increased dramatically as IDPs in camps and out-of-camp locations face difficulties accessing internet and electronic devices to follow online classes.

Missing documentation is reported as a key concern for 43 per cent of out-of-camp IDP households, compared to 55 per cent of in-camp IDP households and 57 per cent of returnee households. The lack of documentation hampers families' access to services and limits the possibility of finding solutions that would resolve their displacement. The situation is especially difficult for the 16 per cent of households who report missing two or more core documents (identification cards, PDS ration cards (entitling them to government food assistance), birth certificates or HLP documentation to prove property ownership).⁷⁰

Coping Strategies

The pandemic has hit out-of-camp IDPs the hardest. Compared to the other two population groups, out-of-camp IDPs use negative coping mechanisms more frequently to meet basic food needs. They also engage overall in more harmful behaviours. It was the only

population group experiencing an increase in the use of emergency strategies, such as school drop-out, forced marriages and in some isolated cases migration, between 2019 and 2020. The use of stress and crisis strategies almost doubled from 2019 to 2020. Some 70 per cent of households reported selling property, spending savings, buying food on credit or reducing non-food expenditure, compared to only 39 per cent reporting such behaviour in 2019. The proportion of households resorting to more severe strategies, such as child labour, changing accommodation or selling means of transportation, increased from 15 per cent in 2019 to 23 per cent in 2020.

Physical and Mental Well-being

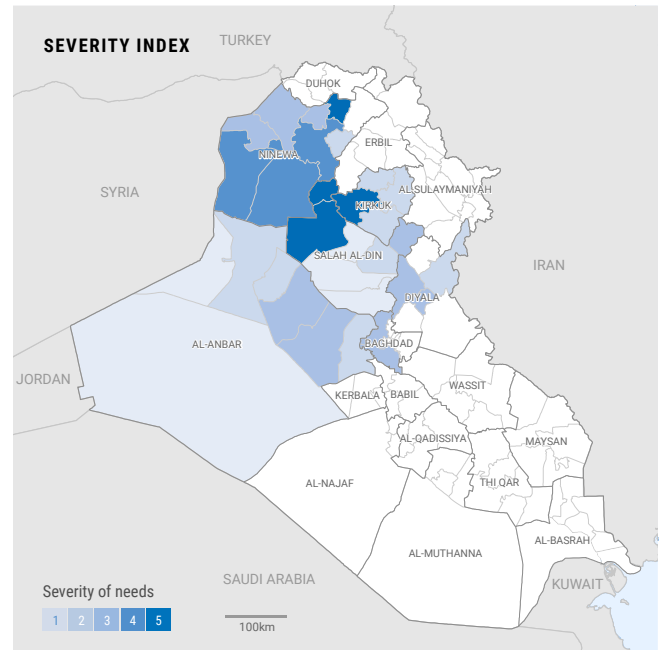
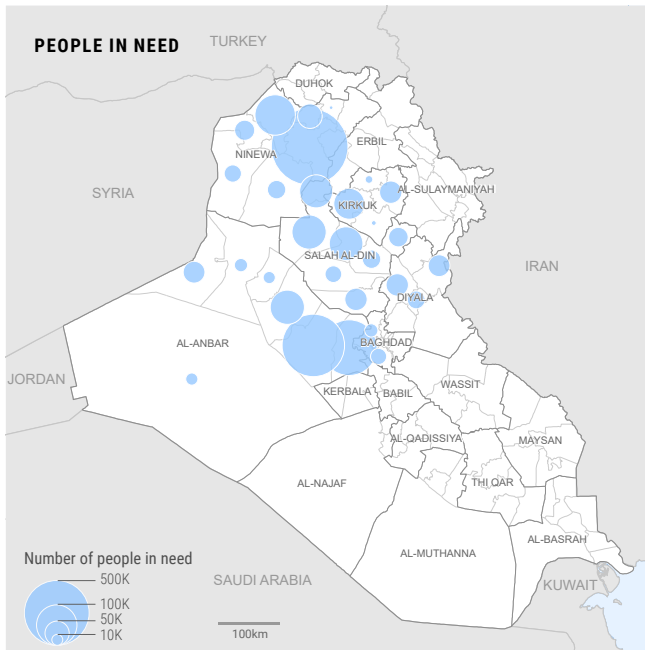
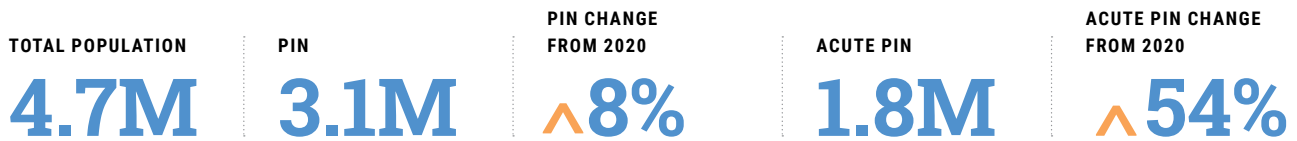
Reduced livelihoods and income generating opportunities resulted in an increase in food insecurity in the conflict-affected population. Out-of-camp IDPs more frequently report having insufficient food in the house, going to sleep hungry due to insufficient food or even going a whole day and night without eating. About 8 per cent of out-of-camp IDPs have high scores on the household hunger scale compared to 3 per cent of in-camp IDP households and 2 per cent of returnee households.

The significant increase in negative coping strategies to meet basic food needs means that many IDPs expose themselves and their children to activities endangering their physical and mental health (i.e. early pregnancy, and other forms of physical and mental abuse). Other concerning trends include an increase in forced labour and economic exploitation, a proportion which is much higher in out-of-camp locations (11 per cent) compared to camps (4 per cent).

Disruption of regular health programmes during the pandemic, such as immunizations, and maternal and child health services, affects the broader community, but its impact is more severe for IDPs missing documentation who have difficulties accessing basic health services. Out-of-camp IDPs have the highest proportion of households with at least one individual with a chronic health condition (47 per cent compared to 42 per cent and 40 per cent among in-camp IDPs and returnee households respectively⁷¹), and risk

experiencing severe health consequences if not assisted to access health care. The proportion of households without access to adequate quantities of water for drinking or domestic purposes and without access to soap and hygiene practices is also higher among out-of-camp IDPs, a situation compounding the health situation of this group.

Returnees



A total of 4.7 million returnees live in 35 districts in nine governorates, including 2 million children, 2.5 million adults and 190,000 older people. Almost all of them, 97 per cent, live in five governorates: Ninewa (39 per cent), Al-Anbar (31 per cent), Salah Al-Din (15 per cent), Kirkuk (7 per cent) and Diyala (5 per cent). The top district of return is Al-Mosul, with 1 million people, followed by Al-Ramadi, Al-Falluja and Telafar.

Among returnees, 64 per cent need some type of humanitarian assistance. Of them, 1.8 million people are estimated to be in acute need. This is an increase of 600,000 people compared to 2020 and attributable to more families returning to areas of origin; COVID-19 impacts; and slow-moving post-conflict rehabilitation, including infrastructure reconstruction, security and good governance, and promotion of justice and reconciliation.

Most vulnerable returnees, especially those residing

in, or going to, areas with conditions that are not conducive to establishing a safe and productive life, need assistance to meet basic needs and access services in order to rebuild their lives following prolonged displacement and exposure to violence.

Key Drivers and Risks Shaping Humanitarian Needs of Returnees

The key factor increasing the severity of needs in 2020 is the lack of resources to meet basic needs. Almost a third of returnee households report taking on debt to afford food and health care. A little more than a third of returnee households report high food expenditure: on average, more than 75 per cent of their disposable income goes towards covering food needs. Being chronically ill and above 50 years old during COVID-19, as well as living in inadequate shelters, are other key characteristics influencing severity of need among returnee households.

The presence of explosive remnants of war (ERW) and Improvised Explosive Devices (IED) from the rubble of destroyed houses, family property and agricultural fields also remains a key challenge in areas of return. Supporting the returns-oriented prioritization of explosive ordnance clearance activities is critical to resolve this barrier to return. Widespread contamination and associated fear remain significant and continue to impact not only return, but also hinder agricultural livelihood activities.

Living Standards

From March to July 2020, the proportion of returnees living in areas where living conditions are severe increased from 51 per cent to 64 per cent.⁷² However, by October, conditions in return areas were back to pre-COVID-19 levels, possibly owing to improved community response to the shocks of COVID-19. Overall, an estimated 2.4 million returnees now live in areas where livelihoods, basic services, safety and social cohesion are not conducive to resuming safe and dignified lives. This is a decrease from the 3 million returnees reported in July 2020, but an increase compared to the 2.1 million people reported at the end of 2019.⁷³

Increased food costs, shelter repairs and missing civil documentation are issues more frequently reported among returnee households. Half of all returnee households report spending on average more than 65 per cent of their income on food. This is linked with the inability to meet basic needs, manifested through taking on debt for food and health care. Although the debt value is highest among out-of-camp IDPs, instances of debt accrual is, on average, higher among returnee households. The Iraq Information Centre (IIC), a joint feedback mechanism, has found that cash assistance for meeting basic needs remains the most sought-after support for returnees.

The condition of shelters has a direct consequence on the living standards of returnees. Between 3 and 4 per cent of all returnees (about 192,000 people) live in critical shelters, such as unfinished and abandoned buildings, make-shift shelter, or non-residential, public and religious buildings—generally structures

that are unsafe and lack security of tenure.⁷⁴ Many more live in sub-standard shelters that require significant investment to achieve a safe and dignified living environment. Some 12 per cent of all returnee households are in acute need as a result of having shelters that are simultaneously not protected from hazards (e.g. contamination from explosive ordnance, land at risk of flooding/landslides, proximity to solid waste dumping sites) and require improvements to ensure safety and security (e.g. located in an insecure/isolated area, not protected from intruders). An additional 35 per cent of returnee households are in need because shelters do not provide sufficient privacy and dignity (e.g. no separate rooms, insufficient space, shared facilities such as toilets and showers) and are simultaneously not protected from climatic conditions (e.g. leaking roof, opening on the walls, lack of heating). Some 20 per cent of returnee households reported accumulating debt for house repairs and reconstruction. Field monitoring consistently confirms that shelter is the main need and often a reason for volatile returns and for increasing vulnerability of returnees.

More than half of all returnee households reported missing at least one key household or individual document and 20 per cent report missing two or more core documents, including identification cards, PDS ration cards (entitling them to government food assistance), birth certificates or HLP documentation to document property ownership. These households face more severe problems in accessing basic services and assistance without such key documents.

Coping Strategies

Returnee households are, on average, less likely to report using negative coping mechanisms compared to IDPs. Still, the proportion of returnee households using stress-level strategies, such as selling property or borrowing money, to meet basic needs nearly doubled in 2020 from 27 to 52 per cent. Even though a small proportion of returnee households report using more severe strategies, converted to absolute numbers, there are still hundreds of thousands of families endangering themselves and the future of their children by resorting to crisis- and emergency-level coping

strategies.⁷⁵ The erosion of positive strategies such as ability to focus on productive activities and self-care, with a simultaneous gradual increased use of negative coping strategies, are trends likely to continue as more families return to areas with inadequate conditions for resuming a normal life.

Physical and Mental Well-being

In addition to inadequate socioeconomic and shelter conditions, child protection risks and vulnerabilities related to illness and age drive, to some extent, the severity of needs among returnees. Child labour is reported by 8 per cent of returnee households. Children who work are deprived of education and a school's supportive environment, and are often exposed to physical and verbal abuse in the workplace. Among returnee households, 40 per cent have at least one member living with a chronic illness who risk not accessing adequate care because services do not exist or are inaccessible.

Returnee households are more likely to report issues related to the quality of the water source and sanitation facilities than the quantity of water. Outside of formal camps, lack of access to an improved water source is reported 1.5 times more often by returnee households than IDP households, while a lack of access to improved functional sanitation facilities is reported twice as often among returnee households than among IDP households. Furthermore, some 9 per cent of all returnees are estimated to not have access to soap and/or are not practicing hand washing, a highly concerning situation during an ongoing pandemic.

As camps close, more people are expected to return to areas of origin that may lack adequate access to basic education, health care, and water, sanitation and hygiene services, which will inadvertently burden the already stretched services in these locations. If living conditions continue to deteriorate and returnee families continue to resort to negative coping strategies, returnees risk experiencing a deterioration of their physical and mental health well-being.

Other Vulnerabilities

The situation of vulnerable groups observed in 2019 remained the same throughout 2020, and is unlikely to improve in 2021. Female-headed households continue to fare worse compared to male-headed households, especially regarding income and coping strategies. The percentage of households with at least one member with disability reporting health care as primary reason for debt was, on average, twice as high as the percentage of households that did not have any member living with a disability. Furthermore, households having a family member living with disability are 1.3 times more likely to report a debt value higher than 505,000 IQD (approximately \$424) compared to households without reported disability. Reliance on stress and emergency coping strategies to meet basic needs is also higher among this group.

Psychological trauma, stress and anxiety is the most often reported protection risk among women and girls, older people, and people living with disability, followed by lack of specialized services for women and girls, and a lack of access to health care for older people and people with disability.⁷⁶ Moreover, people with perceived affiliations to extremist groups are at significant risk of discrimination, marginalization and even physical harm on return to areas of origin, particularly where social cohesion, tribal tensions and related challenges persist.

Some groups are less likely to voice concerns and/or request specific information to meet their needs or minimize existing vulnerabilities. Only half of the out-of-camp IDP and returnee populations report having access to and/or knowledge of existing complaints mechanisms—51 and 52 per cent respectively.⁷⁷ This is low when compared to IDP households in camps, where some 74 per cent report access to, or awareness of, complaints mechanisms. While there are some variations across the three population groups regarding top information needs from aid providers, all groups needed information on livelihoods,

humanitarian assistance, safety and security, health care and the status of housing.

Calls received through the IIC have indicated that all populations have consistently listed cash, protection and food assistance as the three top concerns. The preferred means of receiving information has changed from 2020. More IDPs now prefer phone/voice calls instead of face-to-face interaction and a higher proportion of returnees prefer television to face-to-face or phone communication. Information about COVID-19 was also sought by a third of the affected population.



DUHOK, IRAQ

A woman in an IDP camp reads COVID-19 awareness raising materials, 2020 © WHO

DUHOK, IRAQ

Indoor recreational activities in Bersive 2 IDP Camp, 2020 © SOSD

ANBAR, IRAQ

Children at Kilo 18 informal settlement, March 2020 © OCHA

KIRKUK, IRAQ

A nurse testing blood oxygen levels on COVID-19 positive patient at the isolation area in Laylan IDP Camp, September 2020 © WVI

People in need by governorate

BY GENDER
WOMEN / MEN (%)

50 / 50



BY AGE
CHILDREN \ ADULTS \ ELDERLY (%)

44 / 52 / 4



WITH DISABILITY

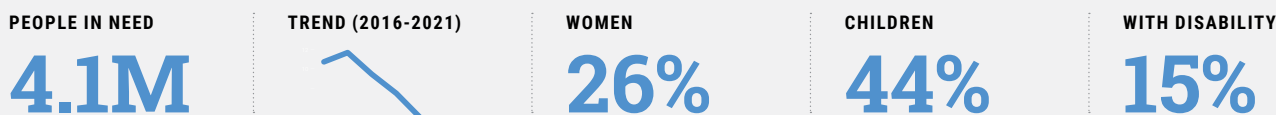
15%

Governorate	In-camp IDPs			Out-of-camp IDPs		
	Population	PIN	Acute PIN	Population	PIN	Acute PIN
Al-Anbar	6K	6K	3K	27K	22K	20K
Al-Basrah				6K	2K	458
Al-Muthanna				1K		
Al-Najaf				12K	8K	3K
Al-Qadissiya				4K	1K	1K
Al-Sulaymaniyah	11K	11K	6K	119K	92K	49K
Babil				17K	9K	2K
Baghdad	1K	1K	300	31K	20K	8K
Diyala	4K	4K	2K	50K	31K	16K
Duhok	125K	125K	81K	159K	126K	93K
Erbil	14K	14K	8K	197K	168K	101K
Kerbala	1K	1K	169	15K	9K	6K
Kirkuk	9K	9K	7K	89K	60K	29K
Maysan				2K	120	
Ninewa	85K	85K	43K	231K	198K	114K
Salah Al-Din	1K	1K	247	66K	56K	29K
Thi Qar				3K	1K	1K
Wassit				6K	2K	1K
Total	257K	257K	151K	1.0M	806K	470K

Returnees			Overall		
Population	PIN	Acute PIN	Population	PIN	Acute PIN
1.5M	1.0M	454K	1.5M	1.1M	477K
			6K	2K	458
			1K		
			12K	8K	3K
			4K	1K	1K
			131K	104K	55K
5K			22K	9K	2K
82K	50K	25K	114K	71K	32K
231K	147K	79K	285K	183K	98K
1K			285K	251K	174K
47K			258K	182K	109K
			15K	9K	6K
330K	176K	142K	428K	245K	178K
			2K	120	
1.8M	1.1M	845K	2.2M	1.4M	1.0M
706K	558K	275K	772K	615K	304K
			3K	1K	1K
			6K	2K	1K
4.7M	3.1M	1.8M	-	4.1M	2.4M

1.5 Number of People in Need

Current figures



Iraqis affected by the conflict with ISIL continue to face significant humanitarian challenges. Of the 6 million people displaced during the conflict, 4.7 million have returned to areas of origin, while 1.3 million people remain displaced. Across the country, 4.1 million IDPs and returnees continue to have humanitarian needs.

While the overall number of people in need remains similar to 2020, the number of IDPs and returnees in acute need has increased significantly. It is estimated that 2.4 million people are in acute need in 2020-2021 compared to 1.8 million people in 2019-2020; a growth attributable to the socioeconomic impact of COVID-19.⁷⁸ The increase in the severity of humanitarian needs has been particularly stark for returnees and IDPs living outside camps.

Among IDPs, 92 per cent have been displaced for more than three years and 70 per cent for more than

five years. There are 257,000 people in camps, with thousands more in informal settlements and critical shelters, having limited prospects to establish a safe and dignified life elsewhere; while deteriorating conditions in areas of return also jeopardize the sustainability of many of the returns that have taken place.

Among the people in need, specific groups of people are disproportionately affected by COVID-19 and continue to see their situation deteriorate in the absence of durable, safe and dignified solutions. Female headed households, children and older people, youth, daily labourers, people living in critical shelters, as well as people living with a disability or chronic illness experience more severe needs and also face significant barriers in addressing those needs.

POPULATION GROUP	POPULATION	AFFECTED	PIN	PIN CHANGE FROM 2020	ACUTE PIN	ACUTE PIN CHANGE FROM 2020
In-camp IDPs	257K*	257K*	257K*	▼ 40%	151K	▼ 23%
Out-of-camp IDPs	1.04M	968K	806K	▼ 10%	470K	▲ 10%
Returnees	4.74M	4.6M	3.1M	▲ 8%	1.8M	▲ 54%
Overall	-	5.8M	4.1M	▲ 1%	2.4M	▲ 38%

Part 2

Risk Analysis and Monitoring of Situation and Needs

ANBAR, IRAQ

Children in Kilo 7 informal settlement,
2020 © H. Stauffer, OCHA



2.1 Risk Analysis

The situation in Iraq is highly volatile in large part due to the fragile political and security context, the impact of COVID-19 and the risk of further unplanned camp closures. Over the next year, the country will be exposed to significant risks, which could increase humanitarian needs.

The INFORM Index for Risk Management assesses Iraq to be the 14th most at-risk country globally,⁷⁹ categorized at the highest level of risk when considering levels of exposure to hazards, vulnerability and coping capacity. Iraq is exposed to natural hazards, notably floods, droughts, earthquakes and epidemics. However, human-induced disasters pose a greater risk to Iraq, with very high exposure to projected conflict risk and highly violent conflict.⁸⁰ The risk of violence is considerable, and likely to be exacerbated in an election year during a time of resource shortages, a financial crisis and a spike in misinformation since the start of the pandemic.

Risks Related to Conflict and Displacement

2021 will see significant risks related to Iraq's political and security context. Pockets of instability and insecurity linger, political protests continue in their second year, and elections planned in 2021 could trigger upheavals and political uncertainty.

2020 saw a marked increase in ISIL-authored attacks compared to the previous year. Remaining ISIL cells have continuously mounted small-scale attacks against government and civilian targets; military operations against them continue, occasionally inducing small-scale displacement. New and secondary displacements were reported in the first six months of 2020.⁸¹

The presence of other armed groups has expanded significantly in areas formerly held by ISIL over the

past four years. In some locations, the group is not reflective of local community identities and introduces further complexity into the area. In some locations, this complex environment has resulted in insecurity and targeted attacks on returnees. In turn, such dynamics and overt violence causes the re-displacement of returnees, as was witnessed following targeted attacks on returnees in Balad District, Salah-Al Din in October 2020.

The government-led closure and consolidation of IDP camps and informal sites is expected to continue in 2021, with resulting population movements. If these continue in a similarly unplanned manner, substantial secondary displacement would be expected, mirroring the 2020 results. More people could move to areas lacking adequate shelter, basic services, livelihood opportunities, social cohesion and safety. Thus, the number of out-of-camp IDPs and returnees in acute need could increase throughout the year.

There is an ongoing need to monitor population movements and resulting humanitarian needs, including conditions in out-of-camp settings and areas of return. Already, acute needs have been increasing outside of camps and an estimated 1.7 million returnees (of the total 4.3 million returnees) are at risk of not finding durable solutions and becoming re-displaced.

Risks Related to COVID-19

According to INFORM, Iraq is ranked 25th for epidemic risk,⁸² indicating that a widespread outbreak is very likely due to often close living conditions, cultural norms and a health-care system ill-equipped for mass hospitalizations and widespread testing. With COVID-19 likely to continue for at least part of 2021, the pandemic presents a double hazard in Iraq, simultaneously aggravating existing humanitarian

needs for the conflict-affected populations, while generating new vulnerabilities for the general population which could exceed emergency thresholds.

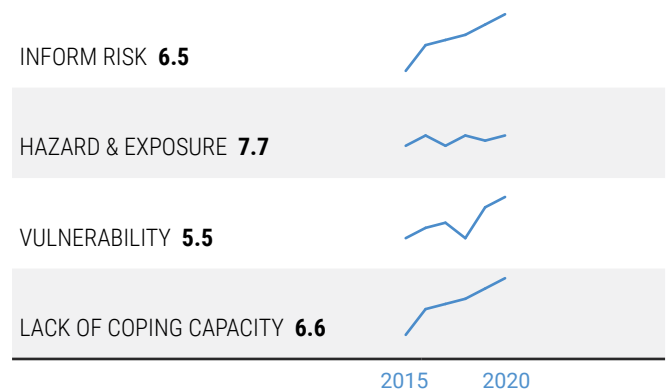
The World Bank has projected Iraq's economy to contract by 9.5 per cent in 2020 and some projections have indicated that the country's net income could drop by 65 per cent compared to the previous year. This would mark the country's worst economic performance since 2003 and could lead to reduced spending on critical reconstruction, recovery and social safety nets, or inability to pay salaries, amid large-scale job losses in the private and informal sectors. As a result, poverty levels are also expected to increase throughout the country.

The deepened socioeconomic vulnerabilities throughout the general population, if not addressed, could manifest in new humanitarian needs. Already, 3.2 million people have insufficient food consumption and 14 per cent of households rely on negative food-based coping strategies such as reducing intake, while nearly 10 per cent of children suffer from chronic malnutrition.⁸³ An additional 5.3 million people could end up using negative coping mechanisms to meet their food needs in 2021.

Access to basic services has also been disrupted in many parts of the country. The health system was overburdened before the pandemic, and has had to divert resources (money, staff, equipment and infrastructure) from other essential health services to the COVID-19 response. At the same time, fewer people are accessing regular health services, including immunization, and material and child health. Vaccination rates have dropped between 20-30 per cent for all antigens and an estimated 300,000 children risk missing out on vaccinations. As a result, Iraq could see the return of polio (eradicated in 2014) and measles outbreaks in 2021.

Potential Implications for Humanitarian Needs in 2021

While conflict-affected populations have been hit the hardest by the impact of COVID-19, the increased socioeconomic vulnerabilities of the general population are also of concern. In the absence of a functional economy and social safety nets functioning at scale, people who were not directly impacted by the conflict against ISIL could see their coping mechanisms exhausted. While these vulnerabilities have not currently reached emergency thresholds requiring humanitarian intervention, the humanitarian community will continue to monitor the situation closely to adjust and adapt the response as required. Meanwhile, the socioeconomic impact of COVID-19 will be addressed through other response frameworks, including the Socioeconomic Response Plan, the Durable Solutions Framework and the United Nations Sustainable Development Cooperation Framework.



For more information, visit: www.inform-index.org

INFORM
INDEX FOR RISK MANAGEMENT



NINEWA, IRAQ

IHF-funded mobile clinic providing services in West Mosul, 2020 © DARY

2.2 Monitoring of Situation and Needs

Humanitarian actors in Iraq systematically collect data to monitor the situation of the 6 million IDPs and returnees and to understand the evolution of their humanitarian needs.

Situation Monitoring

Continuous situation monitoring of the number of IDPs and returnees, their shelter type, the period of displacement, areas of origin for IDPs and areas of last displacement for returnees will continue in 2021 using IOM-DTM's Master Lists for IDPs and Returnees⁸⁴ and the CCCM Cluster's Camp Master List and Population Flow tracking tools. The Return Index will also continue to monitor changes in the severity of conditions in

areas of return, providing data on 16 indicators related to livelihoods, basic services, safety perceptions and social cohesion which contextualize humanitarian needs in return areas.

For more dynamic situations, such as new population movements resulting from sudden camp closures, conflicts flaring up locally or other hazards (e.g. water shortages, floods), IOM-DTM's emergency tracking tools and rapid assessments conducted by partners will be activated as needed to collect, consolidate and disseminate baseline data and information through daily and weekly updates, as needed. In 2020, such data collection and reporting was undertaken to track IDP movements to Sinjar and Al-Baaj districts;

IDP departures from closing camps; cross-border monitoring reports; COVID-19 mobility restrictions and health measures at border crossing points; and a COVID-19 impact assessment.⁸⁵

To monitor complaints and people's information preferences, the IIC will continue to publish monthly a summary of calls⁸⁶ and bi-weekly bulletins.⁸⁷ This mechanism records and reports issues to be resolved by humanitarian partners.

Needs Monitoring

Regular and well-established annual large-scale surveys such as the Multi-Cluster Needs Assessment (MCNA) and the Integrated Location Assessment (ILA) have been used to arrive at an overall and impartial understanding of the needs in Iraq. This will continue in 2021 and efforts will continue to align with global methodologies while remaining relevant to the Iraq context.

At camp level, the CCCM-REACH Initiative Camp Profiles and Intentions Surveys and CCCM Formal Site Monitoring Tools (FSMT) will continue to be used to understand the needs of people residing in formal camps. At sectoral level, most clusters have identified indicators to track monthly or quarterly to measure increases or decreases of people in need of assistance, with particular attention to the risks identified above.⁸⁸

Prompted by COVID-19's disruption to data collection processes, several partners have set up remote data collection tools, expected to continue and further improve in 2021. For example, the Protection Monitoring System (PMS)⁸⁹ rolled out by the National Protection Cluster (NPC) in response to COVID-19 has been standardized to continue to collect information on safety and security; right to life; physical and mental integrity; freedom of movement; civil status and documentation; social cohesion; gender-based violence; child protection; housing, land and property; and standards of living.

For COVID-19 and communicable disease information, the Health Cluster will continue the daily Iraq COVID-19

dashboard updates and weekly Early Warning Alert and Response Network (EWARN) updates.⁹⁰ The Iraq Weekly Food Security Monitor will continue in 2021, though monitoring of food consumption patterns in real-time is subject to funding in 2021. Market, livelihoods and price analyses will be conducted by the Cash Working Group (CWG), in collaboration with partners, through tools such as Joint Rapid Assessment of Markets and Joint Price Monitoring Initiative.⁹¹

Other situation and needs data will continue to be monitored, shared and analyzed through existing coordination mechanisms to promote a shared understanding of the operating context. This includes critical protection incident reporting, and access reports (conducted by the Protection Cluster and Humanitarian Access Working Group respectively) for the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG); regular review of needs assessment findings; maintenance of the Iraq Assessment Registry; regular response monitoring and reporting, facilitated by the Assessments Working Group (AWG) and Information Management Working Group (IMWG). Field monitoring of needs and gaps, including through local partners will continue for further contextualization.

Anticipating the evolution of needs in Iraq's post-conflict setting is challenging due to the unpredictable behaviour of multiple actors shaping the humanitarian space (e.g. sudden camp closure; political and security instability). COVID-19 shocks have further complicated forward-looking analysis. Going into 2021, the United Nations Country Team (UNCT) will monitor the evolution of socioeconomic vulnerabilities in Iraq, including from COVID-19, while the HCT and ICCG will closely observe the situation beyond the conflict-affected population to act, if and when humanitarian emergency thresholds are crossed.

Indicators

#	INDICATOR	SECTOR	SOURCE	FREQUENCY
Camp Coordination and Camp Management (CCCM)				
CCCM 1	# people living in formal camps (SADD)	CCCM	CCCM Cluster camp population master list	Monthly
CCCM 2	# people departing formal camps	CCCM	CCCM Cluster camp population master list	Monthly
CCCM 3	# people living in informal sites	Multi-sector	IOM-DTM, ILA; Partner reporting	Yearly; Regular cycle
Education Cluster (EDC)				
EDC 1	% children unable to access schools	Education	Partner reports; MoE and DoE	Quarterly
EDC 2	% schools that remain closed	Education	Partner reports; Ministry and Directorates of Education	Quarterly
EDC 3	% children affected by protection issues (and type)	Protection	Protection monitoring	Quarterly
Emergency Livelihoods Cluster (ELC)				
ELC 1	% households unable to afford basic needs (measured as households taking on debt due to health care, food, education, or basic household expenditures)	Emergency Livelihoods	MCNA; Partner assessments	Yearly; Partner assessments: frequency depends on partner's reporting
ELC 2	% households facing [type of] employment barriers	Emergency Livelihoods	MCNA; Partner assessments	Yearly; Partner assessments: frequency depends on partner's reporting
Food Security Cluster (FSC)				
FSC 1	# households by household hunger category	Food Security	MCNA	Yearly
FSC 2	% households relying on stress/crisis/emergency strategies to cope with a lack of resources to meet basic needs	Cross-cutting; Cash Working Group; Protection; Food; Security; Emergency Livelihoods	MCNA	Yearly
FSC 3	# households spending more than <50 %, 51-65%, 66-75%, 76-85%, >85% of their total expenditure on food	Food; Security; Emergency Livelihoods	MCNA	Yearly
FSC 4	% households that are food secure, marginally food secure, moderately food insecure and severely food insecure	Food Security	Vulnerability Analysis and Mapping (VAM); MCNA	Yearly
FSC 5	% households that have poor/borderline/ acceptable food consumption score	Food Security	WFP Hunger Monitoring System (mVAM)	
National Health Cluster (NHC)				
NHC 1	# children (aged 0-59 months) in need of polio immunization services in crisis-affected areas	Health	UNICEF	Quarterly
NHC 2	# people in need of essential primary health care services in crisis-affected areas	Health	WHO	Quarterly
NHC 3	% women of reproductive age (aged 15-49 years) whose need for family planning is satisfied with modern methods	Health	UNFPA	Quarterly

#	INDICATOR	SECTOR	SOURCE	FREQUENCY
Protection Cluster				
General Protection (GP)				
GP 1	% households missing at least one key household or individual document	Protection	MCNA; ActivityInfo; Protection Monitoring System (PMS)	Yearly; Monthly; Quarterly
GP 2	% households (adults) with psychosocial distress (proxy data with behaviour change)	Protection	MCNA; ActivityInfo; PMS	Yearly; Monthly; Quarterly
Housing, Land and Property Sub-Cluster (HLP)				
HLP 1	% IDP households not intending to return due to HLP issues (damage/destruction, secondary occupation or unresolved HLP ownership issues)	HLP/Shelter	MCNA; ActivityInfo	Yearly; Monthly
HLP 2	% households lacking secure tenure	HLP	MCNA; ActivityInfo	Yearly; Monthly
HLP 3	% households lacking valid HLP documentation	HLP	MCNA; ActivityInfo	Yearly; Monthly
HLP 4	% households reporting risk of eviction	Protection/HLP	MCNA	Yearly
HLP 5	% households reporting [reason] as a risk for eviction	Protection/HLP	MCNA, PMS	Yearly; Quarterly
HLP 6	% households who have received property compensation	HLP/Shelter	MCNA	Yearly
Mine Action Sub-Cluster (MA)				
MA 1	% explosive ordnance contamination area size	Mine Action	Information Management System for Mine Action (IMSMA)	Monthly
MA 2	% explosive hazards incident recorded	Humanitarian access	iMMAP	Monthly
Child Protection Sub-Cluster (CP)				
CP 1	% households with at least one child missing a key individual document	Protection/Child Protection	MCNA; ActivityInfo	Yearly; Monthly
CP 2	% households with presence of child marriage	Child Protection	MCNA; PMS	Yearly; Quarterly
CP 3	% households with at least one person under 18 working	Child Protection	MCNA; PMS	Yearly; Quarterly
CP 4	% households with at least one child (aged 6-17) not attending formal or informal education regularly (at least 3 days a week)	Education	MCNA; ActivityInfo	Yearly; Monthly
CP 5	% households where at least one member is reporting signs of distress (self-diagnosed) (SADD)	Mental Health and Psychosocial Support (MHPSS)	MCNA; PMS	Yearly; Quarterly
Gender-Based Violence Sub-Cluster (GBV)				
GBV 1	% women and girls who avoid areas because they feel unsafe there	Protection-GBV	MCNA	Yearly
GBV 2	% households relying on negative coping mechanisms to meet their basic needs	Protection-GBV	MCNA	Yearly
GBV 3	% households living in critical shelter	Protection-GBV	MCNA; CCCM; DTM	Yearly, Every two months

#	INDICATOR	SECTOR	SOURCE	FREQUENCY
GBV 4	Critical protection issues facing women and girls in areas of displacement and return (safety; access to services; violence, harassment, or abuse; livelihoods)	Protection-GBV	ILA, PMS	Yearly, Quarterly
GBV 5	# GBV incidents by type, displacement status, age and gender	Protection-GBV	GBV Information Management System (GBVIMS)	Monthly
Shelter and NFI Cluster (SNFI)				
SNFI 1	# and % households living in critical shelter inside camps	Shelter/NFIs	CCCM camp master list; CCCM camp profile; Formal Sites Monitoring Tools (FSMT)	Monthly; Twice a year; Twice a year
SNFI 2	# and % of households living in critical shelter out of camps	Shelter/NFIs	IOM-DTM; ILA; MCNA	Every two months; Yearly
SNFI 3	% people not intending to return because of damaged properties	CCCM	CCCM Intentions Survey	Twice a year
SNFI 4	% callers asking for shelter and NFI support	Cross-cutting; Accountability to Affected Populations (AAP)	Iraq Information Center (IIC)	Weekly
Water, Sanitation and Hygiene Cluster (WASH)				
WASH 1	# people who have access to improved potable water	WASH	ActivityInfo; Cluster spot checks	Monthly
WASH 2	# people who have access to sufficient quantity of water for drinking and domestic purposes (SADD)	WASH	ActivityInfo; Cluster spot checks	Monthly
WASH 3	# people who have knowledge of good hygiene practices (SADD)	WASH	ActivityInfo; Cluster spot checks	Monthly
WASH 4	% people living with disabilities who have access to WASH services	WASH	ActivityInfo; Cluster spot checks	Monthly
WASH 5	# people who have access to functional and improved sanitation facilities (SADD)	WASH	ActivityInfo; Cluster spot checks	Monthly
WASH 6	% people who are satisfied with the quality of WASH services (SADD)	WASH	Feedback from IIC; partner satisfaction surveys; camp sweeps	Monthly
Cash Working Group (CWG) – Multipurpose Cash Assistance (MPCA)				
CWG 1	% households unable to access basic needs due to financial constraints	MPCA	CWG	
CWG 2	% increase in price of basic need items	MPCA	CWG	
CWG 3	Household expenditure on basic needs	MPCA	CWG	
CWG 4	Household predicted consumption before and after MPCA (composite indicator ⁶³)	MPCA	Post-distribution monitoring (PDM)	
CWG 5	% households in need who are satisfied with the assistance received from aid providers in the last 30 days	Cross cutting; AAP	PDM	

Part 3

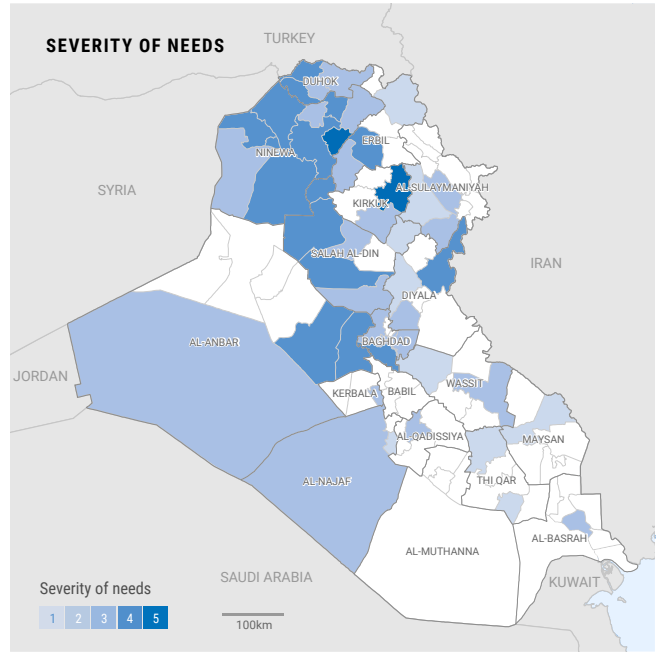
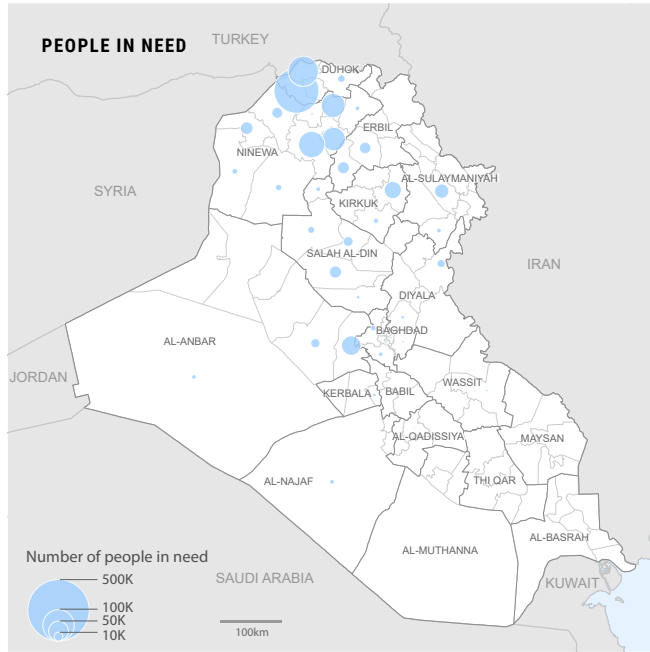
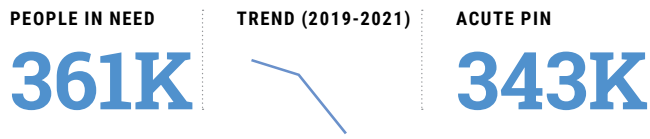
Sectoral Analysis

NINEWA, IRAQ

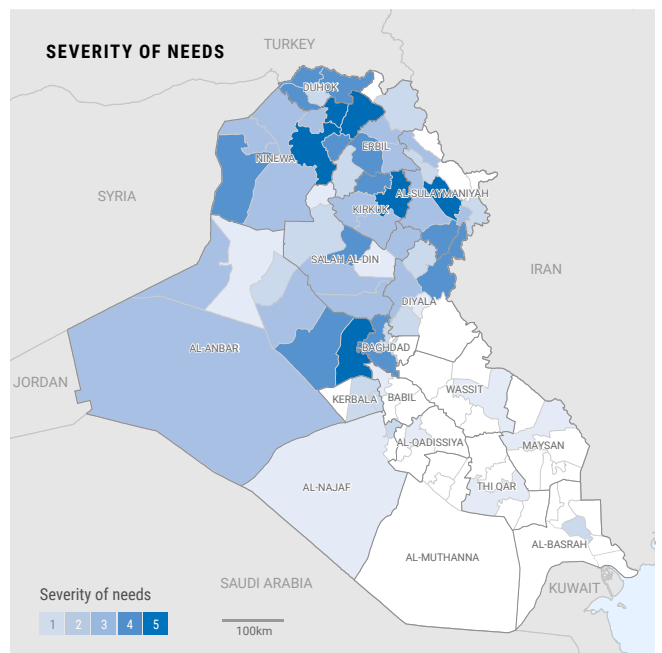
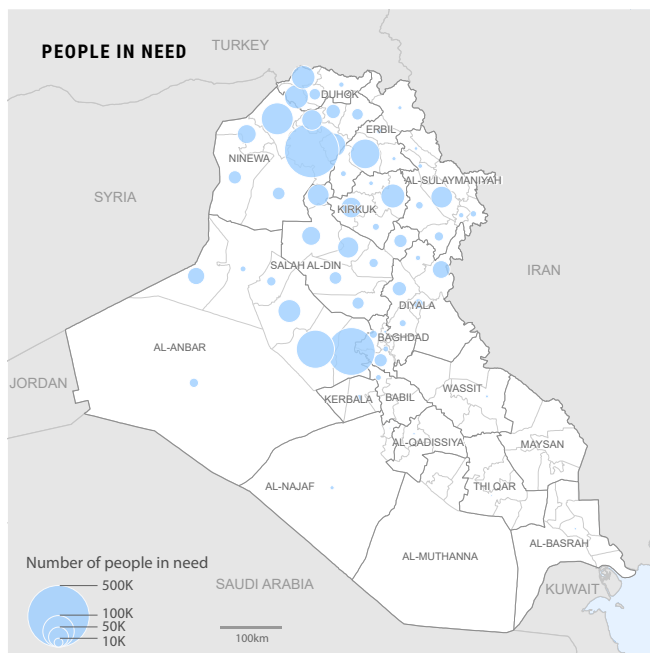
Families return to their destroyed village in Ninewa after closure of Hamam Al Alil Camp for displaced Iraqis. Young girls standing near their home, June 2020, © Rasheed, UNHCR



3.1 Camp Coordination and Camp Management



3.2 Education



3.3 Emergency Livelihoods

PEOPLE IN NEED

3.4M

TREND (2019-2021)



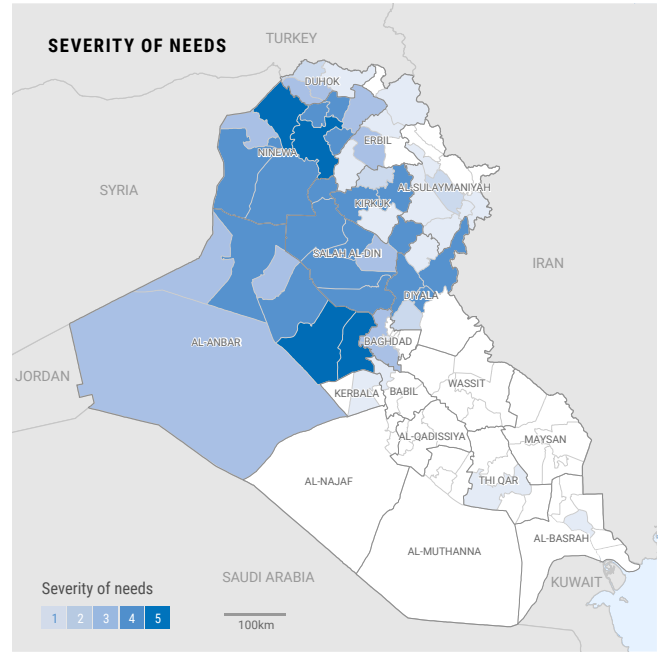
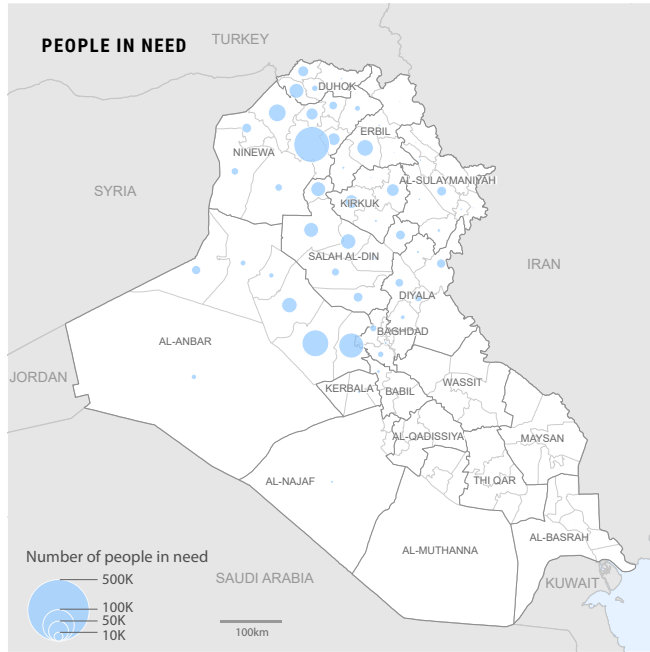
ACUTE PIN

2.0M

7%
In-camp IDPs

19%
Out-of-camp IDPs

74%
Returnees



3.4 Food Security

PEOPLE IN NEED

730K

TREND (2019-2021)



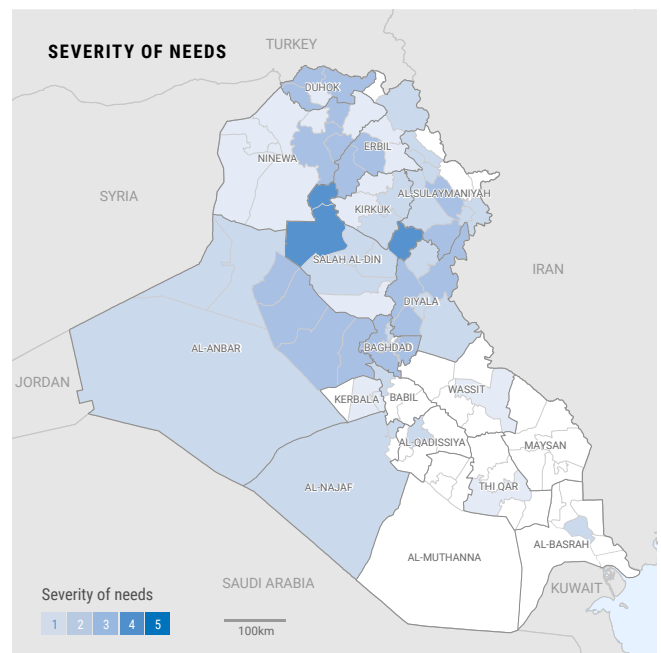
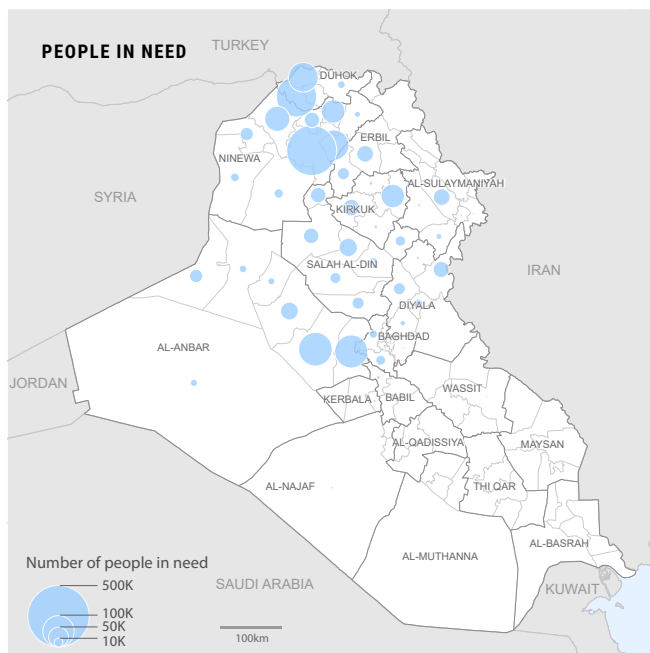
ACUTE PIN

435K

59%
In-camp IDPs

4%
Out-of-camp IDPs

37%
Returnees



3.5 Health

PEOPLE IN NEED

2.4M

TREND (2019-2021)



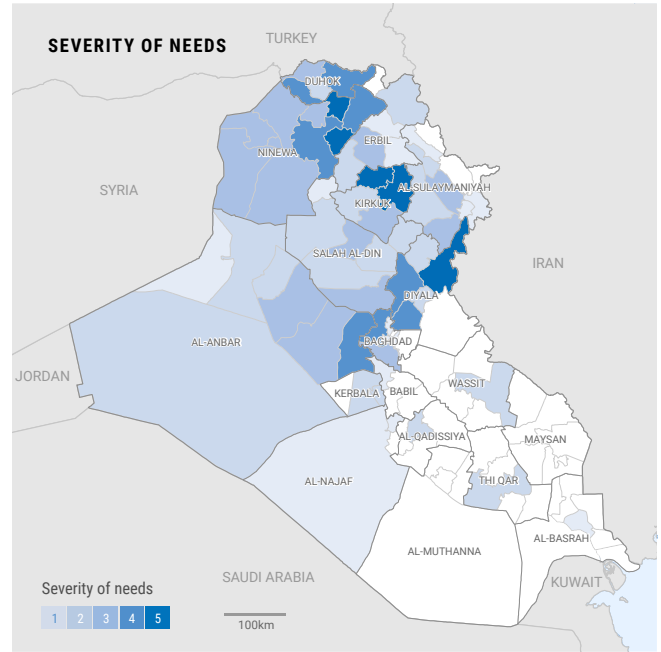
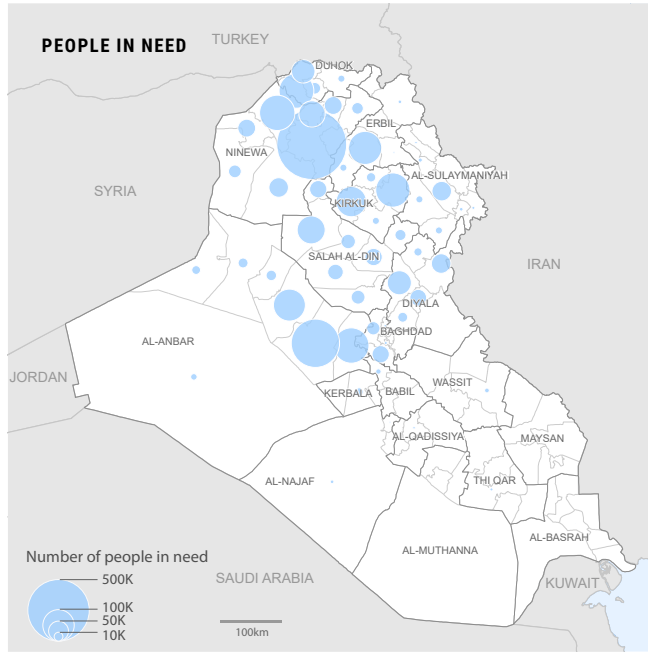
ACUTE PIN

646K

6%
In-camp IDPs

18%
Out-of-camp IDPs

76%
Returnees



3.6 General Protection, Housing, Land and Property, and Mine Action

PEOPLE IN NEED

2.2M

TREND (2019-2021)



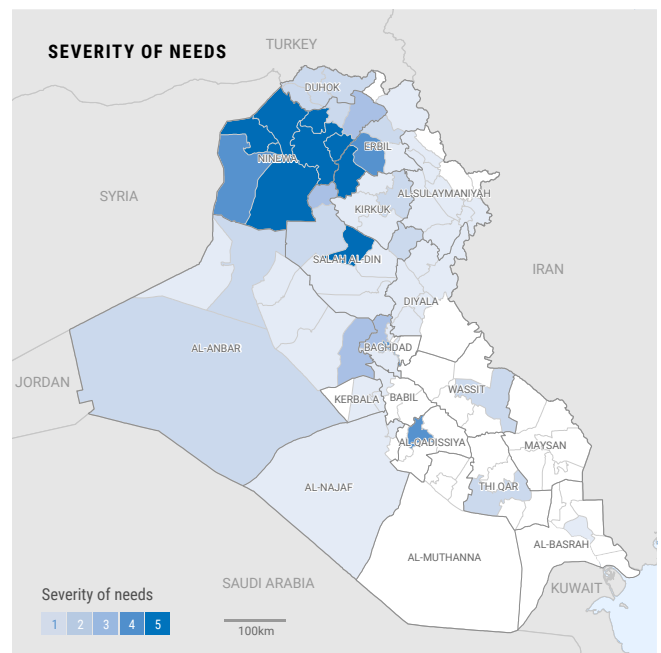
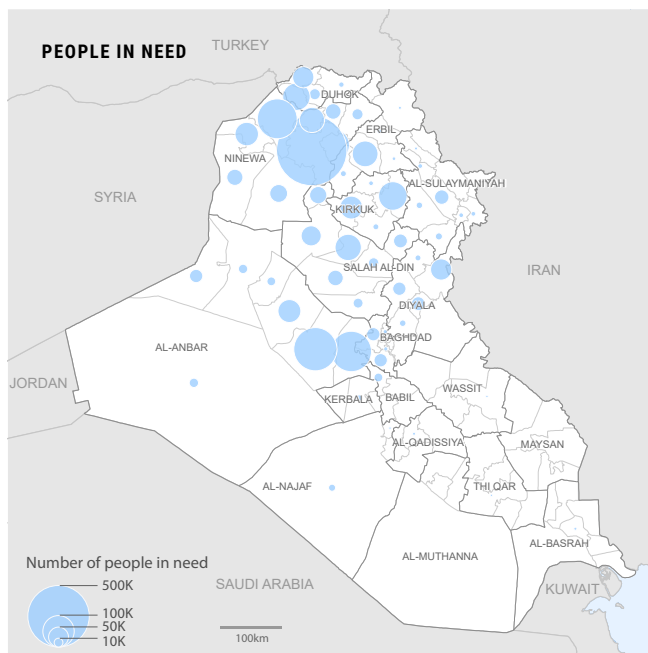
ACUTE PIN

824K

4%
In-camp IDPs

10%
Out-of-camp IDPs

86%
Returnees



3.6.1 Child Protection

PEOPLE IN NEED

1.7M

TREND (2019-2021)



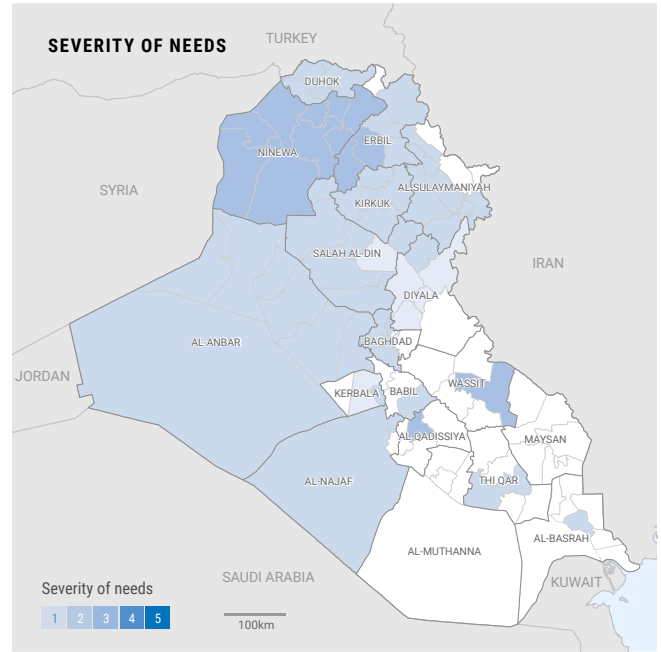
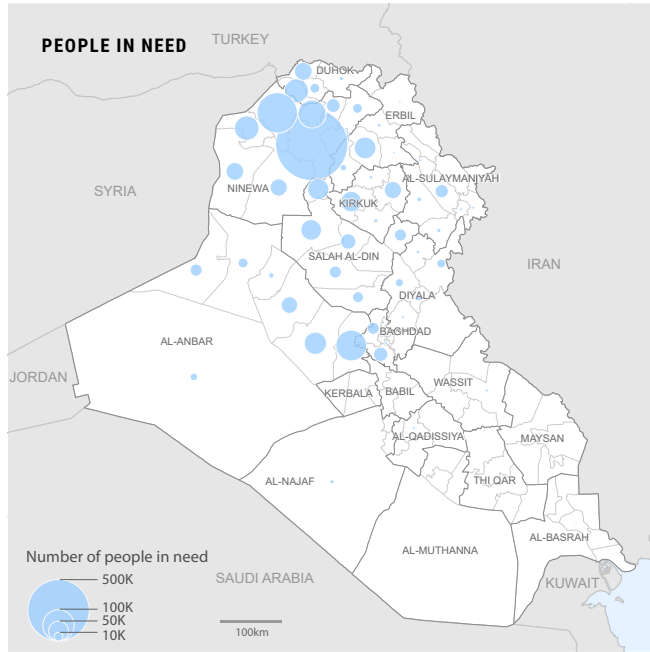
ACUTE PIN

334K

8%
In-camp IDPs

24%
Out-of-camp IDPs

69%
Returnees



3.6.2 Gender-Based Violence

PEOPLE IN NEED

1.3M

TREND (2019-2021)



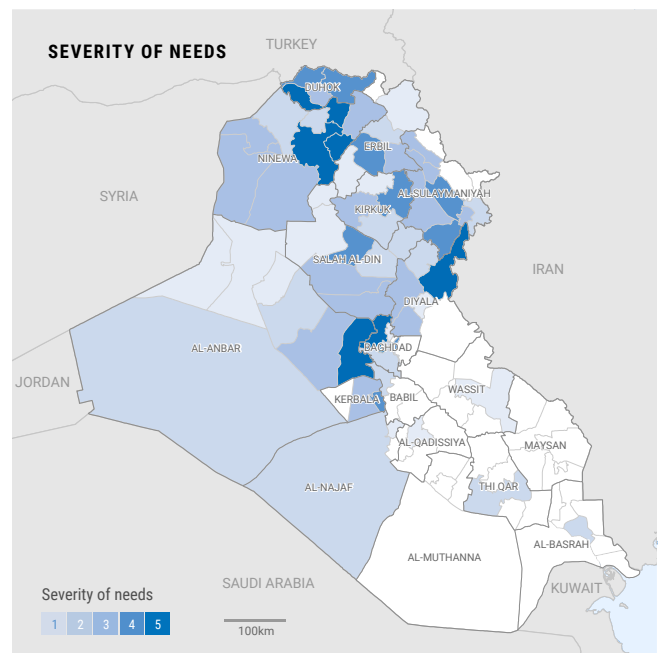
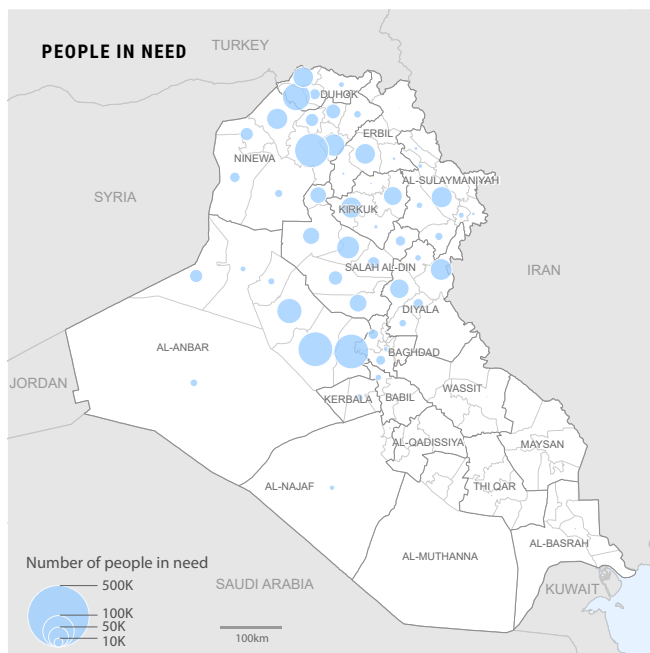
ACUTE PIN

450K

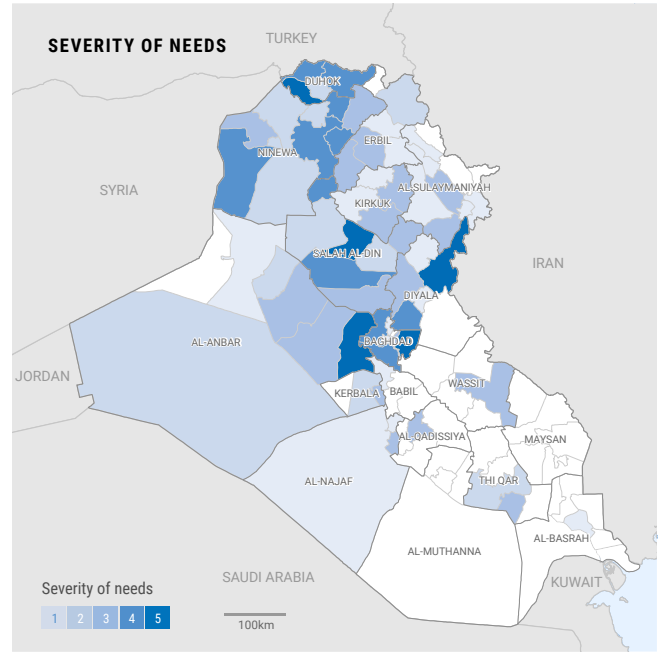
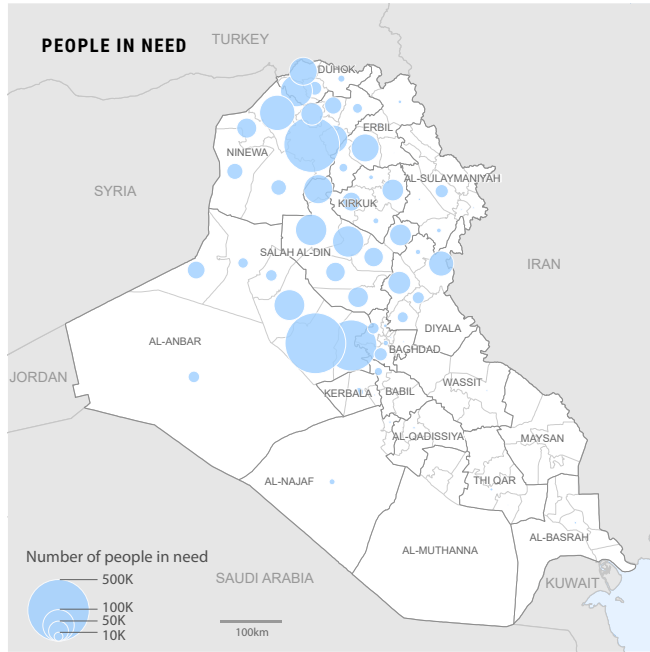
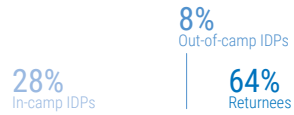
9%
In-camp IDPs

23%
Out-of-camp IDPs

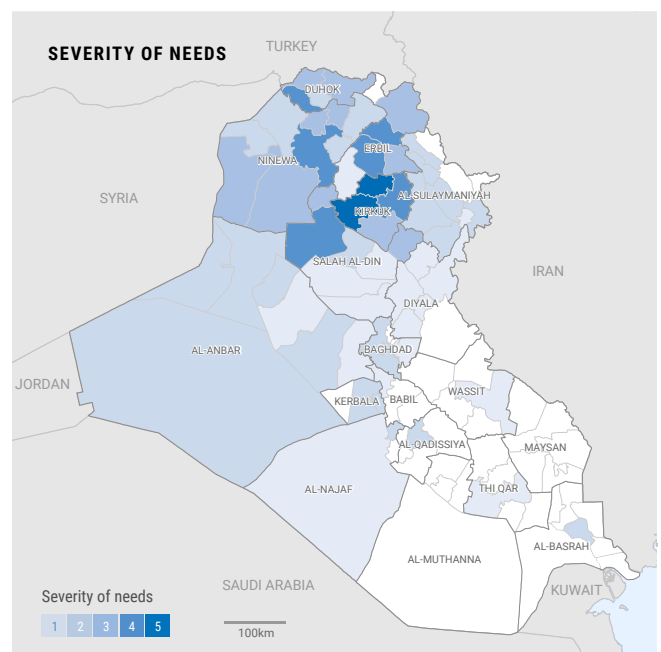
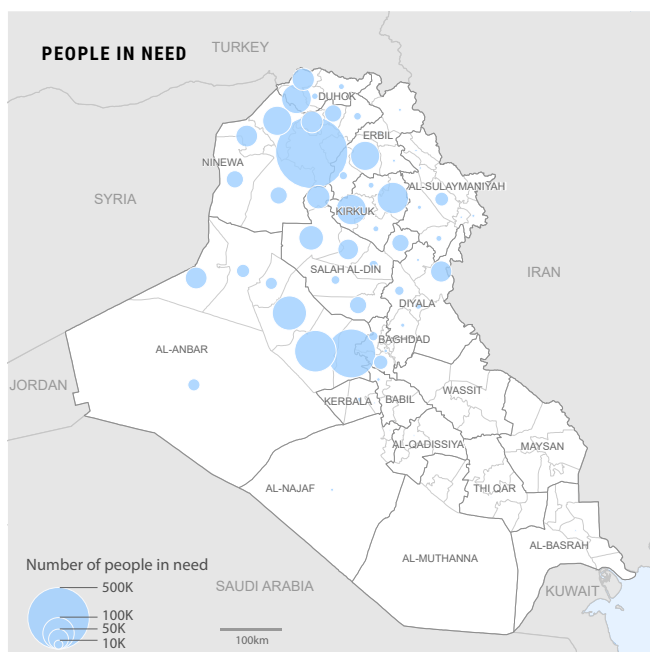
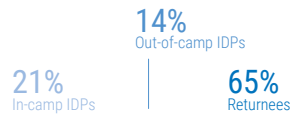
67%
Returnees



3.7 Shelter and Non-Food Items



3.8 Water, Sanitation and Hygiene



3.1 Camp Coordination and Camp Management



PEOPLE IN NEED	ACUTE PIN	MALE	FEMALE	CHILDREN	WITH DISABILITY
361K	343K	49%	51%	47%	15%

Overview

Between August 2019 and August 2020, the population in IDP camps decreased by 32 per cent. By September 2020, approximately 257,000 IDPs were living in formal camps and approximately 104,000 in informal sites. Camp departures sharply decreased during the first months of the COVID-19 pandemic, resumed mid-year and escalated in October due to sudden GoI-led camp closures, which left about a third of departing IDPs in secondary displacement (as of end of November).⁹² There are significant obstacles to sustainable returns for IDPs still living in camps and informal sites. IDPs need to continue living in sites that meet minimum standards so that they can meet basic needs, safely access services and live in dignified conditions.

Affected Population

IDPs in camps: In August 2020, the CCCM Cluster recorded approximately 257,000 IDPs living in 43 formal camps, in need of humanitarian support to meet basic needs and to live in safety and dignity. While IDP and camp numbers are each decreasing due to sudden camp closures, basic living conditions and minimum services must be maintained in the camps remaining open. Camps are home to an estimated 37,800 people with disabilities and chronic illnesses, 5,500 elderly-headed households, 14,300 female-headed households, and 257 child-headed households. Needs assessments continue identifying these individuals as highly vulnerable because of the barriers they face in achieving dignified living conditions and accessing services within the camps, and limited ability to support themselves to sustainably return to areas of origin.

IDPs out of camps: Approximately 104,000 IDPs live in informal sites, where crowded and sometimes unsafe living conditions in sub-standard shelter increase protection risks and present challenges for groups less able to access income and services outside the site. Vulnerable groups include female-headed households (present in 75 per cent of informal sites), unaccompanied children (3 per cent of sites), older people and people living with disabilities and chronic diseases. In nearly a third of informal sites, at least 10 per cent of families have at least one member with functional difficulties.

Analysis of Humanitarian Needs

Inadequate living conditions persist in IDP sites despite continued efforts for their improvement. Crowded shelter conditions and shared facilities provide little opportunity for physical distancing, increasing risk of COVID-19 transmission.

Infrastructure in camps continues to deteriorate, with over half the camps in need of either upgrades or heavy maintenance. Continued maintenance and monitoring are needed to ensure safe living conditions in all camps that remain open. Humanitarian service provision is needed to meet families' basic needs, which must be coordinated and monitored, and accompanied by advocacy activities and communication with individuals in the sites to ensure IDPs' well-being and dignity, and that minimum living standards are met.

Living conditions in informal sites are, to a large extent, sub-standard, with 53 per cent of IDPs in informal sites reportedly living in tents and 38 per cent in mud

structures. In 18 per cent of the sites monitored, less than half of the households are reported to have access to enough water for drinking and domestic needs. IDPs' ability to support themselves financially, in either protracted displacement or secondary displacement, continues to be low; in 40 per cent of informal sites assessed more than half of the IDP families are reportedly not able to meet their basic needs. It is vital to continue assessment, monitoring and advocacy about site conditions and the needs of IDP families in order to improve living standards and well-being, in addition to addressing physical site safety conditions and ensuring community engagement, particularly given often limited presence of humanitarian actors.

Sudden camp closures in Ninewa in 2019 resulted in around one third of individuals ending up in secondary displacement in out-of-camp locations and not returning to areas of origin, with a similar trend observed during the premature camp closures since October 2020. It is critical that humanitarian partners follow up with IDP families departing camps, particularly those who may resort to living in informal sites, unable to meet their basic needs.

Projection of Needs

Sudden camp closures escalated in October 2020, with GoI announcing the closure of all camps by the end of 2020, excluding those in KRI (camps in or administered by KRI comprise 75 per cent of the total camp population). Families remaining in camps are often those with substantial obstacles to return, e.g. with no security clearances, blocked returns, damaged or destroyed shelter, lack of livelihoods options – increasing the likelihood of secondary displacement if camps are prematurely closed. Families may resort to settling in informal sites and are likely to be in critical need of humanitarian assistance in harder to reach locations. Additionally, some camps may be recategorized as informal sites, where service provision will need to be maintained. Camps which remain open will likely host particularly vulnerable families or minority groups who are unable to return. CCCM support will be crucial for these remaining sites.

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	# people living in formal camps (SADD)	CCCM	CCCM Cluster camp population master list	Monthly
02	# people departing formal camps	CCCM	CCCM Cluster camp population master list	Monthly
03	# people living in informal sites	Multi-sector	IOM-DTM, ILA; Partner reporting	Yearly; Regular cycle

3.2 Education



PEOPLE IN NEED

1.3M

ACUTE PIN

718K

MALE

51%

FEMALE

49%

CHILDREN

100%

WITH DISABILITY

10%

Overview

Although access to education has improved for conflict-affected children in Iraq since 2015, gaps remain for the most vulnerable children. These include IDP (both in and out of camps) and returnee children. The challenges to education access have been exacerbated by COVID-19. Schools provide a safe and protective environment for children; being out of school due to protracted school closures has exposed children to a number of protection risks and increased their levels of stress. Furthermore, challenges in accessing remote learning programmes could significantly impact children who have already lost years of schooling during the conflict. They risk falling further behind in their learning and not returning to schools once they re-open.

Affected Population

An estimated 1.3 million IDP and returnee children aged 3 to 17 years face obstacles to accessing education. This includes 648,000 girls and 131,000 children with disabilities. This represents an increase of 8 per cent from 2020, due to the increase in children with acute education needs from 24 to 55 per cent and the consideration of the needs of young children (3-5 years). Assessments indicate that the highest numbers of children with acute education needs are in Al-Anbar, Ninewa, Salah Al-Din, Kirkuk, Duhok and Erbil. A total of 45 per cent of school-aged IDP children in camps have acute education needs, followed by 40 per cent of school-aged IDP children out of camps, and 26 per cent of school-aged returnee children. According to the MCNA VIII, the costs of education were the most frequently reported barrier to education for IDPs whereas school dysfunction or closure due

to damage was the most frequently reported barrier for returnees. Re-entry into formal education is further impacted by the acceleration of camp closures, secondary displacement or premature returns to areas with limited education services, indefinite extensions of school closures, and the socioeconomic toll on households. Additionally, the impact of COVID-19 is widening the learning gap for children, especially among vulnerable groups. Challenges to girls' engagement remain, particularly in rural and remote districts where cultural constraints restrict movement as well as access to online learning platforms.

Analysis of Humanitarian Needs

Before COVID-19, IDP and returnee children already faced challenges accessing education. While policies exist to ensure access to education, policy implementation falls short of meeting the education needs of displaced children. Lack of civil documents and challenges to acquiring them prevent children from enrolling in schools. A total of 460,000 children are estimated to lack national identity cards necessary to access essential services, including school registration, in places of displacement or return areas. Insufficient quantity and inadequate training of teachers, shortages of learning materials and large class sizes have resulted in poor educational outcomes.

Nine months after schools closed due to COVID-19, re-opening dates in Iraq remain unclear. Children started the new academic year through a blended learning approach. Classes briefly resumed in KRI, limited to certain grades, but were discontinued as cases continued to increase. While efforts have been made to continue education through remote

learning, IDP and returnee children face serious challenges in accessing these programmes because of the lack of reliable connectivity and the inability to afford equipment for remote engagement. Unreliable electricity supply also makes it difficult to access education programmes on television. Girls remain disadvantaged; even before the pandemic, girls' access to technology was low. Children with disabilities, especially in larger households, risk having their education needs further deprioritized as virtual learning requires additional support from caregivers. Furthermore, the unexpected demands of supporting learners with unfamiliar distance learning modalities and psychosocial support presents an additional challenge to teachers who lack the skills necessary to support children and parents with distance learning, while burdening parents and caregivers with teaching responsibilities. These factors present a real risk of regression for children whose basic foundational learning was impacted during the armed conflict.

The disruption of structured education systems is likely to have a greater impact on conflict-affected children for whom school offers a protective environment against negative coping mechanisms such as child labour and early marriages, but also provides children with routine and community, amid reported increases in stress and anxiety among displaced children. The increase in domestic violence has also affected the physical and emotional well-being of children who were the target of, or witness to, violence, affecting their capacity to focus and follow classes for an extended period. As the economic situation deteriorates further,

the use of negative coping mechanisms is expected to increase with some children less likely to return to schools as they re-open.

Projection of Needs

The vulnerability and severity of needs for IDPs outside camps and returnees are likely to increase over the coming months due to camp closures and the socioeconomic impact of COVID-19. Additionally, the poor condition of school buildings, shortage of teachers, learning materials, basic equipment, furniture and supplies, coupled with protection needs in return areas will hamper education access for returnee children. The disruption to education created by COVID-19 combined with increased poverty disproportionately impacts the most vulnerable children (beyond IDP and returnee populations), especially girls and those with disability. Without proper support, many children may never return to school.

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	% children unable to access schools	Education	Partner reports; MoE and DoE	Quarterly
02	% schools that remain closed	Education	Partner reports; Ministry and Directorates of Education	Quarterly
03	% children affected by protection issues (and type)	Protection	Protection monitoring	Quarterly

3.3 Emergency Livelihoods



PEOPLE IN NEED	ACUTE PIN	MALE	FEMALE	CHILDREN	WITH DISABILITY
3.4M	2.0M	51%	49%	40%	15%

Overview

The impact of COVID-19 led to a significant drop in employment, income levels and loss of livelihoods for millions of people. The number of people in need of emergency livelihoods support increased from 2.4 to 3.4 million people during 2020. Job creation was affected by the drop in oil prices and the impact of COVID-19. Households working in informal services, small-medium businesses and labour-intensive sectors, such as construction, have lost a sizeable part of their income. Vulnerable IDPs and returnees who often engage in irregular or seasonal work were most affected. Limited income and loss of livelihoods have pushed them to rely on negative coping strategies to meet basic needs.

Affected Population

Approximately 3.4 million IDPs and returnees across Iraq need livelihoods assistance, an increase of 41 per cent from 2020. Among them, 2 million people are estimated to be in acute need because they lost employment and are accumulating debt, resulting in an inability to meet basic needs.

The increase is largely attributable to the impact of the COVID-19 and increase in living expenses. Of the people in need of livelihoods assistance in 2021, 75 per cent are returnees, 20 per cent are IDPs living outside formal camps and 5 per cent are IDPs living in camps.⁹³ Returnees make up the majority of people in acute need of emergency livelihoods support (74 per cent), followed by IDPs in out-of-camp locations (19 per cent) and IDPs in camps (7 per cent). This need has manifested in an accumulation of debt among

returnees and IDPs with approximately 56 per cent of returnees found to be in debt due to inability to cover expenses related to health care, food, education or basic household items.

Among the conflict-affected population, women, youth and people with a disability are disproportionately affected by the COVID-19 crisis, due to loss of jobs and income – even if only temporary – exacerbating an already fraught socioeconomic situation where these population groups continue to face significant barriers to full participation in the labour market.

Analysis of Humanitarian Needs

Prior to COVID-19, many IDPs and returnees faced challenges finding steady employment, including due to insecurity or lack of livelihoods opportunities in displacement and return areas. The additional COVID-19-related job losses have further reduced their access to livelihoods and income. About 30 per cent of out-of-camp IDP households, 25 per cent of in-camp IDP households and 12 per cent of returnee households had at least one member who lost a job temporarily due to COVID-19.⁹⁴

Access to livelihoods opportunities is one of the major drivers of the severity of humanitarian needs among returnees and other conflict-affected populations.⁹⁵ This was further exacerbated during the government-imposed lockdown for vulnerable groups including in-camp and out-of-camp IDPs and returnees, where 82 per cent of households in Duhok, Erbil, Diyala and Salah Al-Din governorates did not have any household member working and 98 per cent reported resorting to incurring debt to meet their basic needs.⁹⁶

All populations groups have incurred some level of debt and are engaging in negative coping mechanisms to meet their families’ basic needs. During 2020, the percentage of households with a debt value of more than 505,000 IQD has increased among all three population groups. For returnees, the percentage of households with that amount of debt increased from 46 to 56 per cent from 2019 to 2020; for out-of-camp IDPs, the increase was slightly lower from 46 to 51 per cent; and for in-camp IDPs it was only a slight increase from 44 to 45 per cent.

In addition to spending savings and incurring debt, there are also reports of other more harmful coping mechanisms, including in-camp IDPs selling items received through humanitarian assistance, borrowing money to survive, early marriage, child labour and children dropping out of schools being used as mechanisms to cope with economic hardship.⁹⁷

This situation can lead to serious physical and mental health consequences (e.g. malnutrition, exposure to exploitation). Female-headed households in camps are also more likely to resort to harmful activities as they are generally relying on less stable livelihood sources, leaving them exposed to exploitation and a wide range of protection risks. About 63 per cent of female-headed households are unable to afford to meet their basic needs compared to 59 per cent of male-headed households. This is against a backdrop of female-headed households already reporting lower wages.

Vulnerable populations need alternative livelihood opportunities to generate income and independently access basic essential goods and services. A steady income source will reduce reliance on negative coping mechanisms, prevent further deterioration of their living standards and reduce the risk of falling into more severe humanitarian need.

Projection of Needs

COVID-19 and related economic challenges across the country are expected to continue to impact livelihoods in 2021. The extent of the impact will depend on lockdown measures, oil prices and related economic developments nationally and internationally. Further livelihood losses could increase poverty levels and vulnerabilities. Already vulnerable, conflict-affected populations and female-headed households are particularly at risk. In addition, camp closures and premature returns could push IDPs to move to locations where livelihoods are not yet available, thus increasing their vulnerability. The lack of income-generating opportunities and social safety nets functioning at scale, could also lead to liquidity shortages and further exacerbate social tensions, instability and insecurity.

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	% households unable to afford basic needs (measured as households taking on debt due to health care, food, education, or basic household expenditures)	Emergency Livelihoods	MCNA; Partner assessments	Yearly; Partner assessments: frequency depends on partner’s reporting
02	% households facing employment barriers: 1- Increased competition for jobs, not enough jobs; 2- Available jobs are too far away; 3- Only low-skilled, socially degrading or low-paying jobs; 4- Underqualified for available jobs; 5- Lack of family/personal connections; 6- Lack of livelihood and employment opportunities for women; 7- None	Emergency Livelihoods	MCNA; Partner assessments	Yearly; Partner assessments: frequency depends on partner’s reporting

3.4 Food Security



PEOPLE IN NEED	ACUTE PIN	MALE	FEMALE	CHILDREN	WITH DISABILITY
730K	435K	52%	48%	45%	15%

Overview

COVID-19 deepened vulnerabilities and increased food insecurity in Iraq. Out of 6 million conflict-affected people, about 731,000 people are food insecure, including 435,000 who require immediate food and livelihood assistance. The pandemic is having a devastating short-term impact on the lives and livelihoods of people in Iraq in urban, peri-urban and rural settings. Despite the good harvest in 2020, vulnerable households facing pre-COVID-19 humanitarian constraints within the agriculture value chain saw their food security status deteriorate. Against the backdrop of a deteriorating socioeconomic situation, nearly half of households interviewed reported the use of at least one negative coping strategy.⁹⁸

Affected Population

Although the overall number of people in need of food assistance has decreased compared to 2020, the proportion of people in acute need is higher in 2021. The decrease in overall numbers is primarily due to continued returns and the decrease of the in-camp population. The increase in acute need is due to COVID-19 which resulted in loss of income sources and, as a result, increased food insecurity. As such, in-camp IDPs who have previously been assessed as food secure are now food insecure and require support to meet food needs.

IDPs in camps: Populations living in IDP camps have the highest level of vulnerability to food insecurity due to limited access to food sources, markets and the loss of income sources due to COVID-19 mitigation

measures. Among female-headed households living in camps, 15 per cent report that food needs are the primary reason for taking on debt.⁹⁹ All IDPs remaining in camps will continue to need food assistance.

IDPs out of camps: The Food Security Cluster (FSC) estimates that about 47,000 IDPs living out of camps are food insecure.¹⁰⁰ Governorates with the most severely food insecure IDPs are Ninewa, Duhok, Erbil and Salah Al-Din.

Returnees: An estimated 427,000 returnees are food insecure, are unable to meet basic needs or access livelihoods. Governorates with the highest number of food insecure returnees include Ninewa (167,980), Al-Anbar (136,250), Salah Al-Din (64,230) and Kirkuk (30,000). With no identified durable solutions in areas of origin, the food security status of returnee populations is in a critical state.

Analysis of Humanitarian Needs

The pandemic and its containment measures, such as movement restrictions and lockdowns, have exacerbated the vulnerabilities of the conflict-affected population. More IDPs have become food insecure and are using negative coping strategies to meet their basic food needs. MCNA VIII data revealed that average food expenditure among the three affected population groups has increased by 22 per cent compared to 2019. In the absence of continued humanitarian support, including access to income and livelihoods, many people's nutritional, health and food security status is at risk of further deterioration. This may result in people resorting to more negative coping strategies such as heavy reliance on debt,¹⁰¹ limiting portion sizes

and reducing the number of meals per day. MCNA data further revealed that about 68 per cent of camp-based IDP households are unable to meet their basic needs.¹⁰² As a result, many people rely on regular food assistance to meet their needs.

Sudden GoI-led camp closures resulted in secondary displacement to informal settlements and unsustainable returns to areas of origin. Returnee households need livelihoods to be able to meet their basic needs. Lack of livelihoods in areas of return is a primary barrier to sustainable returns.¹⁰³ Out-of-camp IDPs are at risk of becoming food insecure as a result of the combined effects of the pandemic and their displacement status, including inconsistency of the application of the government’s social safety nets; difficulty in accessing inputs and markets, and lack of income-generating activities and livelihoods due to COVID-19 mitigation measures. The proportion of IDPs not intending to return to their areas of origin was higher in 2020 compared to 2019. Decreases in purchasing power have also affected the capacity of the most vulnerable people to access inputs and food, and the capacity to produce and distribute food.

Projection of Needs

GoI plans to close most IDP camps by the end of 2020. This is likely to increase vulnerability and generate further humanitarian needs, especially food needs among out-of-camp populations and the need for income-generating and livelihoods activities among returnees. IDPs who will stay in camps during 2021 will have limited access to food sources beyond humanitarian assistance and could be prone to using negative coping strategies.

Government social safety nets like the PDS and Ministry of Migration and Displacement (MOMD) assistance for displaced people and returnees are facing challenges and experiencing delays in distributions. The oil-based economy of Iraq is also facing challenges with reduced oil prices in global markets. Further, COVID-19 mitigation measures will extend the loss of livelihoods, slow down agriculture and food production activities, and prolong the affected populations’ reliance on humanitarian assistance.

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	# households by household hunger category	Food Security	MCNA	Yearly
02	% households relying on stress/crisis/emergency strategies to cope with a lack of resources to meet basic needs	Cross-cutting; Cash Working Group; Protection; Food; Security; Emergency Livelihoods	MCNA	Yearly
03	# households spending more than <50 %, 51-65%, 66-75%, 76-85%, >85% of their total expenditure on food	Food; Security; Emergency Livelihoods	MCNA	Yearly
04	% households that are food secure, marginally food secure, moderately food insecure and severely food insecure	Food Security	Vulnerability Analysis and Mapping (VAM); MCNA	Yearly
05	% households that have poor/borderline/acceptable food consumption score	Food Security	WFP Hunger Monitoring System (mVAM)	Monthly

3.5 Health



PEOPLE IN NEED

2.4M

ACUTE PIN

646K

MALE

51%

FEMALE

49%

CHILDREN

47%

WITH DISABILITY

15%

Overview

At the end of 2020, 2.4 million conflict-affected people required health assistance. Iraq's public health system has been severely impacted by years of conflict, emigration of medical specialists and inadequately staffed public service and health sectors limited in their ability to maintain regular health programmes and services, such as immunization and maternal and child health amid rising COVID-19 cases. Camp closures are forcing displaced populations to move to out-of-camp and return locations without adequate basic services, which may further challenge ability to sustain essential health care, including the COVID-19 response. Containment measures aggravate the existing challenges in service delivery by humanitarian partners, limiting the movement of supplies and staff within and across governorates.

Affected Population

More than 175,000 IDPs are in need of health services. This population group is particularly vulnerable, given the observed and potential rise of COVID-19 cases in camps, which could become breeding grounds for the virus if not managed adequately.

Almost 500,000 IDPs in out-of-camp locations need basic health services and do not have the means to access health care. Free public health services are only available for people with proper documentation proving their IDP status. Should camp closures be implemented as planned, health services in informal sites are likely to be stretched further.

A total of 1.7 million returnees need health assistance.

Camp closures will result in a sizeable additional number of people returning to their areas of origin or attempting to integrate into other locations. The shortage of basic health services in these locations will place pressure on services available for returnees.

Women and girls, people with disabilities, people living with chronic illnesses and children under age 5 are likely to face the most difficulties in accessing services, due to their financial and sociocultural constraints.

Analysis of Humanitarian Needs

Prior to COVID-19, public hospitals were already facing capacity challenges, and private health services were largely inaccessible for displaced populations due to the inability to cover transportation and treatments costs. This situation has been exacerbated by the pandemic. A lack of awareness and improper infection prevention practices, diminished contact tracing capacity, inadequate disease surveillance and rapid response, and insufficient diagnostic capacity of laboratories, as well as the stigma associated with infection, are all factors contributing to a rise in morbidity and mortality due to communicable diseases such as COVID-19, as well as cholera, which is endemic in Iraq, influenza (type B and H3N2 in particular) and others.

Disruption to regular programmes such as immunization (particularly against measles and polio) and maternal and child health services is likely to affect not just the people affected by the armed conflict but also non-displaced Iraqis with an increase in woman and child morbidity and mortality likely.

Additionally, a recent global study¹⁰⁴ has found that 22.1 per cent of people who have experienced war or other conflict at any point in time will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia, out of which 13 per cent are expected to have mild and 4 per cent moderate conditions. This translates to at least half a million people in need of mental health and psychosocial support services in the conflict-affected governorates in Iraq.

Humanitarian health needs are most severe in districts hosting many IDPs (more than 10,000 individuals), as well as districts such as Dibis, Al-Amadiya and Al-Khalis, which have lower displacement figures. Most of these districts are also areas where many have returned (more than 25,000 individuals).

Many areas with high return figures display acute levels of need; this highlights the detrimental effect of the absence of available services, which could ultimately push people into secondary displacement or other negative coping strategies. With the shortage of services, both primary and secondary health care, in many areas of return and sites where informal settlements are being set up, the situation of vulnerable groups could worsen in relation to demand exceeding supply, and access to services.

Essential services need to be available both in camps and other hotspots where people are returning or residing in informal settlements, as well as in other locations where there is a shortage of these services in order to prevent a secondary health crisis on top of COVID-19.

Projection of Needs

With the impact of COVID-19 likely to extend well into 2021, there is the risk that the focus on the pandemic will continue to divert resources away from non-COVID-19 health programmes, thereby limiting access to public health services for out-of-camp IDPs and returnees. This may have serious public health implications, such as an increase in vaccine-preventable and other communicable diseases due to disrupted immunization coverage and unsanitary conditions.

Meanwhile, an increase in the number of COVID-19 cases outside camps and other hotspots, and the associated morbidity and mortality, will necessitate more robust measures to support hospitals with case management and infection prevention and control measures, while further boosting contact tracing, disease surveillance and laboratory diagnostic capacity.

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	# children (aged 0-59 months) in need of polio immunization services in crisis-affected areas	Health	UNICEF	Quarterly
02	# people in need of essential primary health care services in crisis-affected areas	Health	WHO	Quarterly
03	% women of reproductive age (aged 15-49 years) whose need for family planning is satisfied with modern methods	Health	UNICEF	Quarterly

3.6 Protection



PEOPLE IN NEED	ACUTE PIN	MALE	FEMALE	CHILDREN	WITH DISABILITY
2.4M	1M	52%	48%	38%	15%

Overview

More than 2.3 million individuals will require protection services in 2021,¹⁰⁵ With 73 per cent of the people in need concentrated in 12 districts across six governorates.¹⁰⁶ The COVID-19 pandemic, coupled with protracted displacement, have resulted in increased protection needs and vulnerabilities. Coerced departures from displacement in camp and non-camp locations, including premature returns, often resulting in secondary displacement;¹⁰⁷ negative coping mechanisms; trauma and psychosocial distress; a high prevalence of GBV;¹⁰⁸ violence against children; widespread risk of explosive ordnance;¹⁰⁹ and limited access to documentation and secure land tenure drive protection needs. Tribal and social tensions contribute to rights violations, including marginalization of people with perceived affiliation with extremists.¹¹⁰

Affected Population

In Iraq, more than 590,000 IDPs, including more than 142,000 IDPs in camps, and more than 1.7 million returnees need specialised protection services. While 353,000 IDP children require some form of protection, less than a third of them reside in camps.¹¹¹ Families returning to their areas of origin are equally likely to have children engaged in labour as IDPs residing in or out of camps.¹¹² A total of 149,000 in-camp IDPs, 302,000 out-of-camp IDPs and 863,900 returnees are at risk of different forms of GBV.¹¹³ IDPs in camps and informal settlements, female-headed households, and people with perceived affiliation to extremists remain the most vulnerable to GBV. IDPs in and out of camps continue to report that they lack civil documentation,¹¹⁴ including birth certificates,¹¹⁵ and rely on negative coping strategies to meet basic needs.¹¹⁶ Out-of-

camp IDPs¹¹⁷ and returnees¹¹⁸ are disproportionately impacted by a lack of security of tenure and access to HLP rights, with women particularly affected. All groups report trauma, stress and anxiety as significant protection issues since the beginning of COVID-19, with people with disability most affected. Finally, more than 1 million individuals require mine action interventions; of these 86 per cent are returnees, 11 per cent out-of-camp IDPs and 3 per cent IDPs in camps.

Analysis of Humanitarian Needs

Living standards are severely affected by missing documentation as individuals cannot exercise their full basic rights. Lack of secure tenure is a main reason preventing IDPs from returning to their areas of origin, and returnees from reintegrating sustainably. Trauma, stress and anxiety continue to be serious protection concerns affecting communities, especially women, children and persons with disabilities. Vulnerable groups, including persons with perceived affiliation to extremists, remain those most at-risk of rights violations. The physical and mental well-being of affected individuals has also been severely affected by COVID-19 restrictions that have impacted freedom of movement, preventing access to basic services, including health care. Affected households have been forced to resort to negative coping mechanisms due to loss of livelihoods and employment; as a result, they have been exposed to increased protection risks. Pre-existing gender and social inequalities that disadvantage women and girls have been exacerbated by the pandemic and an increase in different forms of GBV has been reported, especially domestic violence. Abuse, violence and neglect within households have been highlighted as key protection concerns also

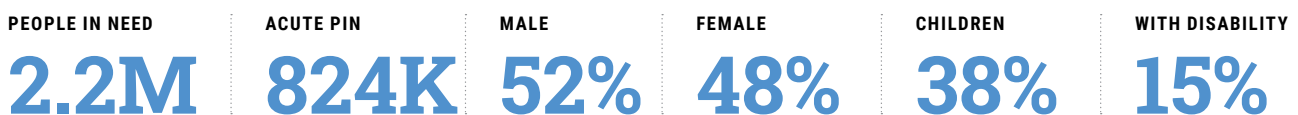
affecting children. The existence of explosive ordnance continues to pose significant protection risks to the physical safety and well-being of affected groups.

Projection of Needs

While the number of IDPs in camps will decrease due to ongoing camp closures, remaining camp populations are likely to see their protection needs increase due to limited solutions to their displacement. Forced and premature, as well as failed returns resulting in secondary displacement,

will increase vulnerability and protection concerns for affected individuals. The capacities of the national child protection system are likely to continue to be reduced.¹¹⁹ Protracted displacement and deep-rooted gender inequalities, coupled with limited financial resources exacerbated by COVID-19, are likely to significantly increase the number of protection issues affecting communities, including cases of child marriage and child labour; transactional and survival sex; economic exploitation, and abuse, violence and neglect within affected households.¹²⁰

General Protection, HLP, Mine Action



General Protection

Protection violations, including requests from security actors for humanitarian partners to share beneficiary data, or to mukhtars and community leaders to share information on families with a perceived affiliation with extremist groups, occurred throughout 2020.¹²¹ Coerced and premature returns, often leading to secondary displacement, have had severe impacts on the physical and psychological well-being of affected individuals. Assessments indicate that psychosocial needs remain significant, with trauma, stress and anxiety identified as the second most commonly reported protection issues affecting communities.¹²² People with disabilities continue to need specialized assistance,¹²³ as they often rely on stress and emergency coping strategies to cover their basic needs.¹²⁴

The lack of core civil documentation¹²⁵ has affected people’s ability to attain safe and dignified living standards and their ability to access and exercise their basic rights.¹²⁶ Civil Affairs Directorates and courts were closed for most of second and third quarter of 2020 due to COVID-19-related restrictions, and despite the gradual resumption of work,¹²⁷ significant backlogs

of court cases have been reported, de facto leaving affected individuals without legal documentation.

The socioeconomic impact of COVID-19-related restrictions, often resulting in loss of livelihood opportunities for affected people, is significant and has led to increased protection risks, including risk of eviction due to inability to pay rent, as well as usage of negative coping mechanisms, including acceptance of exploitative forms of labour as a means of income.¹²⁸ Affected people have reported being unable to afford food or access basic services, including health care.¹²⁹

Social conflicts and tension, coupled with unstable community dynamics in some areas of displacement and return, have limited people’s abilities to exercise their rights and benefit from durable solutions.¹³⁰ People with perceived affiliation to extremists are among the most vulnerable and continue to be subject to marginalization and rights violations, including denial of security clearances by security actors or requests to undergo the renunciation procedure of family members with a perceived affiliation, in order to obtain their civil documentation,¹³¹ to exercise their rights, including returning to their areas of origin, or to access basic services.

Housing, Land and Property

More than 1.2 million people lack valid HLP documentation.¹³² There are 217,900 people in high need of HLP assistance to address significant challenges related to lack of security of tenure,¹³³ secondary or illegal occupation, illegal property sale,¹³⁴ disputes related to HLP¹³⁵ and contamination of explosive ordnance on uncleared housing and land. Living standards have been negatively affected, as individuals encounter difficulty in accessing restitution and compensation or complaints mechanisms and cannot afford adequate housing.¹³⁶

The risk of individuals resorting to negative coping mechanisms has significantly increased, including the illegal occupation of privately owned houses, publicly owned and abandoned buildings and land; the selling of properties for less than value; and the selling of assets to pay rent, among others. Assessments show that a considerable number of female-headed households are disproportionately affected by discrimination leading to a lack of HLP documentation,¹³⁷ with many unable to access adequate housing,¹³⁸ living with increased fear of eviction¹³⁹ (including those who can access compensation schemes),¹⁴⁰ stemming from the belief that women should not own property,¹⁴¹ be entitled to property after divorce¹⁴² or have inheritance rights.¹⁴³

Damage and destruction of property,¹⁴⁴ as well as limited or no access to restitution and compensation mechanisms, are key reasons why some IDPs have not returned to their areas of origin. There is a notable lack of awareness regarding compensation procedures,¹⁴⁵ and consequently a very low number of households have filed claims for their damaged or destroyed properties.¹⁴⁶ In addition, the vast majority of households that filed claims have not yet received financial compensation.¹⁴⁷ The recent amendment to the national law on compensation¹⁴⁸ has established more central compensation committees,¹⁴⁹ as well as governorate and district-level sub-committees. As a result, there are indications that the processing of claims might improve in 2021. Nonetheless, there are low expectations that the financial disbursement of successful claimants will improve due to government budget constraints due to COVID-19 and the

consequent economic crisis. Overall, the HLP needs of affected communities remain largely unmet due to limitations in specialized HLP services and partners, and the capacity of local authorities.

Mine Action

Approximately 3,225 square kilometres¹⁵⁰ of land contaminated with explosive ordnance¹⁵¹ has been recorded in Iraq, yet the full extent of contamination is uncertain. ERW and IEDs continue to endanger the lives of affected individuals and impede the safe and sustainable return of IDPs. About 8 per cent of IDPs in and out of camps cited the presence of explosive ordnance as a reason not to return to areas of origin.¹⁵² No rehabilitation and reconstruction efforts can be made when large numbers of explosive ordnance continue to litter retaken areas, thereby obstructing livelihood restoration. About 25 per cent of recorded contaminated lands block access to agriculture, with an additional 22 per cent curtailing utilization of, and access to, infrastructure.¹⁵³ IDPs and returnees continue to lack awareness of the contamination situation in their areas of origin and/or are not taught how to recognize, avoid and report threats. About 48 per cent of households in camps, 18 per cent out of camps and 24 per cent of returnees reported that at least one of their family members received information or education regarding the risks of explosive ordnance.¹⁵⁴

Children are more at-risk of accidents related to explosive ordnance than other groups. From 2018 to mid-2019, about half of child casualties (47 per cent) were due to ERW in areas previously under the control of extremist groups.¹⁵⁵ Prevalence of disability as a result of explosive ordnance detonation is significant, with eight per cent of affected households¹⁵⁶ requiring access to specialized services, including emergency and long-term medical care, rehabilitation, mental health and psychosocial support, inclusive of education and socioeconomic inclusion. There is no integrated explosive ordnance victim data collection system to properly assess the needs of the victims.¹⁵⁷ Men and boys comprise the majority of direct explosive ordnance victims, but the indirect effects such as physical, psychological and economic pressures impact all family members.

Monitoring

General Protection

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	% households missing at least one key household or individual document	Protection	MCNA; ActivityInfo; Protection Monitoring System (PMS)	Yearly; Monthly; Quarterly
02	% households (adults) with psychosocial distress (proxy data with behaviour change)	Protection	MCNA; ActivityInfo; PMS	Yearly; Monthly; Quarterly

Housing, Land and Property Sub-Cluster

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	% IDP households not intending to return due to HLP issues (damage/destruction, secondary occupation or unresolved HLP ownership issues)	HLP/Shelter	MCNA; ActivityInfo	Yearly; Monthly
02	% households lacking secure tenure	HLP	MCNA; ActivityInfo	Yearly; Monthly
03	% households lacking valid HLP documentation	HLP	MCNA; ActivityInfo	Yearly; Monthly
04	% households reporting risk of eviction	Protection/HLP	MCNA	Yearly
05	% households reporting [reason] as a risk for eviction	Protection/HLP	MCNA, PMS	Yearly; Quarterly
06	% households who have received property compensation	HLP/Shelter	MCNA	Yearly

Mine Action Sub-Cluster

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	% explosive ordnance contamination area size	Mine Action	Information Management System for Mine Action (IMSMA)	Monthly
02	% explosive hazards incident recorded	Humanitarian access	iMMAP	Monthly

Child Protection

PEOPLE IN NEED	ACUTE PIN	MALE	FEMALE	CHILDREN	WITH DISABILITY
1.7M	334K	49%	51%	84%	15%

More than 1.5 million children are in need of protection. This number represents a limited but continuous increase over the last three years. Three quarters of those children are thought to have returned to their places of origin.

Access to basic services remains a key challenge for many children. In addition to barriers imposed by missing civil documentation for more than 460,000¹⁵⁸ children and scarce income generation opportunities in areas of return, COVID-19 containment measures have impacted families' livelihoods. This has exposed children to increased risks of labour and child marriage. Situations of neglect have also been detected in 22 per cent of the children followed by case management workers.¹⁵⁹ School closures have exacerbated these risks,¹⁶⁰ leaving 1.3 million children in need of assistance to continue education and avoid dropping out. Approximately 428,000 children need assistance to access basic health care. The number of child abuse cases reported by specialized agencies almost doubled in 2020.¹⁶¹ This problem is linked to different forms of violence against children within and outside their households.¹⁶²

Nearly 30 per cent of people in need of GBV services are children, many of them girls from age 9 and above, and boys from age 12 and above. Affected adolescent girls are at particular risk of child marriage, sexual assault and exploitation.¹⁶³ Moreover, use of children by armed groups remains a concern in areas where such groups operate.¹⁶⁴ Stigmatization and discrimination also affect children, especially those formerly associated with armed groups or whose families have a perceived affiliation with extremists. Children released from detention face challenges to cope and integrate into their communities, for legal, social and material reasons. Approximately 1,000 children have been deprived of their liberty on national security related charges and still require legal, physical, psychosocial and social assistance.¹⁶⁵ Children with disabilities also face challenges to properly integrate due to lack of proper services, social stigma and barriers in accessing education. As a result, psychosocial trauma, stress and anxiety are second among reported protection issues for children.

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	% households with at least one child missing a key individual document	Protection/Child Protection	MCNA; ActivityInfo	Yearly; Monthly
02	% households with presence of child marriage	Child Protection	MCNA; PMS	Yearly; Quarterly
03	% households with at least one person under 18 working	Child Protection	MCNA; PMS	Yearly; Quarterly
04	% households with at least one child (aged 6-17) not attending formal or informal education regularly (at least 3 days a week)	Education	MCNA; ActivityInfo	Yearly; Monthly
05	% households where at least one member is reporting signs of distress (self-diagnosed) (SADD)	Mental Health and Psychosocial Support (MHPSS)	MCNA; PMS	Yearly; Quarterly

Gender-Based Violence



Some 1.32 million people (75 per cent women/ adolescent girls, 25 per cent men/adolescent boys) are at risk of different forms of GBV, with 77 per cent of GBV incidents linked to domestic violence,¹⁶⁶ which has reportedly increased during COVID-19.¹⁶⁷ Loss of sources of income or livelihood opportunities, confinement within the household, and increased stress and anxiety are some of the key prevalent causes of the reported increase in GBV.¹⁶⁸ Women and girls, in particular female-headed households and those perceived to be affiliated with extremist groups are at heightened risk of GBV. For instance, 63 per cent of female-headed households reported not being able to afford to meet their basic needs and were resorting to negative coping mechanisms,¹⁶⁹ including child marriage and transactional sex. Prevalence of child marriage was reported in 44 per cent of returnee locations and 21 per cent of IDP locations.¹⁷⁰

of economic hardship and protracted displacement.¹⁷¹ Moreover, 45 per cent of female-headed households reported missing at least one key civil and legal document, which is a barrier to accessing services.¹⁷² There have also been instances where families have denied women and girls access to quarantine or health facilities, as quarantining unaccompanied is considered culturally inappropriate.¹⁷³ In addition, restricted access to public services for women and girls (e.g. education or health care) was reported in 10 per cent of IDP locations and 30 per cent of returnee locations.^{174 175} Women have also reported limited or restricted access to protection, cash, livelihoods, shelter, specialized mental health care and legal assistance.¹⁷⁶ The lack of, or hindrances to accessing, these essential services increases exposure to certain types of GBV risks, as well as negatively impacting GBV survivors’ recovery and reintegration efforts.

In addition, transactional sex is reportedly used as a negative coping strategy for survival, largely because

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	% women and girls who avoid areas because they feel unsafe there	Protection-GBV	MCNA	Yearly
02	% households relying on negative coping mechanisms to meet their basic needs	Protection-GBV	MCNA	Yearly
03	% households living in critical shelter	Protection-GBV	MCNA; CCCM; DTM	Yearly, Every two months
04	Critical protection issues facing women and girls in areas of displacement and return (safety; access to services; violence, harassment, or abuse; livelihoods)	Protection-GBV	ILA, PMS	Yearly, Quarterly
05	# GBV incidents by type, displacement status, age and gender	Protection-GBV	GBV Information Management System (GBVIMS)	Monthly

3.7 Shelter and Non-Food Items



PEOPLE IN NEED	ACUTE PIN	MALE	FEMALE	CHILDREN	WITH DISABILITY
2.6M	934K	51%	49%	38%	15%

Overview

Nearly 2.6 million individuals remain in need of shelter and NFI support, 7 per cent higher than in 2020.

Among them, 1 million individuals are in acute need. Shelter and NFI needs are concentrated mainly in 14 districts and have not significantly changed compared to previous years.

Inadequate shelter is preventing people from becoming self-reliant and is affecting NFI expenditures. Months of movement restrictions and lockdowns have deepened the socioeconomic vulnerability of the displaced population with heavy consequences on rent affordability and resulting in some premature returns to damaged shelters.

Despite continuous international support, durable shelter solutions for both those in displacement and in areas of return are slow due to the scale of housing destruction and the long implementation timeframe needed.

Affected Population

All in-camp IDPs (257,000 individuals) continue to depend on external support for regular tent replacement and replenishment of worn-out NFI,¹⁷⁷ including fuel for cooking and heating.

Another 366,000 displaced individuals live in inadequate conditions in out-of-camp settings.¹⁷⁸ A fifth of them experience severe shelter needs due to exposure to hazards (e.g. contamination from ERW, floods, landslides, fire risks), shelter located in insecure areas or not solid enough to protect them from intruders. The majority of those who experience acute shelter needs are found in 10 districts.¹⁷⁹ Among

out-of-camp IDPs, 11 per cent (113,000 individuals) live in critical shelters,¹⁸⁰ with half of them in unfinished and abandoned buildings.¹⁸¹

Similar shelter issues are faced by almost 2 million returnees. Of them, 31 per cent have acute shelter needs, with almost all (94 per cent) concentrated in 10 districts.¹⁸² Four per cent of returnees live in critical shelters (185,000 individuals), with half of them in unfinished and abandoned buildings.¹⁸³

Across all population groups, female-headed households,¹⁸⁴ people with disabilities¹⁸⁵ and older people bear the worst consequences of sub-standard living conditions, especially in overcrowded settings with no privacy and limited mobility. Furthermore, lack of adequate living space for those with chronic diseases may pose greater risks of contracting COVID-19 when physical distancing is not possible.

Analysis of Humanitarian Needs

Almost 2.6 million people do not have acceptable living conditions. The most cited shelter improvement need across all population groups is insufficient insulation from cold and hot¹⁸⁶ weather conditions including rain leakages (1.5 million people)¹⁸⁷ followed by improved safety (748,000 people),¹⁸⁸ protection from hazards (703,000 people), and improved privacy (544,000 people).¹⁸⁹ The presence of debris is a problem for 409,000 out-of-camp individuals,¹⁹⁰ hampering accessibility and mobility around the shelter. Overcrowding due to lack of adequate housing options impacts 168,000 out-of-camp individuals.

Secondly, approximately 1.5 million IDPs face challenges renting accommodation, primarily due to

unaffordable costs but also due to the limited housing market.¹⁹¹ In some areas, an increase of 100 to 150 per cent on rental costs was reported. Instances of unequal access to housing due to ethnic, tribal or religious disputes, discrimination or inadequate community and welfare support are cited as main reasons preventing an estimated 65,000 people from renting.¹⁹²

Thirdly, essential household items, which are a prerequisite for a minimum standard of living, continue to be needed. Despite regular large NFI distributions by humanitarian actors, an average of 67 per cent of the overall affected population report missing at least one essential item. The largest gaps are mattresses for 1.3 million people (1 in 3 IDPs both in and out of camps, and 1 in 5 returnees), followed by clothing (1.2 million people) and winter heating (1 million people).¹⁹³ Missing such essential items reflects the socioeconomic conditions; 2.1 million out-of-camp IDPs think NFIs are too expensive.

All of these needs, especially ahead of the cold season, are leading to serious health and protection¹⁹⁴ risks and have a direct effect on people’s ability to pursue their normal productive and social activities.

The most critical needs must be urgently addressed by humanitarian actors. Reconstruction efforts in areas of origin are proceeding at a slow pace, and some camps were prematurely closed during the pandemic; hence, more support for durable solutions is needed. Three per cent of returnees (some 143,000 people) live in locations where more than half of the houses

are heavily damaged or destroyed and 74 per cent of returnees (3.5 million people) live in locations where between 24 and 49 per cent of houses are heavily damaged or destroyed. Those who return to their areas of origin face severe HLP challenges (uninhabitable houses due to heavy damage, secondary occupation, missing ownership certificates or lack of property ownership). If these issues are not addressed, these families may end up in overcrowded hosting arrangements or in critical shelter as they do not have the means to sustain their lives. Negative coping strategies would be adopted most often by the most socioeconomically vulnerable, female-headed households and large families.

Projection of Needs

Shelter destruction is now the primary reason for people not returning to areas of origin.¹⁹⁵ Loss of livelihoods has increased the socioeconomic vulnerabilities across all population groups. For 64 per cent of out-of-camp IDPs, the inability to pay rent is now the second main socioeconomic impact of the pandemic and has significantly increased over the past six months.¹⁹⁶ This will lead to moving into cheaper, inadequate accommodation, often with no security of tenure, where overcrowding will challenge not only privacy and dignity, but the ability to apply proper physical distancing if people have to quarantine or isolate. Poverty is also reflected already by the fact that 2.2 million out-of-camp IDPs identified NFIs as too expensive; as poverty increases, so does the unaffordability of basic household items, rent and construction materials.

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	# and % households living in critical shelter inside camps	Shelter/NFIs	CCCM camp master list; CCCM camp profile; Formal Sites Monitoring Tools (FSMT)	Monthly; Twice a year; Twice a year
02	# and % households living in critical shelter out of camps	Shelter/NFIs	IOM-DTM; ILA; MCNA	Every two months; Yearly
03	% people not intending to return because of damaged properties	CCCM	CCCM Intentions Survey	Twice a year
04	% callers asking for shelter and NFI support	Cross-cutting; Accountability to Affected Populations (AAP)	Iraq Information Center (IIC)	Weekly

3.8 Water, Sanitation and Hygiene



PEOPLE IN NEED	ACUTE PIN	MALE	FEMALE	CHILDREN	WITH DISABILITY
2.6M	1.3M	49%	51%	46%	15%

Overview

The impacts of COVID-19 compounded the existing stressors placed on overburdened WASH facilities and services caused by the armed conflict. In 2021, 2.57 million conflict-affected people will need WASH support – an increase from 1.8 million in 2020.¹⁹⁷ WASH needs particularly increased in return and out-of-camp locations, as more IDPs left camps and moved to areas where water and sanitation infrastructure has been partially or totally destroyed. This has generated new acute needs for support to access durable and sustainable WASH services at a time when COVID-19 also increased the need for access to proper sanitation and hygiene facilities.

Affected Population

IDPs in camps: All IDPs in camps require WASH service provision, including sufficient quantity and quality water, desludging of wastewater, solid waste management, and operation and maintenance of WASH facilities. During COVID-19, camps have frequently gone into lockdown, preventing movement in and out of the camp, and reducing WASH service provision. WASH services are critical to meet the needs of camp residents and to ensure adequate sanitation and hygiene measures to prevent COVID-19 transmission and other diseases.

IDPs out of camps: Over 45 per cent of out-of-camp IDPs have severe WASH needs.¹⁹⁸ Access to hygiene kits is of particular concern, with 12 per cent being dissatisfied with their access to essential hygiene items. Households that are female-headed, include a person with disability or have low socioeconomic

status are particularly vulnerable, as they are unable to afford essential hygiene items or face physical barriers to access adequate WASH services.

Returnees: Nearly half of returnees report poor water quality in areas of return, with one third relying on water trucking to meet water needs.¹⁹⁹ In return areas, 33 per cent of female-headed households face acute WASH needs, compared to 17 per cent of male-headed households.²⁰⁰ Moreover, many public and communal WASH facilities are largely destroyed and require emergency support reach to a minimal level of functionality.

Analysis of Humanitarian Needs

Access to sufficient quantity and quality of water, and adequate sanitation and hygiene services remains one of the key needs of people affected by the protracted crisis in Iraq.²⁰¹ WASH needs have further increased due to a growing demand for water and hygiene items for the COVID-19 response. Furthermore, 6.3 per cent of conflict-affected people were reported to lack access to a sufficient quantity of water for drinking and domestic purposes (less than 50 litres per person, per day) and 41.1 per cent rely on bottled water, water trucking or other unimproved and unsustainable water sources. A total of 11.1 per cent of conflict-affected people lack access to improved functional sanitation facilities and 7.9 per cent lack access to soap and a dedicated handwashing facility.

Although much of the damaged water supply infrastructure across Iraq was partially or fully rehabilitated between 2017-2020, several locations across Iraq still have non-functional water

infrastructure that requires emergency rehabilitation. There are 89 (out of 1,316) water treatment plants (WTP) across Iraq assessed as non-functional, requiring rehabilitation, while an additional 367 were assessed as only partially functional.²⁰² Accurate information is not available for more than 700 WTP, indicating that needs may be greater than data shows. The need for improving durable and sustainable access to sufficient quantity and quality water, and sanitation and hygiene services and facilities continues, particularly in return areas which are likely to see more people arrive as camps close and IDPs return to areas of origin.

Over one third of returnees live in areas without sustainable water supply sources and rely on water trucking compared to 21 per cent of IDPs in camps. Additionally, 49 per cent of returnees compared to 13 per cent of IDPs live in locations with poor quality water sources, indicating emergency support for water is needed.²⁰³ Additionally, 32 locations in 6 governorates (Ninewa, Salah Al-Din, Al-Anbar, Diyala, Kirkuk and Baghdad) previously identified as hotspots for returns face challenges in terms of partner presence and coverage for emergency WASH provision. With the growing caseload of returnees, coupled with COVID-19 impacts, these acute needs are expected to increase.

IDPs living in camps will continue to require basic WASH support. WASH support in existing camps will be limited to sustaining the current level of water supply and sanitation services and providing an enabling environment for good hygiene practices, including provision of basic hygiene items.

Projection of Needs

In 2021, WASH needs among conflict-affected populations could further increase as camp closures see more people move to return and out-of-camp areas, where WASH facilities have seen minimal recovery and access to improved water remains dire. Camps that remain open for IDPs unwilling or unable to return will continue to need minimum WASH service provision. At the same time, preventing COVID-19 will continue to require higher than usual standards of sanitation and hygiene, and further COVID-19 lockdowns could challenge access to WASH facilities and services. The heavy burden on WASH facilities could be exacerbated by other disease outbreaks or by flooding, both of which periodically occur in parts of Iraq.

Monitoring

NO	INDICATORS	SECTOR	SOURCE	FREQUENCY
01	# people who have access to improved potable water	WASH	ActivityInfo; Cluster spot checks	Monthly
02	# people who have access to sufficient quantity of water for drinking and domestic purposes (SADD)	WASH	ActivityInfo; Cluster spot checks	Monthly
03	# people who have knowledge of good hygiene practices (SADD)	WASH	ActivityInfo; Cluster spot checks	Monthly
04	% people living with disabilities who have access to WASH services	WASH	ActivityInfo; Cluster spot checks	Monthly
05	# people who have access to functional and improved sanitation facilities (SADD)	WASH	ActivityInfo; Cluster spot checks	Monthly
06	% people who are satisfied with the quality of WASH services (SADD)	WASH	Feedback from IIC; partner satisfaction surveys; camp sweeps	Monthly

3.9 Coordination and Common Services



Overview

The humanitarian situation in Iraq remains volatile and unpredictable. Protracted displacement, premature returns and a volatile political and security context continue to require strong coordination and common services across the humanitarian response.

In 2020, there were several shifts in the operating environment, including political protests, the impact of COVID-19 and government-led camp closures, leading to premature returns and secondary displacement. These developments increased the need for strong coordination of common services to address challenges related to humanitarian access, assessments, monitoring, field coordination and communication with communities (CwC).

COVID-19 increased the need to adjust programming to limit movements and face-to-face interactions, while facilitating access during lockdowns in line with safety protocols as required to understand and meet the basic needs of the most vulnerable populations.

Affected Population

An estimated 195 organizations, including national and international NGOs and UN agencies implementing the joint humanitarian response will remain the primary beneficiaries of the Coordination and Common Services Sector. Through direct support to these organizations, coordination and common services (CCS) will indirectly benefit the 2.5 million IDPs and returnees who will be targeted in the 2021 Humanitarian Response Plan (HRP).

Strengthened coordination, advocacy, access, quality programming, resource mobilization, data and analysis, including mapping, alerts and training are necessary for efficient and safe delivery of humanitarian assistance to vulnerable populations.

CCS will continue to facilitate a coordinated response centred around IDPs in camps, out of camps and returnees. In 2021, camp closures are likely to continue, leading to more out-of-camp locations, including return areas registering new arrivals. This will require strengthened coordination to assess the needs of newly arrived populations as well as access facilitation, particularly for areas where returns have not previously been reported.

Greater coordination will also be required with durable solutions and development partners, particularly in areas of return to ensure complementarity and coherence between humanitarian emergency response to people in acute need, and durable solutions and development interventions to ensure the longer-term well-being of these populations and the sustainability of their returns.

Analysis of Needs

The response to protracted displacement and population movements amid increasing vulnerabilities requires continuous support to inform response planning and prioritization. Targeted support for strategic and operational coordination, reliable information management, facilitation of safe access and an enabling operational environment will be key. Through existing coordination structures at national and sub-national levels, CCS will support throughout the Humanitarian Programme Cycle (HPC), including on joint assessments, programmatic and operational planning and coordination, access facilitation, response monitoring and information management, as well as CwC to ensure an accountable and effective humanitarian response.

The highly volatile situation in Iraq, the fragile political and security context, ongoing camp closures and the impact of COVID-19, require continuous needs

assessment to inform review of, and adjustments to programming to address emerging needs. Movement restrictions and social distancing measures due to COVID-19 challenge in-person assessments. As required, remote surveys or key informant interviews will continue to minimize contagion risks, while ensuring a strong understanding of the situation. Recent camp closures by GoI have also increased the need for real-time tracking, mapping and assessments of population movements from camps to out-of-camp and return locations. This information will be critical to understanding the needs of newly arrived populations.

The impact of COVID-19 on the operational environment cannot be overemphasized. While most partners have reduced physical presence and developed remote delivery mechanisms, stronger coordination and monitoring systems will be required to ensure that humanitarian assistance reaches the intended beneficiaries. Coordination with government authorities and renewed efforts to engage stakeholders in areas of displacement and return will remain paramount. Coordination between humanitarian, durable solutions and development actors becomes critical to ensure adequate support to returnees.

In an environment of reduced operational presence and where accurate information, including on COVID-19 preventative measures, can be lifesaving, CwC is critical. Coordinated community engagement to ensure two-way communication and bolster accountability to affected populations will be paramount. Accountable communication and exchange with IDPs through the IIC provides important information on available services and an understanding of key concerns facing the communities.

Continuous support will be required to facilitate humanitarian access, including NGO registration; monitoring, reporting and advocacy on access challenges; and engagement with governorate and national authorities to facilitate access. While some progress was seen in the final months of 2020, including through an improved online national access authorization system and recognition of the primacy of the National Operations Command access

letter, access challenges persist, including a lack of recognition by some governorate-level security authorities of valid NGO national access letters, and the suspension of the government mechanism for granting or renewing visas to NGO international staff. Combined with the challenges of providing assistance during COVID-19 curfews and lockdowns, these administrative impediments continue to significantly impact the ability of humanitarian organizations to provide humanitarian aid. The Humanitarian Access Working Group has been reactivated and revamped to strengthen a coordinated approach to facilitating humanitarian access.

Part 4

Annexes

NINEWA, IRAQ

Several hundred families took part in an IOM-MoMD facilitated returns programme from Salamiyah IDP camp during 2020 © MoMD



4.1 Data Sources

In 2020, humanitarian actors continued to make efforts to harmonize multi-sector needs datasets and better integrate secondary data sources into the analysis.

The humanitarian profile for the Iraq 2021 HNO was concentrated on the conflict-displaced population groups, drawing upon the following sources:

- In-camp IDPs population source: CCCM Cluster Master List as of August 2020 ([here](#))
- Out-of-camp IDPs population source: IOM-DTM Master List round number 117 ([here](#))
- Returnee population source: IOM-DTM Master List round 117 ([here](#))
- Out-of-camp IDPs and returnee populations have been aligned to the Common Operational Dataset administrative boundaries ([here](#))

The age, gender and disability characteristics, and the other demographics, of the humanitarian profile were based on the following data sources and agreed assumptions:

- For conflict-displaced populations, the age and gender profile for IDPs out-of-camp and returnees was based on the 2019 MCNA VII (profile by district, gender and one-year age interval counts), and the in-camp IDP profile was based on the CCCM FSMT August 2020 data.
- The household population sizes for in-camp IDPs assumed an average of five members per family based on the CCCM FSMT August 2020 data, while out-of-camp IDPs and returnees assumed an average of six members per family based on the 2019 MCNA VII.
- The global average of 15 per cent was adopted for the disability profile.

The analysis of context, event/shock and impact (first three pillars of the Joint Intersectoral Analysis

Framework (JIAF)) centered on the needs of IDPs and highly vulnerable returnees arising from conflict, displacement and COVID-19. The analysis was done using both primary and secondary data sources. Primary data included multi-cluster needs assessments and cluster sources, including more than 40 COVID-19-specific needs assessments conducted in the first half of the year (see list in the Iraq COVID-19 Addendum to the HRP [here](#)). Secondary data analysis was supported by the Global Information Management, Assessment and Analysis Cell on COVID-19 (GIMAC),²⁰⁴ which reviewed over 100 qualitative data sources and 1,200 information pieces, including needs assessment published by partners on the [Iraq Assessment Registry](#). Clusters and their partners were given the opportunity to share qualitative and quantitative data to feed into the analysis [here](#).

To measure the severity of humanitarian conditions (the degree of harm brought by all combined humanitarian consequences of the context/shock/impact, the fourth JIAF pillar) and to estimate people in need (PIN), clusters identified needs indicators that could be aggregated or disaggregated at district level and structured along a five-point severity scale. In Iraq there are two large-scale comprehensive assessments of the needs of IDPs and returnees, which have nationwide coverage²⁰⁵ and are aligned with the HPC cycle:

- The Multi-Cluster Needs Assessment (MCNA), Round VIII, as of September 2020 ([here](#))
- The Integrated Location Assessment (ILA), Round V, as of September 2020 ([here](#)).

The intersectoral analysis relied on 22 indicators for which data was provided by either MCNA VIII or ILA V. The severity and PIN analytical outputs will be uploaded on Humanitarian Data Exchange (HDX) platform [here](#).

Number of assessments (2020)

NO. OF ASSESSMENTS	COVID-19 ASSESSMENTS	PLANNED ASSESSMENTS	PARTNERS
107	56	2	39

TYPE OF ASSESSMENTS

- Multi-cluster **24**
- Cluster specific **83**

	Camp Coord./ Management	Education	Emergency Livelihoods	Food Security	Health	Protection	Shelter / NFI	WASH	Multi-Sector	MPCA	Total assessments by Governorate
Al-anbar	0	0	4	9	6	6	4	4	17	10	39
Babil	0	0	3	9	5	3	0	4	16	0	26
Baghdad	0	0	4	9	5	3	0	4	17	0	27
Al-basrah	0	0	4	9	6	5	0	5	17	0	25
Duhok	0	0	8	9	5	3	0	5	21	0	35
Diyala	0	0	6	9	6	3	0	4	16	9	35
Erbil	0	0	8	9	6	3	3	4	17	0	33
Kerbala	0	0	3	9	5	2	0	4	18	0	25
Kirkuk	0	0	5	9	6	3	1	4	17	9	36
Maysan	0	0	3	9	5	2	0	4	16	0	25
Al-muthanna	0	0	3	9	5	5	0	4	16	0	25
Al-najaf	0	0	3	9	5	5	0	4	16	0	25
Ninewa	0	0	11	11	7	5	5	4	20	10	50
Al-qadissiya	0	0	3	9	5	5	0	4	16	0	25
Salah al-din	0	0	5	9	6	3	5	4	18	8	40
Al-sulaymaniyah	0	0	4	9	6	7	0	4	18	0	27
Thi-qar	0	0	3	9	5	3	0	4	16	0	26
Wassit	0	0	3	9	5	2	0	4	16	0	25
Total needs assessments			18	11	8	11	18	6	24	11	107

Most clusters relied exclusively on MCNA VIII indicators for PIN and severity estimations. Only the CCCM Cluster and Mine Action Sub-Cluster used other data sources to estimate PIN and severity (Camp Population Flow, Camp Profile and Formal Sites Monitoring Tools (FSMT) data; and iMMAP's Information Management System for Mine Action (IMSMA) and the Explosive Hazard Incident database respectively). The Shelter and NFI Cluster used both MCNA VIII and ILA V indicators to estimate PIN and severity. Other cluster-specific sources were used to corroborate the MCNA VIII findings and supplement cluster-specific analysis.

The shock of COVID-19 was assessed through several data collection and review mechanisms, mostly remote. The NPC coordinated a [protection monitoring](#) exercise at the community level to measure the protection impact of COVID-19 among conflict-affected communities in Iraq. The GBV Sub-Cluster also rolled out a [rapid assessment](#) to understand the impact of COVID-19 on GBV. The CCCM Cluster prepared a camp vulnerability [index](#) mapping risk, vulnerabilities, coping capacity of camps, and preparedness measures to deal with the impact of a COVID-19 outbreak. IOM-DTM rolled out a [rapid survey](#) to understand the overall impact of COVID-19 on services. This is in addition to a comprehensive WHO Iraq COVID-19 dashboard updated [daily](#). The Food and Agriculture Organization, International Fund for Agricultural Development, World Bank and WFP have also collected data on food consumption patterns, prices and markets via the [Iraq Weekly Food Security Monitor](#) since April 2020.

To understand risks and project evolution of needs (fifth JIAF pillar), a joint analysis paper was developed to show the impact of COVID-19 and associated risks going into 2021 based on data, analysis and projections from various humanitarian and development partners.

COVID-19-related movement restrictions and social distancing measures challenged face-to-face interaction with affected populations, hampering efforts by humanitarian actors to strengthen the voice of affected communities in assessments. Finding ways to interact with affected populations

and understand their needs became imperative to ensure an evidence-based humanitarian response. IIC continued to operate and to record complaints and questions of Iraqis. In addition to the regular monthly dashboard, IIC published a [monthly](#) summary of calls and complaints related to COVID-19 and has engaged with communities through its Facebook page. United Nations Children's Fund (UNICEF) also launched a rapid assessment on COVID-19 risk perception of the community through Facebook ([here](#)). Questions aimed at understanding accountability and communication between humanitarians and affected communities were also included in the multi-sector needs assessment underpinning this HNO.

Even though COVID-19 restrictions affected the depth of information, the quality of the data and analysis, and even the scope of assessments, it did not prevent partners from conducting surveys in 2020 at a scale comparable to 2019. In total, 103 assessments were reported by 35 partners in 2020. Ninewa, Al-Anbar and Salah Al-Din have consistently been the most assessed governorates since 2018, followed closely by Kirkuk and Diyala in 2020. Most assessments are reported by international NGOs, followed by UN agencies and national NGOs. The proportion of multi-cluster assessments compared to cluster-specific assessments increased in 2020.

Assessment partners and number of assessments by cluster

CLUSTER	PARTNERS	ASSESSMENTS	NUMBER OF PARTNERS
Multi-sector	AAP, UNICEF, DRC, IOM, IHAO, ILO, IRC, Mercy Corps, NRC, OXFAM, Mercy Hands, REACH Initiative, CCCM Cluster Iraq, UNHCR, UNOCHA	24	15
Emergency livelihoods	AAH, HI, CARE, DRC, ILO, IRC, NRC, Mercy Corps, OXFAM, GOAL, IRW, TGH, PAO, Altai Consulting Company	18	14
Shelter/NFI	CNSF, DCA, DRC, NRC, PUI, SEDO, CRS, Caritas-Czech, Malteser, JORD	18	10
MPCA	DRC, IRC, Mercy Corps, NRC, OXFAM, Mercy Hands, ZOA	11	7
Protection	CARE, DORCAS, DRC, UNHCR, DAI, HAI, IOM, IRC, INTERSOS, NP, SWEDO, Yazda, LCN, HARIKAR, Mercy Hands, OXFAM, REACH Initiative, UNFPA	11	18
Food security	IFAD, World Bank, WFP, IOM, Mercy Corps	11	5
Health	IHA, HI, Humanity & Inclusion, UNICEF, WHO	8	4
Wash	REACH Initiative, WASH Cluster - Iraq, UNHCR, PWJ	6	4



ANBAR, IRAQ

Health partners distributed hygiene kits to all IDP households in HTC and AAF IDP Camps and provided hygiene awareness sessions, 2020 © Mercy Corps

4.2 Methodology

To generate a shared understanding of the humanitarian situation in country and inform HCT decision-making, the ICCG supported at technical level by the AWG and IMWG, worked with global and sub-national cluster focal points, cluster lead agencies, thematic and subject matter experts in Iraq and internationally, and with OCHA at global, national and sub-national levels to compile, analyse and interpret existing needs information. The AWG focused on data consolidation, the IMWG on data processing, with analysis and interpretation done jointly by ICCG and HCT.

The Iraq operation used the globally agreed approach to structure intersectoral analysis, estimate people in need and the severity of needs. The Joint Intersectoral Analysis Framework (JIAF) is available [here](#).

The analysis and resulting narrative were structured around the five JIAF pillars. Information and data sources underpinning analysis for each pillar is listed in section 4.1 above. The methodology is outlined below.

I. Intersectoral methodology

Analysis of context, event/shock and impact

This analysis consisted of reviewing both primary and secondary data. Secondary data analysis was supported by the GIMAC based on data collated through the AWG. GIMAC structured information using the [Data Entry and Exploratory Platform \(DEEP\)](#) software based on [the GIMAC analytical framework](#). Resulting analysis was interpreted and contextualized in country.

Severity analysis and estimation of people in need

To measure the degree of harm brought by all combined humanitarian consequences resulting from the given context, shocks and their impact, several technical steps were taken.

1. **Data sources:** In Iraq there are two large-scale comprehensive assessments with nationwide coverage that assess needs of majority of IDPs and returnees: MCNA (in its eighth iteration in 2020) and ILA (fifth iteration).²⁰⁶ These two sources were prioritized for the intersectoral analysis given their nationwide coverage and reliability.
2. **Indicators:** The 22 indicators for intersectoral PIN/severity calculation (see Table 1) were jointly selected based on relevance and analytical rigour. Subject-matter experts (i.e. clusters, working groups and thematic focal points) provided input on the relevance of the indicator. OCHA, REACH Initiative, IOM-DTM, cluster Information Management Officers, and Global Cluster Lead Agencies consulted on analytical rigour.

Clusters determined relevance of the indicators and analysis thresholds based on the following criteria:

- **Validity:** A clear relationship between the indicator and what is being measured.
- **Transparency:** A robust and accepted methodology/instrument behind each indicator.
- **Simplicity:** Indicator is easy to understand and self-explanatory.
- **Uniqueness:** Each indicator should be used only once in estimating severity of humanitarian conditions.

For each indicator, technical rigour was determined based on:

- **Disaggregation:** Data available by sex and age categories and disability status.
- **Unit of analysis:** Indicators provide data at household or area-level and can be dis-/aggregated at district level by population group.
- **Severity thresholds:** Each indicator has severity thresholds organized along a five-point scale (at a minimum a 3-point scale) and is aligned with JIAF severity scale definitions.

3. Analytical framework for PIN and severity calculation:

The AWG prepared the analytical framework in August, which was jointly reviewed by AWG and IMWG on 3 September 2020 and endorsed by the ICCG on 10 September. The framework was prepared considering five elements:

- Indicators prioritized by clusters for cluster PIN/severity analysis;
- Continuity with indicators used in 2020 HNO, while incorporating 2020 HNO lessons learned when possible;
- Inclusion of cross-cutting indicators following bilateral consultations with technical partners and experts (e.g. AAP Working Group, REACH Initiative, IOM-DTM, Handicap International, gender focal points);
- Alignment with global indicator reference table to the maximum extent possible;
- Technical rigour (i.e. availability of indicator and data disaggregated by district, population group and when possible SADD and disability; thresholds development, etc.).

Indicators that did not meet analytical rigour for PIN and severity were not used in the calculations but used for impact analysis and to contextualize trends related to humanitarian conditions.

4. Intersectoral PIN and severity calculation method:

Iraq followed "Data Scenario A" from 2021 JIAF guidance to calculate the percentage and number of households falling under each severity class category. Data was prepared by REACH Initiative and IOM-DTM and provided to OCHA for PIN and severity analysis.

In line with JIAF guidance, Iraq used a “mean of 50 per cent max” rule to determine the overall severity score of a household, with regular rounding. Four “critical” indicators were used, jointly selected by AWG and IMWG and reviewed by ICCG.

The categories “people affected”, “PIN” and “acute PIN” followed the previous year’s method, whereby the number of people affected is the sum of the individuals falling into severity categories 2, 3, 4 and 5; PIN is the sum of individuals in severity categories 3, 4 and 5; and Acute PIN is the sum of individuals in severity categories 4 and 5.

The district-level severity map was generated for the overall severity and for each beneficiary group using a min-max normalization approach (described below) adopted for the intersectoral analysis.

Regarding tools, Excel was suitable for performing the necessary intersectoral calculations. However, more advanced tools were employed by REACH Initiative and IOM-DTM colleagues in line with their technical capacity and the datasets provided e.g. R scripting.

JIAF pillar V: Intersectoral projections and evolution of needs

Due to the volatility of the situation, the HCT and ICCG decided in a joint meeting that the HNO and subsequent HRP planning for 2021 will be based on the current situation, while keeping the flexibility to adjust and respond as the situation develops, both with regard to population movements and the impact of COVID-19. Therefore, projection figures were not developed. Instead, clusters and the ICCG were asked to focus on capturing the drivers of needs and explain how these needs could change in 2021 (refer to the intersectoral and cluster chapters).

II. Cluster methodology

For alignment between the intersectoral and the sector-specific estimations of PIN and severity, clusters were advised to adopt the 2021 JIAF methodology using “Data scenario A” when possible and to follow two principles:

1. Indicators common to the intersectoral analysis and cluster analysis have the same thresholds. This was done in order to ensure that an indicator was not ‘interpreted’ in two different ways and that analysis remained consistent and comparable.
2. The intersectoral PIN and acute PIN to be used as a guiding “ceiling” when calculating cluster PIN and acute PIN at district level.

When contextually appropriate, clusters aligned indicators and thresholds with the global indicators references in the JIAF Indicator Reference List. Most clusters calculated people in need and severity of needs using the JIAF methodology. The 2021 JIAF methodology was used by most clusters to estimate the severity of needs, with only a few clusters using the NCT Tool. The indicators used by the clusters to calculate severity are listed in Table 2. Below a summary of methodological approaches and data sources used.

In districts where cluster PIN estimates exceeded the inter-cluster estimate, documented justification was provided and, if appropriate, the intersectoral PIN envelope was adjusted.

CLUSTER	ANALYSIS METHODOLOGY	INDICATORS TO ESTIMATE PIN AND SEVERITY	SOURCE
CCCM	For PIN, taking all people in camp and informal sites. For severity, using the Needs Comparison Tool (NCT) to do an average of PIN and service gap based on composite index, distinct for IDPs in camp and out-of-camp.	2 composite index: # IDPs in camp and in informal sites, gaps in services	ILA V, FSMT, Camp Population Flow
Education	JIAF calculation methodology and thresholds. Using Data Scenario A for aggregation. Severity was based on a min-max normalization approach. Secondary data and reports were also used to triangulate information.	3 indicators: school attendance; distance to school; drop-out	MCNA VIII, ILA V and ACAPS Secondary Data Review
Emergency Livelihoods	JIAF calculation methodology, with country-specific thresholds (at global level there are no JIAF-proposed livelihoods indicators). Using Data Scenario A for aggregation. Severity was done using the NCT.	1 indicator: inability to afford basic need (taking debt)	MCNA VIII
Food Security	CARI Analysis; indicators aligned with JIAF thresholds. Severity was done using the NCT.	4 indicators: livelihood coping strategy; food expenditure share; household hunger scale; food consumption score	MCNA VIII, CFSVA 2016
Health	JIAF calculation methodology and thresholds. Using Data Scenario A for aggregation. Severity based on min-max normalization, then applied Jenks Natural Breaks for the severity index.	2 indicators: time to reach hospital; access to emergency, maternity, surgical, reproductive health and pediatric services	MCNA VIII
Protection	JIAF calculation methodology and thresholds. Using Data Scenario A for aggregation. Severity based on min-max normalization.	General Protection; HLP and MA sub-clusters - 5 indicators: missing documentation, missing HLP documentation, lacking secure tenure, EO contamination, EH incidents CP - 5 indicators: school attendance, psychosocial distress, child labour, child marriage, missing documentation GBV - 5 indicators: access to specialized reproductive health services, negative coping mechanisms, living in critical shelter conditions, signs of distress (self-diagnosed), locations reporting [four types of incidents]	MCNA VIII, IMSMA, ILA V
Shelter and NFIs	JIAF calculation methodology with adapted JIAF thresholds. Using Data Scenario A for aggregation and severity based on a normalization approach.	2 indicators: shelter improvements needed, critical shelter	MCNA VIII, ILA V
WASH	JIAF calculation methodology with adapted JIAF thresholds. Using Data Scenario A for aggregation and severity based on a min-max normalization.	4 indicators: treating water; access to improved and functional sanitation facilities, access to soap and practicing handwashing, access to sufficient water quantity	MCNA VIII, cross-referenced with ILA V and WASH cluster assessment

III. METHODOLOGICAL LIMITATIONS

The design of indicators, surveys, tools and methodologies followed jointly agreed geographic and thematic boundaries determined by displacement resulting from the armed conflict against ISIL. As such, analysis was limited to the districts with identified beneficiary groups (i.e. where IDPs and returnees are located as per IOM-DTM Master Lists) and the extent of the MCNA assessment (i.e. the extent of the household dataset). With COVID-19 as a new shock, additional information was reviewed to understand if there were humanitarian needs outside of the well-established population groups. As quality and coverage of this data differs, comparing severity of needs of the conflict-affected population with other population groups in need of socioeconomic support as a result of other shocks (e.g. COVID-19, water scarcity, poverty, etc.) was not possible.

Mitigation measures to curb the spread of the COVID-19 virus, together with existing access challenges, limited data collection which, in turn, limited analysis. Despite limitations in data collection, the MCNA has achieved at least 'purposive quota' sampling in all districts. Nevertheless, as a result of mixed methodologies of in-person and phone-based surveys, the reliability and quality of data will not be the same as in 2020. Findings for these 22 indicators are statistically representative in some districts and indicative in other districts. As a result, any comparisons with data collected in 2019 must take this reality into consideration.

Using the JIAF approach at country level allows for a more robust determination of co-occurrence of needs and linkages with key drivers. However, given that COVID-19 prevented in-person data collection at household level and that the resulting dataset was not statistically representative in all locations, the co-occurrence of needs analysis could not be prioritized in this programme cycle.

Finally, the MCNA and ILA assessments were conducted during the summer of 2020 and thus – with

the limitations described above – present a snapshot of the severity of humanitarian needs among the assessed population groups. A degree of flexibility will be required to adjust calculations and approaches to reflect the evolving reality on the ground, including accounting for the potential shifting nature of needs due to COVID-19, camp closures or other shocks that may take place between the time the assessments were undertaken and the finalization of the HNO.

The Joint Intersectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure



People living in the affected area

Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities



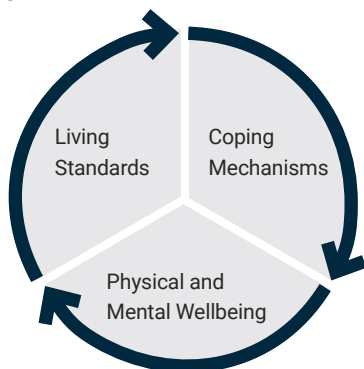
People affected

Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

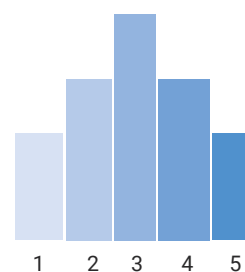


Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns

By relevant age, gender and diversity characteristics

The JIAF Severity Scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
<p>1 None/Minimal</p>	<p>Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p>	<p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p>
<p>2 Stress</p>	<p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p>	<p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p>
<p>3 Severe</p>	<p>Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms.</p> <p>Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.</p>	<p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p>
<p>4 Extreme</p>	<p>Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality</p>	<p>Saving Lives and Livelihoods</p>
<p>5 Catastrophic</p>	<p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm.</p> <p>Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p>	<p>Reverting/Preventing Widespread death and/or Total collapse of livelihoods</p>

4.3 Information Gaps and Limitations

Intersectoral gaps and plans to overcome them

As the in-camp IDP population departs camps prematurely without viable plans to re-establish life elsewhere, they are likely to move from location to location until an acceptable solution is found. Needs could change due to the new displacement situation and the geographical location. Understanding the needs of this dynamic population will be challenging. Information from existing mechanisms such as exit surveys, IOM-DTM Emergency Tracking, IIC and partner assessments and monitoring reports are to be better coordinated and communicated in order to rapidly analyze needs and support timely interventions. Rapid needs assessment tools will be reviewed and made ready for deployment.

The socioeconomic impact of COVID-19 led to an increase in the severity of needs for many of the conflict-affected population. However, there is an incomplete understanding of the nature of needs of the broader Iraqi population resulting from COVID-19. Analysis done in 2020 revealed that socioeconomic issues have not translated into humanitarian needs. In 2021, the UNCT will monitor the evolution of socioeconomic vulnerabilities in Iraq, including as a result of COVID-19, while the HCT and ICCG will closely observe the situation on an ongoing basis to determine if and when humanitarian emergency thresholds are crossed.

The Ministry of Planning reported in 2012 that 8.4 per cent of individuals in Iraq have a disability.²⁰⁷ Humanitarian assessments vary from as low as 3.5 per cent of individuals²⁰⁸ up to 12.7 per cent of households.²⁰⁹ It is difficult to usefully quantify the prevalence of disability among the humanitarian caseload in Iraq. The planning assumption for the 2021 HNO, thus remains as per the 2020 HNO, namely based on the global standard of 15 per cent. This figure was further contextualized by MCNA findings, which

collected disability data using the Washington Group Questions short set.²¹⁰ Disaggregation of data for people with disability by sex and age, as well as by type and cause of impairment, is needed to reduce barriers and increase access and inclusion for people with diverse abilities. Effort was made in 2019 and 2020 to better reflect their specific needs by encouraging disability analysis. This effort will continue in 2021.

Some communities risk not being assessed and not receiving assistance given that they do not formally classify as “IDP” or “returnee”. Six years after the armed conflict against ISIL started, some people have moved several times, while others were displaced even before this latest conflict. In the absence of durable solutions many tried to find their own solutions. Some people were secondarily displaced but did not re-register as IDPs; others may have returned to their sub-district of origin but are, in fact, still displaced from their homes. Some IDPs have integrated into host communities and may not be in need, while some host communities or people who have never been displaced may have significant vulnerabilities. In 2021, humanitarian actors will continue to seek to ensure that all assistance is provided on the basis of assessed need, not status, and without bias for or against characteristics such as date of camp departure.

Due to COVID-19 and access restrictions, MCNA VIII data had to be collected through a hybrid approach of face-to-face and phone-based interviews. Interviewing time was shortened (e.g. questionnaire condensed, or individual level questions converted to household level questions). As such, the findings give an indication if households are in need or experience certain risks, but findings will not provide insight into the specific needs of individual members of the household (e.g. women, girls, boys). Additionally, of the 9,634 MCNA interviews, only 17 per cent interviewed women or girls.

Information pertaining to needs of girls and women could be strengthened at the data collection stage with sustained efforts to identify key informants who are girls or women, and achieve parity in gender of the respondents. Partners relying on key informants for needs assessments must also increase efforts to amplify the voices of women and girls by identifying appropriate key informants.

Sectoral gaps and plans to overcome them

Four clusters listed information gaps by population group:

- CCCM Cluster highlighted the lack of reliable data on people living in informal sites.
- Education Cluster indicated gaps related to understanding specific education needs by age group, gender and disability.
- Food Security Cluster highlighted lack of food security data among the general population. To address this gap, WFP plans to roll out the Iraqi Socio-Economic Survey (IHSES) in 2021 to update the food security baseline of the Comprehensive Food Security and Vulnerability Analysis 2016.
- Health Cluster highlighted that perspectives and needs of individuals in a household were not gathered through individual level dataset (vs. household).

Four clusters indicated thematic information gaps:

- The Education Cluster lacks up-to-date information on school enrolment. The cluster plans to carry out a Joint Education Needs Assessment in 2021 to complement information collected by REACH Initiative and IOM-DTM with school level information.
- The Protection Cluster noted a lack of specialized technical assessments, with information gaps related to MHPSS, administrative and legal barriers to understanding local integration or relocation; reconciliation and local-level tribal initiatives for reintegration of people and households with perceived affiliation with extremists, and assessments and analysis of individuals and households unable to find durable solutions.

- In the case of the SNFI Cluster, data on critical shelter should, to the extent possible, be collected through direct observation from trained enumerators, which was not possible in 2020 due to COVID-19.
- The WASH Cluster does not have enough data on schools and health-care facilities, due to access and movement restrictions, and lacks information on the functionality of WTP in Iraq. A proposal is being submitted by the WASH Cluster to address these gaps in 2021.

JIAF PILLAR	NO.	INDICATOR / DATA	SEVERITY CLASS					SOURCE	CLUSTER & THEME
			NONE/MINI-MAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)		
CONTEXT	-	Secondary data review of general characteristics of the political, socio-cultural, attitudinal, economic, legal and policy, technological, demographic, security, public infrastructure, service delivery and environmental profile						Multiple	Multiple
EVENT/SHOCK (drivers, factors)	-	Secondary data review related to conflict and displacement, and COVID-19 as most recent shock						Multiple	Multiple
IMPACT (access, services, people)	-	Secondary data review on impact of conflict, displacement and COVID-19 on access, systems and services, and people. Complemented with primary data when available.						Multiple	Multiple
HUMANITARIAN CONDITIONS	Living Standards								
	1	% households (HH) with access/knowledge of complaint mechanisms	satisfied with aid and aware of complaint mechanisms	satisfied with aid but not aware of complaint mechanisms	unsatisfied with aid, but aware of complaint mechanisms	unsatisfied with aid and not aware of complaint mechanisms	N/A	MCNA VIII	Cross-cutting (AAP)
(indicator-driven, used to estimate severity of need and people in need)	2	% children attending formal or informal education regularly (at least 4 days a week) prior to the COVID-19 outbreak	>90% of school-aged children (aged 6-17) are attending formal or informal education facilities	70%-89% of school aged children (aged 6-17) are attending formal or informal education facilities	55%-69% of school aged children (aged 6-17) are attending formal or informal education facilities	30%-54% of school aged children (aged 6-17) are attending formal or informal education facilities	0-29% of school aged children (aged 6-17) are attending formal or informal education facilities	MCNA VIII	Education, Protection
	3	% households with at least one adult (18+) unemployed and seeking work	No unemployment in the household	> 0 %AND <= 50% of adults is unemployed and seeking work	> 50 %AND <= 70% of adults is unemployed and seeking work	> 70 %AND <= 90% of adults is unemployed and seeking work	> 90% of adults is unemployed and seeking work	MCNA VIII	ELC
	4	% households unable to afford basic needs (% HH taking on debt due to healthcare, food, education, or basic household expenditures)	HH is not taking any debt or taking on debt to afford clothing or non-food items or taking on debt to afford productive assets	HH is taking on debt to afford house repair and reconstruction	HH is taking on debt to afford education or basic household expenditures	HH is taking on debt to afford healthcare OR food	N/A	MCNA VIII	ELC
	5	Food Expenditure Share (FES)	<50%	50-65%	65-75%	75% - 85%	> 85%	MCNA VIII	FSC
	6	% population that can access primary healthcare within one hour's walk from dwellings	0-15 Mins	16-30 Mins	31-60 Mins	1-3 Hrs	>3 Hrs	MCNA VIII	Health

7	% households missing at least one key household or individual document	HH missing no key household or individual document	HH not missing any of Public Distribution System (PDS) card, identity (ID) card, nationality certificate, unified ID (substituting both for ID card and nationality certificate) and birth certificate	HH missing =<2 core documents: PDS card, ID card, nationality certificate, unified ID (substituting both for ID card and nationality certificate) and birth certificate	HH missing >= 3 core documents (PDS card, ID card, nationality certificate, unified ID (substituting both for ID card and nationality certificate) and birth certificate)	HH missing >= 4 or more core documents (PDS card, ID card, nationality certificate, unified ID (substituting both for ID card and nationality certificate) and birth certificate)	MCNA VIII	Protection - GP
8	% households reporting risk of eviction	HH did not report risk of eviction	N/A	HH reported fearing eviction (-Lack of funds to pay rental cost; -No valid tenancy agreement; - Request to vacate from owner of the building/ land; - Host family no longer able to host the family; -Ownership of property is disputed)	HH reported risk of eviction (-Inadequate housing/shelter condition; -Local community does not accept our family living in the area; -Authorities requested from HH to vacate the property; -Risk of property being confiscated; - Housing occupied by other groups)	N/A	MCNA VIII	Protection - HLP
9	% households reporting at least 2 shelter improvements	No improvements needed	Other	Improve privacy and dignity (no separate rooms, shared facilities toilets & showers, etc.) Protect from climatic conditions (leaking roof, floor not insulated, etc.) Other	Protection from hazards (ERW contamination, risk flooding/ landslides, solid waste dumping site, etc.) Improve safety and security (located in insecure/ isolated area, no fence, etc.)	Shelter conditions being not so alarming in country, there is no categorization in the catastrophic threshold. Core responses indicated above determine the respective threshold.	MCNA VIII	SNFI
10	% of people living under critical shelter conditions (aggregated indicator)	Below 5% HHs living in critical shelters	5% to 10% HHs living in critical shelters	10% to 30% HHs living in critical shelters	30% to 50% HHs living in critical shelters	Over 50% HHs living in critical shelters	ILA V	SNFI

Coping Mechanisms

11	Livelihoods Coping Strategy (LCS)	No stress, crisis or emergency coping observed	Stress strategies are the most severe strategies used by the household in the past 30 days	Crisis strategies are the most severe strategies used by the household in the past 30 days	Emergency strategies are the most severe strategies used by the household in the past 30 days	Near exhaustion of coping capacity	MCNA VIII	FSC, ELC, Cross-cutting
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Physical and Mental Wellbeing

12	% of household members with disability ("lots of difficulty" or "cannot do at all" in one of the following: seeing, hearing, walking/climbing steps, remembering/concentrating, self-care, communicating)	All domains are no difficulties	No domain is a lot of difficulties or cannot do at all, 1, 2, or 3 domains are some difficulties	No domain is cannot do at all, 1, 2, or 3 domains are a lot of difficulties OR no domain is a lot of difficulties or cannot do at all; at least 4 domains are some difficulties	1,2 or 3 domains are cannot do at all OR at least 4 domains are a lot of difficulties	At least 4 domains are cannot do all	MCNA VIII	Cross-Cutting (disability-measured using Washington Group Questions)
13	Food Consumption Score (FCS)	Acceptable consumption ≥ 42.5	Acceptable consumption, but deteriorating ≥ 42.5 + HHS > 0	Borderline consumption 28.5- 42	Poor consumption ≤ 28	Poor consumption + HHS 5-6	MCNA VIII	FSC
14	Household Hunger Scale	0 (none)	1 (slight)	2 or 3 (moderate)	4 (severe)	5 or 6 (severe)	MCNA VIII	FSC
15	% households with at least one individual with a chronic health condition	none of the two conditions is met	any of the two conditions is met once	any of the two conditions is met twice	any of the two conditions is met three times	any of the two conditions is met at least four times	MCNA VIII	Health
16	% women/girls who avoid areas because they feel unsafe there	No areas avoided by women or girls	N/A	One area avoided by women or girls	More than one area avoided by women or girls	N/A	MCNA VIII	Protection - GBV, CP
17	% of locations in which households are reportedly concerned about explosive devices (mines, UXOs, IEDs)	0% of locations reporting incidents and 0% of locations concerned	0% of locations reporting incidents and $>0\%$ of locations reporting being concerned	Between 0% and 10% of locations reporting incidents (regardless of concerns)	More than 10% of locations reporting incidents, but less than 20% of locations concerned	More than 10% of locations reporting incidents and more than 20% of locations concerned	MCNA VIII	Protection - MA
	% locations where [ERW, landmine, UXO] was reported in last three months							
18	Households indicating child protection issues	0 CP risk reported in the HH	0 CP risk reported in the HH	1 CP risk reported in the HH	2 CP risk reported in the HH	3-5 CP risk reported in the HH	MCNA VIII	Protection - CP

19	% households without access to an improved water source	Water comes from an improved water source including: Piped water into compound	Water comes from improved water source including: Piped water connected to public tap; borehole; protected well or rainwater tank; protected spring	Water comes from an improved source including: bottled water; water trucking	Water comes from an unimproved water source	Water comes directly from rivers, lakes, ponds, etc.	MCNA VIII	WASH
20	% households without access to a sufficient quantity of water for drinking and domestic purposes	Enough water for drinking, cooking, personal hygiene and other domestic purposes	Enough water for drinking and cooking and personal hygiene, but not for other domestic purposes	Enough water for drinking and either cooking or personal hygiene	Enough water for drinking but not for cooking and personal hygiene	Not enough water for drinking	MCNA VIII	WASH
21	% households without access to improved functional sanitation facilities	Access to improved sanitation facilities, not shared with other households	Access to improved sanitation facilities, shared with other HHs	Access to unimproved sanitation facilities, not shared	Access to unimproved facilities, shared with other households	Disposal of human faeces in open spaces or with solid waste	MCNA VIII	WASH
22	% households without access to soap and practicing handwashing	Soap is available at home AND self-reports using soap for handwashing		Soap available at home BUT does not self-report using soap for handwashing		Soap is not available at home	MCNA VIII	WASH
CURRENT AND FORECASTED NEEDS	-	An internal joint analysis paper was prepared to show impact of COVID-19 and associated risks going into 2021 based on agency-specific data, analysis and projections.					Cluster Lead	Multiple Agencies

4.4 Acronyms

AAP	Accountability to Affected Populations	IMSMA	Information Management System for Mine Action
AoR	Area of Return	IMWG	Information Management Working Group
AWG	Assessment Working Group	IOM	International Organization for Migration
CCCCM	Camp Coordination and Camp Management	IQD	Iraqi Dinar
CCS	Coordination and Common Services	ISIL	Islamic State of Iraq and the Levant
CP	Child Protection	JIAF	Joint Intersectoral Analysis Framework
CwC	Communication with Communities	KRG	Kurdistan Regional Government
CWG	Cash Working Group	KRI	Kurdistan Region of Iraq
DoE	Directorate of Education	MA	Mine Action
DTM	Displacement Tracking Matrix	MCNA	Multi-Cluster Needs Assessment
EH	Explosive Hazard	MHPSS	Mental Health and Psychosocial Support
ELC	Emergency Livelihoods Cluster	MoE	Ministry of Education
EO	Explosive Ordnance	MoMD	Ministry of Migration and Displacement
ERW	Explosive Remnants of War	MPCA	Multipurpose Cash Assistance
EWARN	Early Warning, Alert and Response Network	mVAM	Mobile Vulnerability Analysis and Mapping
FCS	Food Security Cluster	NFI	Non-Food Item
FSMT	Formal Sites Monitoring Tools	NGO	Non-Governmental Organization
GBV	Gender-based Violence	NPC	National Protection Cluster
GBVIMS	Gender-based Violence Information Management System	OCHA	Office for the Coordination of Humanitarian Affairs
GDP	Gross Domestic Product	PDM	Post-Distribution Monitoring
GIMAC	Global Information Management, Assessment and Analysis Cell on COVID-19	PDS	Public Distribution System
GoI	Government of Iraq	PIN	People in Need
GP	General Protection	PMS	Protection Monitoring System
HCT	Humanitarian Country Team	SADD	Sex- and Age-Disaggregated Data
HH	Household	SC	Sub-Cluster
HLP	Housing, Land and Property	SNFI	Shelter and Non-Food Items
HNO	Humanitarian Needs Overview	UN	United Nations
HPC	Humanitarian Programme Cycle	UNCT	United Nations Country Team
HRP	Humanitarian Response Plan	UNDP	United Nations Development Programme
ICCG	Inter-Cluster Coordination Group	UNFPA	United Nations Population Fund
IDP	Internally Displaced Person/s	UNHCR	United Nations High Commissioner for Refugees
IED	Improvised Explosive Device	UNICEF	United Nations Children's Fund
IIC	Iraq Information Centre	UXO	Unexploded Ordnance
ILA	Integrated Location Assessment	VAM	Vulnerability Analysis and Mapping
ILO	International Labour Organization	WASH	Water, Sanitation and Hygiene
IMS	Information Management System	WFP	World Food Programme
		WHO	World Health Organization
		WTP	Water Treatment Plant

4.5

End Notes

- 1 IOM-DTM Emergency Tracking Movement of IDPs, 29 November 2020 and CCCM Cluster, Protection Cluster, & Iraq Information Centre Camp Departure Follow-Up Survey, 30 November 2020, showed that on average, a third of IDPs departing camps has not returned to the location or origin and are in secondary displacement. Secondary displacement is defined as IDPs who did not return to the village or neighbourhood of origin.
- 2 Habbaniya Tourist City (HTC) Camp reclassified to an informal site on 11 November 2020.
- 3 Al-Ahel and Al-Nabi Younis camps closed on 18 and 21 October 2020, Zayona camp was reclassified to an informal site mid-November 2020.
- 4 Muskar Saad Camp, Al-Wand 1 and 2 camps closed on 27 October 2020, 11 November 2020, and 28 November 2020.
- 5 Al-Kawthar Camp closed on 18 October 2020.
- 6 Yahyawa and Laylan camps closed on 13 November 2020 and 30 November 2020.
- 7 Qayyarah-Jad'ah 1 and Hamam Al Alil 2 closed 12 November 2020 and 15 November 2020 and Salamiyah Camp closed by 12 January 2021.
- 8 Jad'ah 5 in Ninewa, Ameriyat al-Fallujah in Anbar, and the two Latifiyah camps in Baghdad.
- 9 CCCM Cluster Camp Population Masterlist, December 2020.
- 10 CCCM Cluster Camp Population Masterlist, December 2020.
- 11 Figures are provisional due to the fluidity of the situation and are based on CCCM Camp Population Data as of 31 December adjusted to reflect the most recent camp closures.
- 12 IOM-DTM Emergency Tracking of Arrival of IDPs from Camps to Non-Camp Settings, 17 January 2021.
- 13 IOM-DTM Emergency Tracking of Arrival of IDPs from Camps to Non-Camp Settings, 17 January 2021.
- 14 According to a follow-up survey jointly developed by the CCCM and Protection Clusters, and the Iraq Information Centre (IIC) and conducted between October and November 2020 with approximately 1,000 departing households from camps in Anbar, Baghdad, Diyala, Kerbala and Ninewa who gave their details during camp exit surveys. The survey had a representative sample but does not assert to be a comprehensive accounting of all those who departed. Report available online here (accessed 11 January 2021).
- 15 Calls received through the IIC, and analyzed in the HNO, have indicated that all populations have consistently listed cash, protection and food assistance as the three top concerns. From July until to September, the Iraq Information Centre received calls mainly related to cash (49 per cent) and food-security (38 per cent), while in October, the calls were primarily related to cash, protection and food security. From November onwards, most calls were made to discuss issues related to food, cash, livelihoods, and protection. Iraq Information Center Dashboard, all dashboards from 2017 to 2020 available online here (accessed 21 January 2021).
- 16 29 per cent among IDP households in camps, 22 per cent among IDP households out-of-camp and 18 per cent among returnees. See detailed analysis in the current Iraq 2021 HNO.
- 17 IIC, CCCM and Protection clusters, Camp Departure Follow-up Survey, Sudden Camp Closure, Update 3, 14 October – 30 November 2020. Report available online [here](#) (accessed 11 January 2020), showed that 19 per cent of families report living in substandard shelter (tents, makeshift shelter, unfinished or abandoned buildings) with 25 per cent of all families reportedly fearing eviction.
- 18 IIC, CCCM and Protection clusters, Camp Departure Follow-up Survey, Sudden Camp Closure, Update 3, 14 October – 30 November 2020. Report available online [here](#) (accessed 11 January 2020).
- 19 See the analysis in the current Iraq HNO 2021. Missing documentation was reported as a key concern by 43 per cent of out-of-camp IDP households, 55 per cent of in-camp IDP households, and 57 per cent of returnee households, MCNA VIII, September 2020.
- 20 IIC, CCCM and Protection clusters, Camp Departure Follow-up Survey, Sudden Camp Closure, Update 3, 14 October – 30 November 2020. Report available online [here](#) (accessed 11 January 2020).
- 21 See the analysis in the current Iraq HNO 2021.

- 22 Barriers to return include destroyed houses; lack of livelihoods and basic services; social tensions; and a lack of security and safety, compounded by fear and trauma associated with areas of origin.
- 23 Field reports indicate that approximately 300 families who were compelled to leave camps in Ninewa have sought admission to the Khazer, Hassansham U2 and U3 camps under the administration of the Kurdistan Regional Government. Kirkuk field reports indicated that a house of a returned family from Al Karama camp in Salah Al-Din was attacked with a sound grenade by unknowns the night they arrived. Another returned family from Al Karamah camp was denied access at a security checkpoint in Samarra and forced to return to the camp where they were also rejected and have since sought financial assistance to rent accommodation in Tikrit. See also general accounts in Camp Closures Situation Report 11, CCCM and Protection Cluster, 10 December 2020.
- 24 World Bank, Iraq Economic Monitor, Fall 2020.
- 25 International Labour Organization, Rapid Assessments of the Impacts of COVID-19 on Vulnerable Populations and Small-scale Businesses in Iraq, June 2020.
- 26 World Bank, Iraq's Economic Update, October 2020.
- 27 World Bank, Iraq Economic Monitor, Fall 2020.
- 28 WHO Iraq, COVID-19 Dashboard , accessed on 3 December 2020, page 1.
- 29 WHO Global COVID-19 Dashboard, accessed on 3 December 2020,
- 30 Ibid., page 14.
- 31 Ibid., page 21.
- 32 Protection Cluster, Protection Monitoring Report, October 2020.
- 33 Human Rights Watch, Iraq/Kurdistan Region: Risk of Double Trials for ISIS Ties: Lack of Coordination Between 2 Justice Systems, 23 December 2018.
- 34 IOM-DTM and CCCM Cluster analysis.
- 35 ILO and Fafo Institute for Labour and Social Research, Rapid Assessment of the Impacts of COVID-19 on Vulnerable Populations and Small-scale Enterprises in Iraq, July 2020.
- 36 Ibid.
- 37 REACH Initiative, Multi-Cluster Needs Assessments (MCNA), Round VIII, August 2020.
- 38 Protection Cluster, Protection Monitoring Report, October 2020.
- 39 WHO Iraq, COVID-19 Dashboard, page 1, accessed on 3 December 2020.
- 40 UNDP Iraq, Impact of COVID-19 on the Iraqi Economy, October 2020.
- 41 Protection Cluster, Protection Monitoring Report, October 2020 and GBV-SC report on impact of COVID-19 (May/June 2020).
- 42 MCNA VIII.
- 43 ILA V, <http://iraqdtm.iom.int/ILA5>. ILA V found the number living in critical shelter to be three per cent (164,000 people) and MCNA VIII found it to be four per cent (185,000 people). The Shelter Cluster will base its targeting on the higher figure to ensure no one is left behind.
- 44 UNDP Iraq, Impact of COVID-19 on the Iraqi Economy, October 2020.
- 45 Since August 2020, most courts across Iraq have reopened at more than 75 per cent capacity. Variations are expected based on geographical areas and COVID-19-related measures.
- 46 Based on the Market Functionality Index, a quantitative measure designed by WFP to benchmark market functionality along the following nine dimensions: 1) assortment of essential goods; 2) availability; 3) price; 4) resilience of supply chains; 5) competition; 6) infrastructure; 7) services; 8) food quality; and 9) access and protection.
- 47 Based on data analysis conducted by the Cash Working Group, the Cash Consortium for Iraq and WFP.
- 48 Focus group discussion among humanitarian access focal points in April 2020.
- 49 Focus group discussions among humanitarian access focal points in October 2020.
- 50 Further information can be found in the United Nations Development Programme (UNDP) Policy Papers: "Impact of COVID-19 and the Oil Crisis on Iraq's Fragility," August 2020 and "Impact of COVID-19 on the Iraqi Economy," October 2020.
- 51 Humanitarian population figures as of August 2020 based on Iraq Camp Master List and Population Flow, August 2020.

- 52 CCCM Cluster Camp Population Masterlist, November 2020.
- 53 MCNA VIII: Families and households are two different units. CCCM Cluster September data: 28 per cent female-headed families (14,309 of 50,872 families). CCCM Cluster August data: 36 per cent female-headed families (18,885 out of 51,571).
- 54 IOM-DTM, Emergency Tracking: Movement of Camp IDPs 18 October - 22 November 2020.
- 55 ILA V and MCNA VIII.
- 56 MCNA VIII.
- 57 Ibid.
- 58 Ibid.
- 59 Ibid.
- 60 GIMAC, Iraq: Humanitarian Situation Analysis (version 6), page 24.
- 61 MCNA VII and VIII comparison.
- 62 MCNA VIII.
- 63 MCNA VIII: 47 per cent of in-camp IDP households with members with disability are unable to access one or more services due to disability.
- 64 MCNA VIII.
- 65 Protection Cluster, Protection Monitoring in Response to COVID-19 Analysis, April – September 2020.
- 66 Further information can be found in the UNDP Policy Paper: “Impact of COVID-19 on Social Cohesion in Iraq,” November 2020.
- 67 MCNA VIII. Examples of critical shelter most commonly found in Iraq are tents (in and out of camps), unfinished and abandoned structures, make-shift shelter, and non-residential, public and religious buildings.
- 68 Based on MCNA VIII. At a rate of 1 USD = 1,179 IQD it is estimated that the average debt value in USD is \$1,441 for out-of-camp IDPs, \$1,272 for returnees households, and 1,187 for in-camp IDPs.
- Exchange rate at 1 November 2020, <https://treasury.un.org/operationalrates/OperationalRates.php>).
- 69 MCNA VIII
- 70 Ibid.
- 71 Ibid.
- 72 IOM-DTM, Return Index, Round 8 (March 2020) and Round 9 (July 2020). Figures inclusive of people living in high and medium severity.
- 73 IOM-DTM, Return Index, Round 9 (July 2020) and Round 5 (October 2019).
- 74 According to shelter analysis based on MCNA VIII data, this is an estimated 4 per cent (185,000 individuals). IOM-DTM Master Lists also identify critical shelter through key informants, finding some 3 per cent (an estimated 164,000 households) of returnees living in critical shelter. The higher figure is considered in the analysis to ensure no one is left behind due to methodology discrepancy e.g. key informant, remote household surveys, etc.
- 75 According to MCNA VIII, 9 per cent of families resort to using emergency-level coping strategies, while 8 per cent use crisis-level coping strategies.
- 76 Protection Cluster, Protection Monitoring in Response to COVID-19 Analysis, April-September 2020
- 77 MCNA VIII. This question was only asked to households that had received aid in the 30 days prior to data collection, and these percentages are thus part of a subset.
- 78 Adjustments in 2020 in the analysis methodology (further refinement in the global JIAF approach) and data collection processes (e.g. remote phone-based surveys) could play a role and explain some smaller-scale variations.
- 79 INFORM Global Risk Index 2021. Iraq has moderately improved its scores in all categories from 2020.
- 80 Iraq has improved from 2020 in all but one main category of risk. Iraq ranks 9th for exposure to natural and human hazards: equal 42nd for natural hazards but equal 6th for human hazards. For vulnerability, Iraq ranks equal 40th: equal 81st for socioeconomic vulnerability but equal 18th for vulnerable groups. Iraq ranks equal 30th for lack of coping capacity: equal 66th for infrastructure capacity but equal 7th for its institutional capacity to reduce risks (the only indicator to worsen from 2020).
- 81 Internal Displacement Monitoring Centre, Midyear Report, 2020.

- 82 INFORM Global Risk Index 2021.
- 83 WFP, Global Hunger Map, Iraq country page, accessed 27 October 2020.
- 84 All IOM-DTM Master Lists for IDPs and Returnees can be access at <http://iraqdtm.iom.int/MasterList>.
- 85 All IOM-DTM reports can be found at <http://iraqdtm.iom.int/>.
- 86 Iraq Information Centre products are accessible [here](#).
- 87 IIC Bulletins from 2017 to 2020 are available [here](#).
- 88 Sectoral indicators can be found at individual cluster webpages.
- 89 PMS analysis is uploaded [here](#).
- 90 EWARN is a joint Ministry of Health and WHO program complementing the regular national surveillance system. Updates available [here](#).
- 91 Both platforms are accessible [here](#).
- 92 IOM-DTM Emergency Tracking Movement of IDPs, 29 November 2020. CCCM Cluster, Protection Clusters, & Iraq Information Centre Camp Departure Follow-Up Survey, 30 November 2020. Secondary displacement is defined as IDPs who did not return to village or neighbourhood of origin. On average, a third of IDPs departing camps have not returned to the location or origin.
- 93 MCNA VIII.
- 94 MCNA VIII.
- 95 IOM-DTM, MCNA VIII, Returns Update, Returns Working Group, December 2019.
- 96 Danish Refugee Council, Labour Market and Livelihoods Competency Assessment - Iraq Duhok, Erbil, Diyala and Salah Al-Din governorates, April 2020.
- 97 Danish Refugee Council, Context Analysis – Diyala Governorate, January-February 2019.
- 98 Iraq mVAM, COVID-19 Weekly Food Security Monitoring Report, Issue 4, May 2020.
- 99 MCNA VIII – female-headed households
- 100 Based on MCNA VIII data.
- 101 MCNA VIII – Vulnerabilities – Debt. The percentage of households reporting food as a primary reason for taking on debt has increased from 11 per cent in 2019 to 35 per cent in 2020.
- 102 MCNA VIII – Vulnerabilities – Income.
- 103 MCNA VIII – IDP Movement Intentions.
- 104 Fiona Charlson PhD, Mark van Ommeren PhD, Abraham Flaxman PhD, Joseph Cornett BSa, Prof. Harvey Whiteford PhD, Shekhar Saxena MD, “New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis,” published in The Lancet, Volume 394, Issue 10194, 20-26 July 2019, pages 240-248, accessed online on Science Direct on 10 January 2021: <https://www.sciencedirect.com/science/article/pii/S0140673619309341>.
- 105 MCNA VIII.
- 106 Ninewa, Erbil, Duhok, Al-Anbar, Kirkuk and Salah Al-Din governorates. Based on MCNA VIII ranked by severity of protection risks.
- 107 CCCM and Protection clusters, Camp Closure Situation Reports, IOM-DTM.
- 108 GBV Sub-Cluster, GBVIMS monthly report, January-September 2020; GBV Sub-Cluster Iraq Rapid Assessment: Impact of COVID-19 on GBV, May 2020.
- 109 Iraq is one of the most contaminated countries with explosive ordnance according to iMMAP, October 2020.
- 110 Protection Cluster, Critical Protection Incidents notes since 2018.
- 111 Two out of three children with protection needs are in Ninewa Governorate; almost 90 per cent are in 20 districts, mostly in the north-west (with 30 per cent in Al-Mosul District alone). MCNA VIII data shows the presence of significant child protection risks in 55 out of 62 districts identified with high severity of needs in the 2021 HNO.
- 112 MCNA VIII.
- 113 The highest severity of GBV needs are in Diyala (Khanaqin), Ninewa (Al-Shikhan, Al-Hamdaniya and Al-Mosul), Al-Anbar (Al-Falluja), Duhok (Sumail and Zakho) and Baghdad (Al-Kadhmiyah).

- 114 At 49.5 and 43.4 per cent respectively, based on Protection Cluster severity threshold calculation. MCNA VIII.
- 115 About 40 per cent of child protection-affected households have children missing individual documents, but the proportion of households with children out of the education system was almost double for displaced families before the enforcement of COVID-19 measures. MCNA VIII.
- 116 MCNA VIII, 2020 and Protection Cluster, Protection Monitoring at Community Level in Response to the COVID-19 Outbreak in Iraq.
- 117 303,043 out-of-camp IDPs, overall PIN, MCNA VIII, 2020.
- 118 828,225 returnees, overall PIN, MCNA VIII, 2020.
- 119 UNICEF and World Bank Assessment on COVID-19 Impact on Poverty and Vulnerability in Iraq, July 2020 highlighted a decrease in the availability of social and case workers by July 2020.
- 120 Protection Cluster, Protection Monitoring at Community Level in Response to the COVID-19 Outbreak in Iraq.
- 121 Protection Cluster, Critical Protection Incidents Notes, 2020.
- 122 Proxy data linked to a behaviour change, MCNA VIII, 2020 and Protection Cluster, Protection Monitoring at Community Level in Response to the COVID-19 Outbreak in Iraq.
- 123 10 per cent of all affected population reporting at least one household member with a physical and/or cognitive difficulty. MCNA VIII, 2020.
- 124 75 per cent of households with at least one member with a disability and 58 per cent of households with no members with a disability rely on stress coping strategies to meet basic needs. For emergency coping strategies the percentages are 16 per cent and 9 per cent, respectively. MCNA VIII, 2020.
- 125 At the national level, the percentage of missing documentation is as follows: 38 per cent for birth certificates, 36 per cent for nationality certificates, 12 per cent for PDS cards and 7 per cent for National IDs. MCNA VIII, 2020.
- 126 Top districts with people in need of legal documentation are Al-Mosul, Telafar, Al-Hamdaniya, Tilkaef, Sinjar, Sumail, Erbil, Tikrit, Al-Hatra and Al-Shirqat. MCNA VIII, 2020. Lack of legal documentation has been reported as the third main protection concern affecting communities, mainly IDPs in camps and returnees. Protection Cluster, Protection Monitoring at Community Level in Response to the COVID-19 Outbreak in Iraq.
- 127 Since August 2020, most courts across Iraq have resumed operations at least at 75 per cent capacity. Variations are expected based on geographical areas and COVID-19 related measures.
- 128 For instance, forced labour and economic exploitation, especially for IDPs in out-of-camp locations. Protection Cluster, Protection Monitoring at Community Level in Response to the COVID-19 Outbreak in Iraq and MCNA VIII, 2020.
- 129 Access to health care is reported as the fourth main protection concerns since the COVID-19 pandemic began. People with disabilities are at heightened risk. Protection Cluster, Protection Monitoring at Community Level in Response to the COVID-19 Outbreak in Iraq.
- 130 Social conflict and tension remain the fifth most reported protection issue in country. Protection Cluster, Protection Monitoring at Community Level in Response to the COVID-19 Outbreak in Iraq.
- 131 Legal partners' meetings/reports.
- 132 97,872 in-camp IDPs, 303,042 out-of-camp IDPs and 828,224 returnees, MCNA VIII, 2020. A total 49 per cent of households reported missing HLP documentation. Governorates mostly affected are Ninewa (49 per cent), Al-Anbar (30 per cent), Salah Al-Din (22 per cent), Duhok (61 per cent), Diyala (59 per cent), Baghdad (59 per cent), Al-Najaf (95 per cent), Erbil (35 per cent), Kirkuk (51 per cent), Al-Basrah, Al-Sulaymaniyah, Al-Qadisiya, Duhok. MCNA VIII 2020 and Protection and REACH Initiative, HLP Factsheet Assessment, February 2020.
- 133 217,929 households reported lacking security of tenure, MCNA VIII, 2020.
- 134 Partners periodic reports and Protection Cluster Critical Protection Incidents notes.
- 135 19 per cent of interviewed IDPs with property in their AoR reported it to be under dispute. Protection Cluster HLP assessment, 2019.
- 136 For instance, in Al-Anbar Governorate, Al-Kaim District reports 73 per cent of affected individuals with inadequate housing. MCNA VIII, 2020.
- 137 42 per cent in Ninewa and 30 per cent of female-headed households in Al-Anbar compared to 47 per cent and 51 per cent of male-headed households. Norwegian Refugee Council, Broken Home: Women's HLP Rights in Post-Conflict Iraq, May 2020.
- 138 11 per cent of women are more likely to live in crowded shelters compared with men. Ibid.
- 139 9 per cent more female-headed households than male-headed households fear eviction. Ibid.

- 140 Ibid.
- 141 43 per cent of surveyed Iraqis did not agree that women could own all types of property. Ibid.
- 142 One of five women stated that women are not entitled to property following divorce. Ibid.
- 143 18 per cent of respondents had no inheritance rights. Ibid.
- 144 41 per cent of IDPs do not intend to return home in the next months due to damage or destruction of the property; MCNA VIII, 2020. 41 per cent of households reported being unable to live in their own house due to damage to property. REACH Initiative, Protection and HLP Factsheet Assessment, February 2020.
- 145 26 per cent of in-camp IDPs, 49 per cent of out-of-camp IDPs and 48 per cent of returnees. MCNA VIII, 2020.
- 146 Ninewa (2 per cent), Salah Al-Din (6 per cent), Al-Kaim, Al-Anbar (15 per cent), Al-Diwaniya, Al-Qadisiya (2 per cent), Al-Adhamiya, Baghdad (50 per cent), Al-Khalis, Diyala (65 per cent), Duhok (24 per cent), Erbil (15 per cent), Al-Hawiga, Kirkuk (19 per cent).
- 147 4 per cent of returnees and 3 per cent of IDPs received property compensation. MCNA VIII, 2020.
- 148 Iraqi Law 2 of 2020.
- 149 As per the above law, three Central Compensation Committees will be established.
- 150 Iraqi Kurdistan Mine Action Agency, October 2020, Directorate of Mine Action, October 2020.
- 151 The term “explosive ordnance” encompasses, mines, cluster munitions, unexploded ordnance, booby traps, improvised explosive devices and other devices (as defined by the Convention on Certain Conventional Weapons Additional Protocol II).
- 152 MCNA VIII.
- 153 Directorate of Mine Action, October 2020.
- 154 MCNA VIII.
- 155 Action on Armed Violence, The Impact of Explosive Weapons on Children in Iraq, 2020.
- 156 MCNA VIII.
- 157 Most of the recorded victims are boys and men. Directorate of Mine Action database.
- 158 Estimation based on MCNA VIII, 2020.
- 159 Child Protection Sub-Cluster, Case Management Working Group report, June 2020.
- 160 School closures reduce the protective environment of education and the loss of peer support, increasing the exposure of children to other risks such as household violence and negative coping mechanisms.
- 161 Child Protection Sub-Cluster, -Case Management Working Group report, June 2020.
- 162 Iraq Multiple Indicator Cluster Survey (MICS 6), 2019.
- 163 GBV Sub-Cluster Rapid Assessment on the Impact of COVID-19 on Gender-based Violence in Iraq, May- April 2020.
- 164 Report of the Secretary-General on Children and Armed conflict in Iraq, December 2019.
- 165 Report of the Secretary-General on Children and Armed conflict, June 2020.
- 166 GBV Information Management System (GBVIMS) report, January-September 2020.
- 167 GBV Sub-Cluster, Iraq Rapid Assessment: Impact of COVID-19 on GBV, May 2020, GBVIMS Q2 2020 report, Care Rapid Gender Analysis - COVID-19 (June 2020), Oxfam, Gender Analysis of the COVID-19 Pandemic in Iraq (June 2020).
- 168 GBV Sub-Cluster, Iraq Rapid Assessment: Impact of COVID-19 on GBV, May 2020.
- 169 MCNA VIII.
- 170 IOM-DTM ILA V.
- 171 GBV Sub-Cluster, Iraq Rapid Assessment: Impact of COVID-19 on GBV, May 2020.
- 172 MCNA VIII.
- 173 318 locations hosting IDPs or/and returnees reported cases where families denied women or girls access to quarantine or health facilities during the COVID-19 outbreak due to rigid socio-cultural norms but also fear of exposure to GBV with 67% of the reported cases in IDP locations, IOM-DTM ILA V 2020.

- 174 IOM-DTM ILA V, 2020.
- 175 33 per cent of returnee households and 36 per cent of out-of-camp IDP households reported women and girls of reproductive age with no access to specialized reproductive health care services, MCNA VIII, 2020.
- 176 GBV Sub-Cluster, Iraq Rapid Assessment: Impact of COVID-19 on GBV, May 2020.
- 177 According to MCNA VIII, 75 per cent of households surveyed need NFIs.
- 178 MCNA VIII.
- 179 The highest concentration of out-of-camp IDPs in acute need are in Sumail (Duhok), followed by Al-Falluja (Al-Anbar) and Samarra (Salah Al-Din).
- 180 The following criteria must be met for adequate housing: security of tenure; availability of services, materials, facilities and infrastructure; affordability; habitability; accessibility; location; and cultural adequacy. Examples of critical shelter common in Iraq: tents (in and out of camps), unfinished and abandoned structures, make-shift shelter, and non-residential, public and religious buildings.
- 181 Highest number of out-of-camp IDPs in critical shelter in Sumail (Duhok), Al-Falluja (Al-Anbar), Al-Mosul (Ninewa), MCNA VIII, 2020.
- 182 Highest concentration of acute returnees in Al-Ramadi (Al-Anbar), Al-Falluja (Al-Anbar) and Beygee (Salah Al-Din), Ibid.
- 183 Districts with highest number of returnees in critical shelter are Al-Mosul, Telafar, Sinjar (all Ninewa), Ibid.
- 184 15 per cent of families living in critical shelter are female-headed households (44,000 individuals), Ibid.
- 185 Analysis prepared by OCHA and Handicap International for the 2021 HNO notes that "About half of people with disabilities in Iraq rarely or never leave their house." Living in sub-standard settings compromises both dignity or safety of people with disability.
- 186 WHO, Housing and Health Guidelines, 2018, pages 32-33 and 44-45: Cold and high indoor temperatures have been associated with adverse health outcomes, including increased blood pressure, asthma symptoms and poor mental health; and higher rates of all-cause and cardiovascular mortality and emergency hospitalizations. Socioeconomic factors play an important role in determining whether a dwelling is sufficiently cool or warm. Income constraints force people to live in housing poorly built and lacking insulation.
- 187 Better protection from hot and cold weather is also the top need for female-headed households across all population groups.
- 188 Improved safety is the second-most urgent shelter improvement need for returnees (687,000 individuals).
- 189 Improved privacy is the second-most urgent shelter improvement need for IDPs (130,000 individuals).
- 190 Highest issues reported in Samarra (Salah Al-Din), Al-Falluja and Al-Ramadi (both Al-Anbar), ILA V, 2020.
- 191 Highest issues reported in Erbil (Erbil) for out-of-camp IDPs and in Al-Mosul (Ninewa) for returnees, Ibid.
- 192 Ibid.
- 193 Districts with highest NFI needs per population group in-camp IDPs: Sumail (Duhok) and Al-Hamdaniya (Ninewa); out-of-camp IDPs: Erbil (Erbil) and Al-Mosul (Ninewa); and returnees: Al-Ramadi (Al-Anbar) and Al-Mosul (Ninewa). Female-headed households need mattresses and bedding items, followed by winter heaters. Highest NFI gap for female-headed households are in Al-Mosul (Ninewa) and Al-Ramadi (Al-Anbar)
- 194 Cash Working Group regression analysis and proxy-mean test model based on MCNA VII data showed high correlation between critical shelter, socioeconomic vulnerability and protection risks.
- 195 MCNA VIII 2020, GoI plan for camp closure.
- 196 Protection Cluster, Comparative Analysis of Six Months of Protection Monitoring in Response to COVID-19, October 2020.
- 197 Iraq HNO 2020.
- 198 MCNA VIII.
- 199 ILA V 2020.
- 200 MCNA VIII.
- 201 Ibid.
- 202 REACH Initiative, Comprehensive WASH Assessment, December 2019 – April 2020.
- 203 ILA V, 2020.
- 204 GIMAC is a humanitarian multi-stakeholder initiative, proposed jointly by several United Nations and international NGO partners. More on the approach here: www.gimac.info

- 205 A separate tool is being designed for refugees, under UNHCR guidance.
- 206 Survey methodologies and tools have evolved to match the changing context and respond to the information needs of key stakeholders.
- 207 Iraqi Alliance of Disability, Parallel Report for Government's Report on The Convention on the Rights of Persons with Disability, January 2018.
- 208 MCNA VII, 2019 and OCHA Centre for Humanitarian Data disability analysis of MCNA VII.
- 209 Ibid.
- 210 The national census which had been scheduled for 2020 may have included questions around disability. It has been postponed due to COVID-19. Iraq's last census was held in 1997 and did not include KRI.

**HUMANITARIAN
NEEDS OVERVIEW**
IRAQ

ISSUED FEBRUARY 2021