



Introduction

After multiple cycles of conflict in the past decades, the most recent involving the so-called Islamic State of Iraq and the Levant (ISIL), Iraq remains characterized by protracted displacement, fragmented access to basic services, livelihoods, and protection, as well as a fragile political and security environment. Additionally, the COVID-19 pandemic, next to destabilizing oil prices and with it the devaluation of the Iraqi currency, has exposed the Iraqi economy to new levels of vulnerability.¹ Up until March 2022, nearly 1.2 million Iraqis remained internally displaced, half of whom have been displaced for more than eight years.² Simultaneously, Iraq has taken in large numbers of Syrian refugees since 2011. According to the United Nations High Commissioner for Refugees (UNHCR), circa 258,000 Syrian refugees (comprising some 79,000 households) were registered in Iraq as of 31 March 2022.³

The protracted displacement of vulnerable populations in Iraq has resulted in an increase in demand for basic services and protection concerns in many areas. To address these needs, local authorities and international and local aid agencies have provided assistance through various interventions. **Despite this support, vulnerabilities and needs persist among both (formerly) displaced (i.e., in-camp IDP, out-of-camp IDP and returnee households) and host community households (HHs).**⁴ As HHs throughout Iraq continue to be impacted by conflict, protracted displacement, the COVID-19 pandemic and the ensuing economic downturn, a comprehensive and multi-sectoral evidence base is required to understand the persisting needs of these populations.






In coordination with the humanitarian community in Iraq, REACH Initiative has conducted multiple annual rounds of the Multi-Cluster Needs Assessment (MCNA) for internally displaced persons (IDPs), returnees, and host communities, and the Multi-Sector Needs Assessment (MSNA) for refugees and host communities to provide an overview of humanitarian conditions. This was done through a collaborative approach to data collection and analysis of the data on the type, severity, magnitude, and variance of sectoral and multi-sectoral needs.^{5, 6} Under both assessments, REACH Initiative and partners collected data on household demographics, livelihoods, food security, protection, child protection, Gender-Based Violence (GBV), health, education, shelter, Water, Sanitation, and Hygiene (WASH), and movement intentions. With the interest of inclusive programming, and in order to also measure the needs of host communities, the MCNA IX surveyed host communities in four districts of Fedral Iraq (Al-Falluja, Abu Al-Khaseeb, Al-Diwaniya, Al-Mosul), while the MSNA VI surveyed host communities in three governorates of the Kurdistan Region of Iraq (KR-I) (Duhok, Erbil, and Al-Sulaymaniyah).

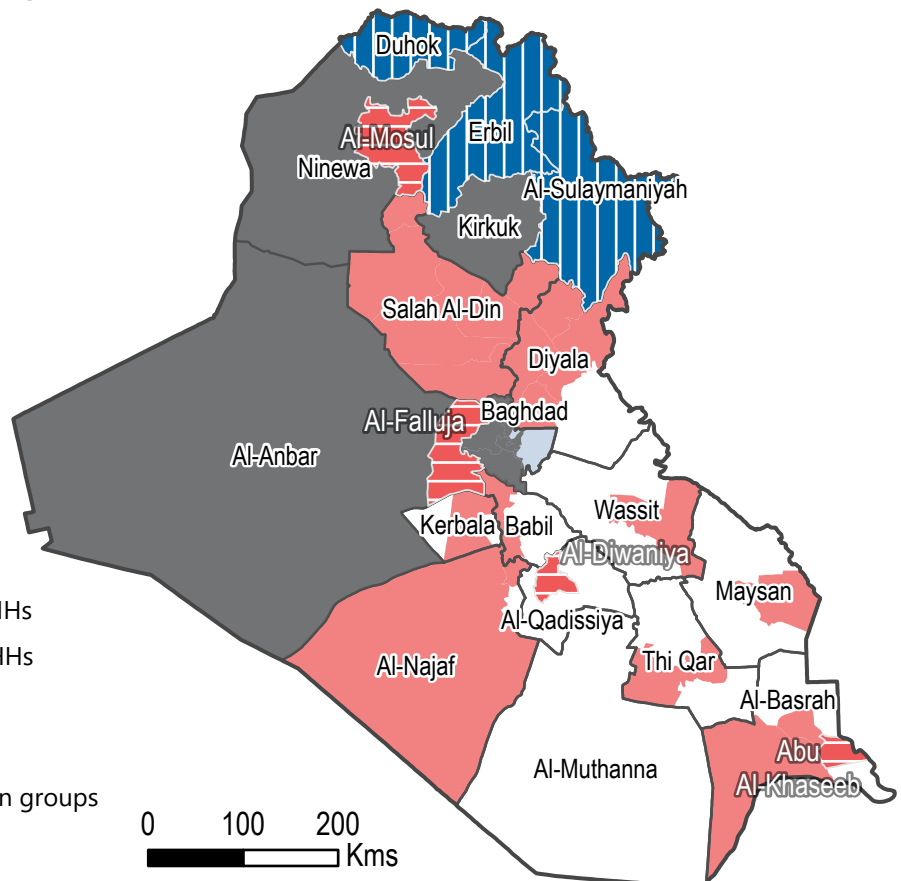
Map 1: MSNA VI and MCNA IX Coverage Map



MSNA VI covered 7 governorates and MCNA IX covered 65 districts in Iraq

Coverage

-  MSNA VI: including host community HHs
-  MCNA IX: including host community HHs
-  MSNA VI: other population groups
-  MCNA IX: other population groups
-  MSNA VI & MCNA IX: other population groups



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¹ World Bank, [Breaking out of Fragility](#), (2020). ² IOM-DTM, [Displacement Overview](#) (March 2022). ³ UNHR, [Operational Data Portal – Syrian Refugee Response](#) (March 2022). ⁴ Host community HHs are those HHs who were not displaced as a result of the 2014 crisis. ⁵ REACH Initiative, [MCNA IX Dashboard](#) (March 2022). ⁶ REACH Initiative, [MSNA VI Dashboard](#) (March 2022).

Methodology

This report covers findings from both the 2021 MSNA and MCNA data collection exercises. The 2021 MSNA VI focused on Syrian refugee HHs residing both in and out-of-camp in Iraq and host community HHs in all three governorates of KR-I. Data collection took place between 18 August and 17 October 2021. The assessment covered a total of 945 refugee and 439 host community HHs, using structured phone surveys for refugee HHs, while host community HHs were surveyed in-person. MSNA VI relied on stratified random sampling for refugee HHs and two-stage cluster sampling for host communities. Findings are representative of the target populations at the national and regional level with a 95% level of confidence and 5% margin of error. For all other stratifications, data is representative with a 95% level of confidence and 10% margin of error.⁷

MCNA IX data collection took place from June 9 to August 16, 2021. A total of 12,698 HHs were assessed: 444 host community, 5,657 out-of-camp IDP, 3,615 returnee, and 2,373 in-camp IDP HHs. A two-staged stratified cluster sampling approach was employed to ensure that the findings were statistically representative with a 90% level of confidence and a 10% margin of error, except for four camps which were surveyed remotely through phone-based surveys using non-probability purposive sampling, for which findings are considered indicative. MCNA IX data was collected with the support of partner organisations, both to increase the shared ownership of the data and to increase in-person coverage in a challenging operational context.^{8,9}

To summarize, host community findings presented in this factsheet are thus derived from two separate assessments, with each their own geographic focus (i.e., KR-I and Federal Iraq), level of analysis (i.e., governorate and district), sampling methodology (i.e., stratified random sampling and two-staged cluster stratified sampling), level of statistical representativeness (i.e., 95% and 90% level of confidence), and survey design. This results in a limited ability to directly compare host community findings across these assessments.

All graphs and indicators in this factsheet refer to host community HHs, unless otherwise indicated.

MSNA VI COVERAGE

1,384 HHs surveyed

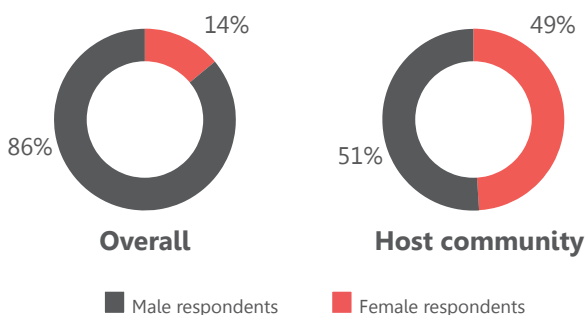
Host community:	439
Refugee in-camp:	304
Refugee out-of-camp:	641

Face-to-face interviews:	439
Phone-based interviews:	945

7 Governorates assessed

11 Refugee camps

Gender of MSNA VI Respondents



MCNA IX COVERAGE

12,089 HHs surveyed

Host community:	444
IDP in-camp:	2,373
IDP out-of-camp:	5,657
Returnee:	3,615

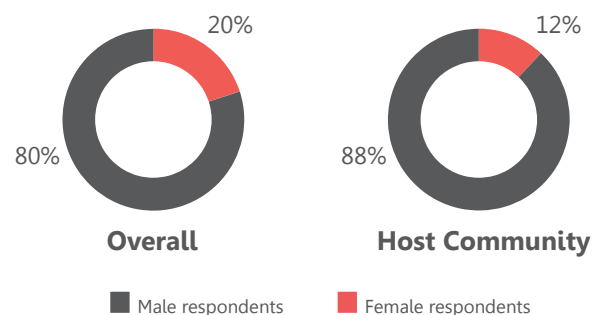
Face-to-face interviews:	11,780
Phone-based interviews: ¹⁰	309

17 Governorates assessed

65 Districts

27 IDP camps

Gender of MCNA IX Respondents



⁷ The full methodology is available on [MSNA Dashboard](#). ⁸ REACH Initiative partners for MCNA IX Data collection were; Action Against Hunger, Al Khiamat for Agricultural Development and Guidance, Ankawa Humanitarian Committee, Arbeiter-Samariter-Bund Deutschland e.V., Caritas, Human Imprint Organisation, Humanity & Inclusion, International Rescue Committee, International Organization for Migration, Iraq Health Access Organisation, Jesuit Refugee Service, Kurdistan Save the Children, Mercy Corps, Mission East, Norwegian Refugee Council, Pekawa Organisation, Save the Children, Terre des Hommes, World Vision, and Youth Save Organisation. ⁹ The full methodology is available on the [Terms of Reference](#). ¹⁰ Only 4 IDP camps (AAF, Qurato, Berseve 2 and Dawoudia) were surveyed remotely.

The conflict in Syria and the ISIL crisis have affected KR-I by impacting household resilience and straining the provision of public services.¹¹ As of March 2022, KR-I hosted circa 250,000 Syrian refugees and 623,000 IDPs.^{12,13} Hosting large numbers of displaced persons in KR-I, coupled with the economic downturn caused by COVID-19 and other macroeconomic factors, continued to strain public service provisions. During the start of the Syrian conflict and ISIS crisis in Iraq, the rapid increase in population in KR-I (28% increase from 2014-2015) weighed heavily on a government which was already facing a budgetary crisis.¹⁴ In February 2014, Iraq's federal government paused budget revenue transfers to the Kurdistan Regional Government (KRG), constituting 80% of KRG's total revenue.¹⁵ The budget cuts, primarily attributed to Baghdad's political gridlock and a cut in oil demand, consequently paralyzed KR-I's large public sector.¹⁶ Market prices increased along with unemployment rates, further destabilising the economy.¹⁷ Since 2018, the federal government of Iraq and KRG have reached agreements regarding the budget cuts and the continuation of revenue transfers to KR-I, alongside other issues and concessions.¹⁸ This partial and tenuous resumption of budget transfers has positively impacted the financial condition of HHs in KR-I, where three out of four working persons depend on public sector income.¹⁹ Despite the severe strain on public services, all legal residents of KR-I (including displaced persons with residency permits) are entitled to publicly provided services such as education and healthcare.²⁰ Apart from these financial and service-based constraints, host communities and refugees alike reported few to no issues concerning social cohesion, safety and security, and civil disputes or risks of any interpersonal nature or to any particular group or demography in the MSNA VI.²¹

DUHOK




Duhok hosted a large displaced population (primarily in its urban areas) of circa 86,000 refugees and 250,000 IDPs as of March 2022.^{22,23} Duhok governorate has a predominantly Muslim Kurd population, in addition to a significant population of Arabs, Christians, Yezedis, and other minorities. In addition to KR-I's budgetary issues and COVID-19, both of which contributed to rising unemployment, this increase of Duhok's displaced population reportedly strained the provision of underfunded health and education services.²⁴

Map 2: Location of Duhok governorate within Iraq






LIVELIHOOD

Primary reported host community HH income sources:*

Employment	94%	
Loans, debts	42%	
Retirement fund or pension	17%	

Almost half (49%) of working individuals over 18 from host community HHs reported engaging in temporary employment.

Top three reported impacts of COVID-19 on HHs' primary livelihood source in the three months prior to data collection:*

Less daily labour opportunities	43%	
Reduced days at permanent job	39%	
Not affected	28%	

79% of host community HHs reported being in debt at the time of data collection. The primary reasons for these HHs to take on debt were:*²⁵

Basic household expenditures	57%	
Healthcare	40%	
Food	36%	

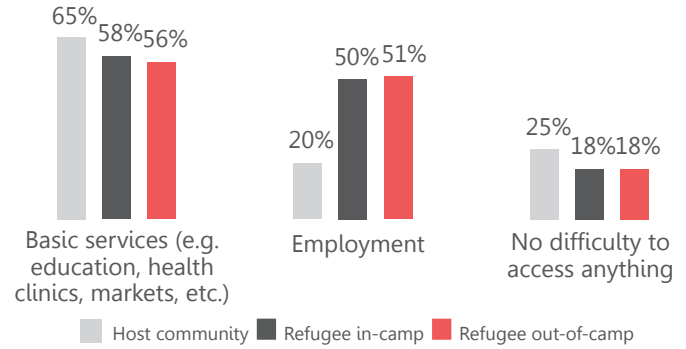
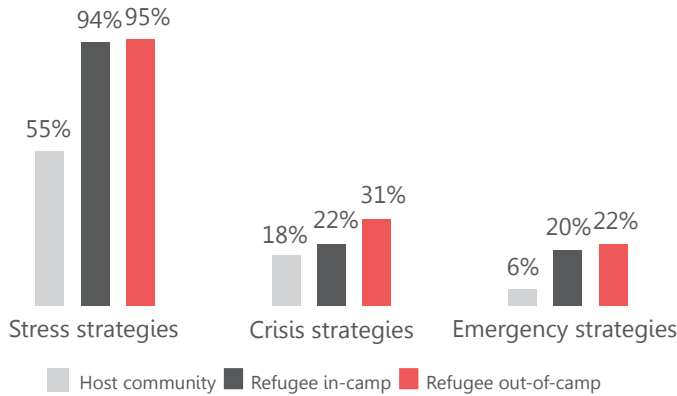
¹¹JIPS and UNHCR, [Displacement as challenge and opportunity - Urban profile: Refugees, internally displaced persons and Host Community, Duhok Governorate, Kurdistan Region of Iraq](#), (August 2016). ¹²IOM-DTM, [Displacement Overview](#) (March 2022). ¹³UNHCR, [Operational Data Portal – Syrian Refugee Response](#), (March 2022). ¹⁴World Bank, [The Kurdistan Region of Iraq: Assessing the Economic and Social Impact of the Syrian Conflict and ISIS](#), (2015). ¹⁵Ibid. ¹⁶Ibid. ¹⁷Ibid. ¹⁸Reuters, [Iraqi parliament approves 2021 budget of \\$89 billion](#), (31 March 2021). ¹⁹Binar Aziz, [Washington Institute, Policy Analysis, Fikra Forum, Emerging Risks and Reforms: KRG's Challenges in Building a Post-Corona virus Economy](#), (7 May 2020). ²⁰UNHR, [Rights and Obligations In Iraq](#). ²¹Please note that only few questions directly pertaining to social cohesion are included in these needs assessments, and their sensitive nature may result in underreporting. ²²IOM-DTM, [Displacement Overview](#). ²³UNHCR, [Operational Data Portal – Syrian Refugee Response](#). ²⁴JIPS and UNHCR, [Displacement as challenge and opportunity - Urban profile: Refugees, internally displaced persons and Host Community, Duhok Governorate, Kurdistan Region of Iraq](#), (August 2016). ²⁵Other reasons for taking on debt included: education, clothing or NFIs, house repair/reconstruction, purchasing productive assets for small business or income-generating activities, and others. * Multiple choice question: answers may exceed 100%.

On average, host community HHs reported spending **42%** of their total income on food in the 30 days prior to data collection.

11% of host community HHs reported having at least one member who was facing problems accessing employment because of a disability.

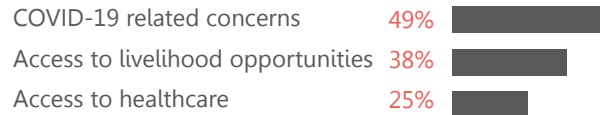
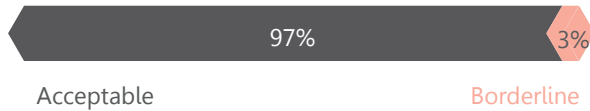
Proportion of HHs who reported relying on negative coping strategies to cope with a lack of resources to meet basic needs in the 30 days prior to data collection, by population group and severity classification:^{*26}

Reported types of impacts of the disability on the person's ability to access services or perform tasks, for household members with a disability:^{*}



Host community HH Food Consumption Score (FCS) Index:²⁷

Top three most frequently reported general concerns of host community HHs:^{*}



Top three types of support services which host community HHs reported members being aware of and able to access in the case of a GBV incident:^{*}



Host community HHs in Duhok most commonly reported to be in debt (79%), compared to 58% across KR-I. HHs in Duhok more frequently reported taking on debt to pay for healthcare costs (40%) compared to the KR-I average (33%)*, and also reported the largest average debt, namely IQD 7,739,000 compared to the KR-I average of IQD 2,722,000. This high debt may be interlinked with Duhok's relatively low income-to-expense ratio (79%) compared to a KR-I ratio of 99%, which could indicate that HHs borrow to make up for lower incomes relative to their expenditure. This finding was supported by the fact that the majority (53%) of host community HHs reported earning less in 2021 compared to prior to the onset of the COVID-19 pandemic.

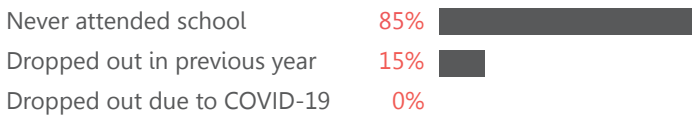
Host communities in Duhok most frequently reported that COVID-19 (49%) and access to livelihood and income-generating opportunities (38%) were their primary household concerns, the latter being much below the KR-I average (61%)*. Noting that, among 73% of HHs who reported needing access to health services or treatment for health issues or disabilities in the 12 months prior to data collection, 72% reported experiencing problems accessing health services or treatment for health issues or disabilities, which may explain the disproportionate COVID-19 concern.

On average, host community HHs in Duhok reported higher use of stress, crisis and emergency coping strategies, compared to the KR-I average. Although host community HHs across the KR-I were comparatively food secure compared to refugee HHs, Duhok saw the lowest relative food security, with 58% being Food Secure compared to 75% of host community HHs on average in the KR-I. This finding matches the average indebtedness and low income-to-expense ratio in Duhok. Duhok's relatively low income-to-expense ratio (lower incomes paired with higher expenditure) could explain high reported use of coping strategies, particularly those concerned with borrowing money from relatives and friends to purchase food.

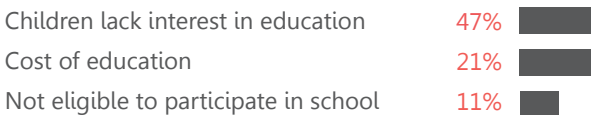
²⁶ HHs may report relying on multiple coping strategies (e.g. selling household properties, buying food on credit, children working). ²⁷ Categorized in line with the [Livelihood Coping Strategies](#), as a standardised tool to measure behavioral responses to food insecurity. * Multiple choice question: answers may exceed 100%.

EDUCATION

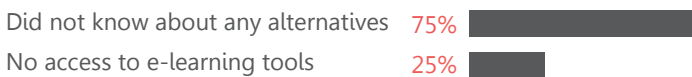
Of the **8%** of school-aged children (SAC) from host community HHs who reportedly did not attend basic formal education, reported reasons for non-attendance were:²⁸



Among the subset of SAC who reportedly dropped out (**15%**) or never attended basic formal education for reasons other than COVID-19 (**85%**), the top three reported reasons were:



Of the four percent (**4%**) of HHs with SAC that reported not having access to distance learning during COVID-19, the top three reported reasons were:



Duhok host community HHs saw relatively high school attendance (92%) among SAC, and 74% among SAC from Syrian refugee HHs. Among SAC from host community HHs in Duhok not attending school, no children were reported to have dropped out due to COVID-19, but instead primarily reported a lack of interest of children (47%) or the costs linked to education (21%).

The largest proportion of host community HHs in Duhok reported primarily accessing private healthcare providers for health needs (43%), a high figure compared to other governorates), while others indicated using public (42%), with smaller proportions reporting using semi-private services (8%).

HEALTH

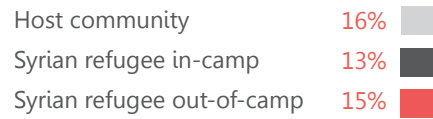
Of the **73%** of host community HHs who reported needing access to healthcare, **72%** reported experiencing problems accessing health services or treatment.

Top three types of reported difficulties faced when trying to access healthcare services or treatment in the 12 months prior to data collection:*



²⁸ Attendance implies in-person education at school or home-schooling during COVID-19, at least 4 days per week, throughout the past school year. ²⁹ Improved latrines include flush or pour/flush toilets, pit latrines with a slab or platform, and ventilation-improved pit latrines. * Multiple choice question: answers may exceed 100%.

Proportion of HHs with women of reproductive age (12-49 years) who reported a lack of access to reproductive healthcare services, by population group:



Of the **14%** of host community HHs who reported to need access to psychological services in the three months prior to data collection, **40%** reported experiencing problems accessing support services and treatment.

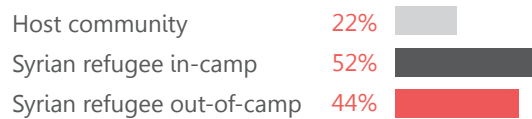
WASH

96% of host community HHs reported having access to an improved water source for HH purposes such as drinking, cooking, or washing. The main unimproved source of water for household use was water tanks.

100% of host community HHs reported using an improved type of latrine.²⁹

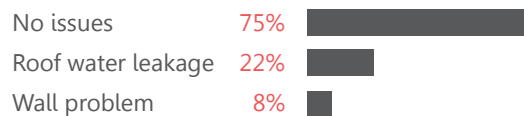
100% of host community HHs reported having access to adequate and functional hand washing facilities.

Proportion of HHs reporting experiencing problems related to water quality, by population group:



SHELTER

Top three reported types of issues observed with host community HHs' shelter:*



Five percent (5%) of host community HHs reported having been threatened with eviction within three months prior to data collection. The main reported reasons were lack of funds to pay rental costs (**43%**), request to vacate from owner of building/land (**43%**), and authorities' request to leave (**14%**).

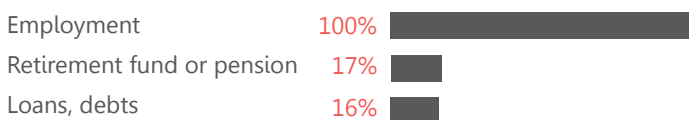
The vast majority (78%) of HHs in Duhok reported having no issues with household water quality, above the KR-I average (68%). Compared to host community HHs, Syrian refugee HHs more frequently reported issues with household water quality, primarily related to unpleasant taste (23%) and water clarity (41%). Duhok saw the highest proportion of host community HHs reporting being threatened with eviction, compared to the KR-I average (2%). One-fifth (22%) of host community HHs reported renting the household accommodation with their own resources compared to the KR-I average (17%).

Erbil hosts approximately 130,000 refugee and 233,000 IDP HHs, primarily in urban areas.^{30, 31} The population of Erbil mainly consists of Kurds (host communities, IDPs, and refugees alike), alongside Arabs and other minorities.³² Since 2012, the rapidly rising population of Erbil, due to both displacement and urbanization, has strained the city's available living spaces, demand for public services, and livelihood opportunities.³³ Similarly, as many persons in KR-I are dependent on public sector employment, these employees faced infrequent and partial remuneration due to KR-I-wide budgetary and public service pressures as late as 2021.³⁴

Map 3: Location of Erbil governorate within Iraq

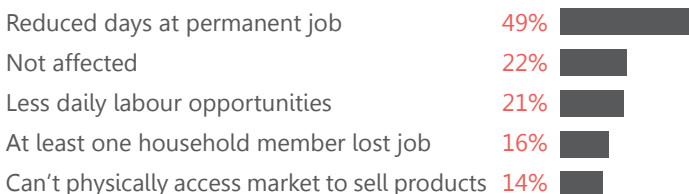


Primary reported host community HH income sources:*

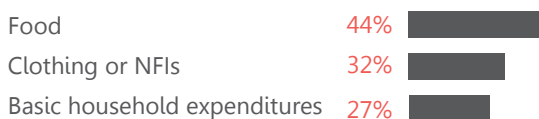


Over half (52%) of working individuals over 18 from host community HHs reported engaging in temporary employment.

Top five reported impacts of COVID-19 on host community HHs' primary livelihood source in the three months prior to data collection:*

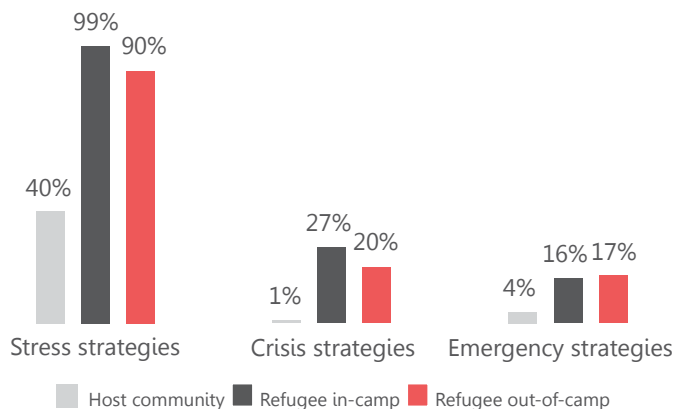


59% of host community HHs reported being in debt at the time of data collection. The primary reasons for these HHs to take on debt were:*,³⁵

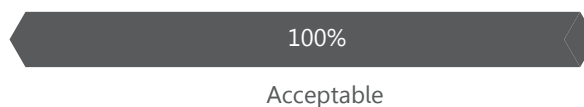


On average, host community HHs reported spending 44% of their total income on food in the 30 days prior to data collection.

Proportion of HHs who reported relying on negative coping strategies to cope with a lack of resources to meet basic needs in the 30 days prior to data collection, by population group and severity classification:*,³⁶



Host community HH FCS Index:³⁷



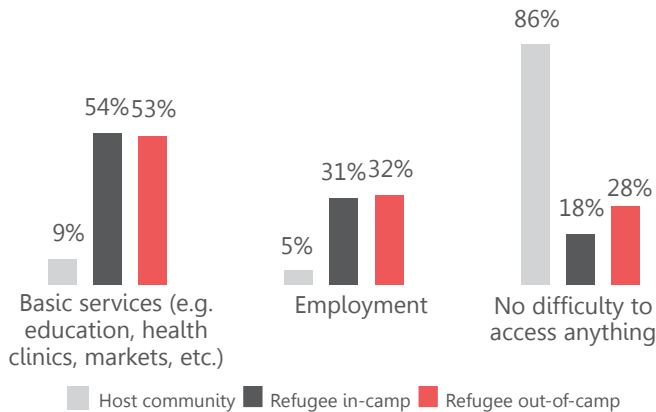
Erbil saw the largest proportion of host community HHs reporting earning less income in 2021 compared to prior to the onset of the COVID-19 pandemic (60%). However, all surveyed host community HHs (100%) in Erbil reported employment as a primary source of income, and HHs in Erbil reported the lowest proportion of debt as income in the 30 days prior to data collection (16%) compared to the KR-I average of 27%. This suggests relative livelihood stability among HHs in Erbil.

On average, host community HHs in Erbil reported similar use of stress, crisis and emergency coping strategies, compared to the KR-I average. Erbil's host community HHs scored 100% acceptable in the FCS. Food expenditure as a share of total expenditure (41%), was close to the KR-I average. However, the reported use of borrowing money to buy food as a coping strategy (33% versus 25% in KR-I) was above-average, perhaps reflecting higher food prices in and near the Erbil metropole. This notion was supported by the finding that the proportion of HHs reportedly in debt most commonly reported borrowing money in order to pay for food (44%).

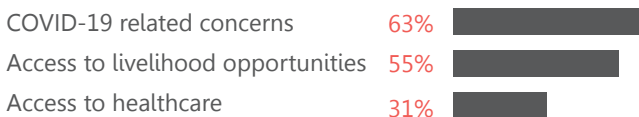
³⁰ IOM-DTM, [Displacement Overview](#) (March 2022).³¹ UNHCR, [Operational Data Portal – Syrian Refugee Response](#). (March 2022).³² Ibid. ³³ JIPS and UNHCR, [Displacement as challenge and opportunity - Urban profile: Refugees, internally displaced persons and Host Community, Erbil Governorate](#), Kurdistan Region of Iraq, (April 2016). ³⁴ Ibid. ³⁵ Other reasons for taking on debt included: education, clothing or NFIs, house repair/reconstruction, purchasing productive assets for small business or income-generating activities, and others. ³⁶ HHs may report relying on multiple coping strategies (e.g. selling household properties, buying food on credit, children working). ³⁷ Categorized in line with the [Livelihood Coping Strategies](#) as a standardized tool to measure behavioral responses to food insecurity. * Multiple choice question: answers may exceed 100%.

Six percent (6%) of host community HHs reported having at least one member who was facing problems accessing employment because of a disability.

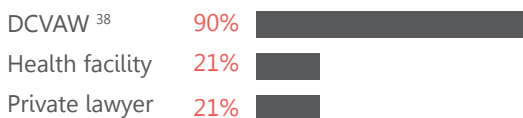
Reported types of impacts of the disability on the person's ability to access services or perform tasks, for household members with a disability:*



Top three most frequently reported general concerns of host community HHs:*



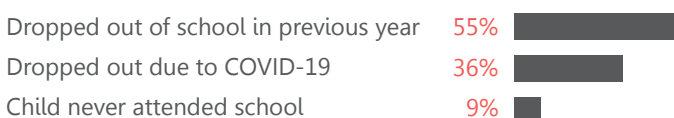
Top three types of support services which host community HHs reported members being aware of and able to access in the case of a GBV incident:*



Reported access to services among HHs with at least one member with a disability was comparatively high in Erbil, potentially reflecting the presence of more inclusive services. HHs in Erbil were least likely to report not knowing what services could be accessed in case of a GBV incident (2%), compared to the KR-I average (18%).

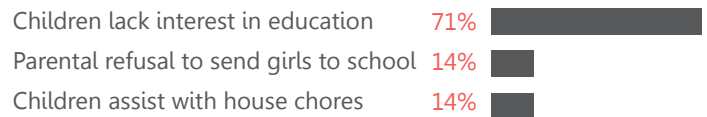
EDUCATION

Of the five percent (5%) of SAC from host community HHs who reportedly did not attend basic formal education, reported reasons for non-attendance were:³⁹

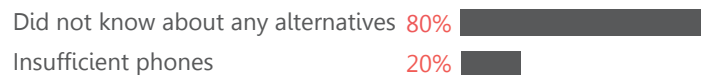


³⁸ Directorate for Combating Violence Against Women. ³⁹ Attendance implies in-person education at school or home-schooling during COVID-19, at least 4 days per week, throughout the past school year. * Multiple choice question: answers may exceed 100%.

Among the subset of SAC who reportedly dropped out (55%) or never attended basic formal education for reasons other than COVID-19 (9%), the top three reported reasons were:



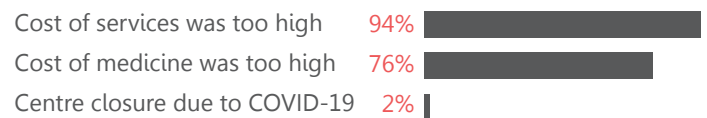
Of the 5% of HHs with SAC that reported not having access to distance learning during COVID-19, the top three reported reasons were:*



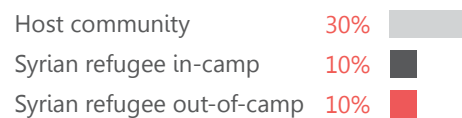
HEALTH

Of the 54% of host community HHs who reported needing access to healthcare, 65% reported experiencing problems accessing health services or treatment.

Top three types of reported difficulties faced when trying to access healthcare services or treatment in the 12 months prior to data collection:*



Proportion of HHs with women of reproductive age (12-49 years) who reported a lack of access to reproductive healthcare services, by population group:



Of the 8% of host community HHs who reported to need access to psychological services within the three months prior to data collection, 11% reported experiencing problems accessing support services and treatment.

Erbil's host community HHs saw the highest school attendance (95%) among SAC in KR-I, yet the lowest among Syrian refugee HHs (55%). Half of host community HHs (50%) in Erbil reported primarily accessing semi-private healthcare providers for health needs, with others using public (41%) or private (9%) services. Compared to refugee HHs, host community HHs were three times as likely to report that women of reproductive age lacked access to reproductive health services. This may indicate the lack of such specialised services, and/or a lack of awareness of their existence among the host community HHs. Alternatively, a larger proportion of refugee HHs may have or be aware of access to such services offered by NGOs or the UN.



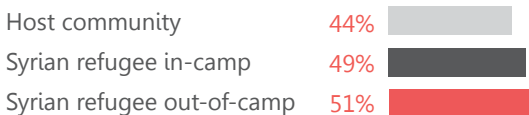
WASH

99% of host community HHs reported having access to an improved water source for HH purposes such as drinking, cooking, or washing.⁴⁰ The main unimproved source of water for household use was dug well.

100% of host community HHs reported using an improved type of latrine.⁴¹

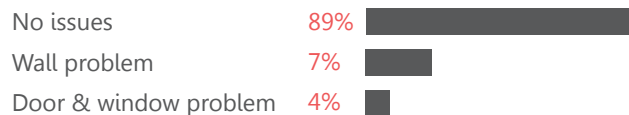
100% of host community HHs reported having access to adequate and functional hand washing facilities.

Proportion of HHs reporting experiencing problems related to water quality, by population group:



SHELTER

Top three reported types of issues observed with host community HHs' shelter:*



No host community HHs reported having been threatened with eviction within three months prior to data collection.

A relatively high proportion of Syrian refugee HHs reported experiencing problems related to water quality (51%), water clarity (34%), and unpleasant taste (25%), compared to host community HHs. Approximately two-fifths (39%) of host community HHs reported facing problems accessing sufficient heating fuel during the winter of (2020-2021), which was the highest among the KR-I governorates. Of those, the most commonly reported ways to overcome the fuel shortage by host community HHs were receiving fuel on credit (69%) and not heating the house since they couldn't overcome fuel shortage (31%).*

AL-SULAYMANIYAH

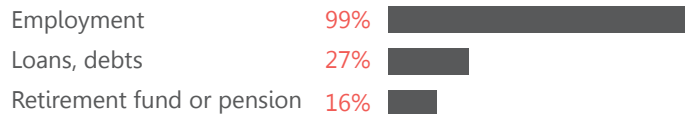
Al-Sulaymaniyah governorate hosts both out-of-camp and in-camp refugees and IDPs. Most of Al-Sulaymaniyah's residents are Kurds, living alongside Iraqi and Syrian Arab as well as Iranian minorities. Since 2012, a large number of IDPs and refugees have arrived in the city, causing the population to grow, and putting a strain on education, healthcare, and other public services.⁴² Al-Sulaymaniyah hosts approximately 33,000 refugees and 141,000 IDPs, who primarily reside in urban areas.^{43,44}

Map 4: Location of Al-Sulaymaniyah governorate within Iraq



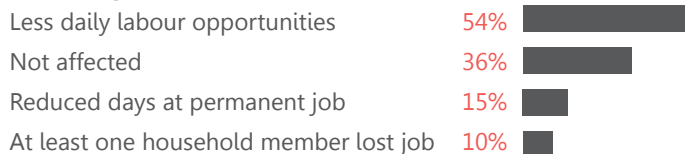
LIVELIHOOD

Primary reported host community HH income sources:*

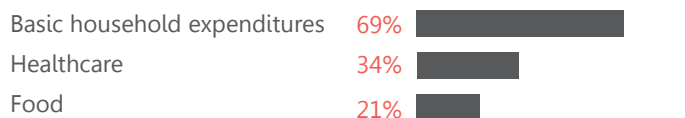


Almost half (48%) of working individuals over 18 from host community HHs reported engaging in temporary employment.

Top four reported impacts of COVID-19 on host community HHs' primary livelihood source in the three months prior to data collection:*



42% of host community HHs reported being in debt at the time of data collection. The primary reasons for these HHs to take on debt were:*

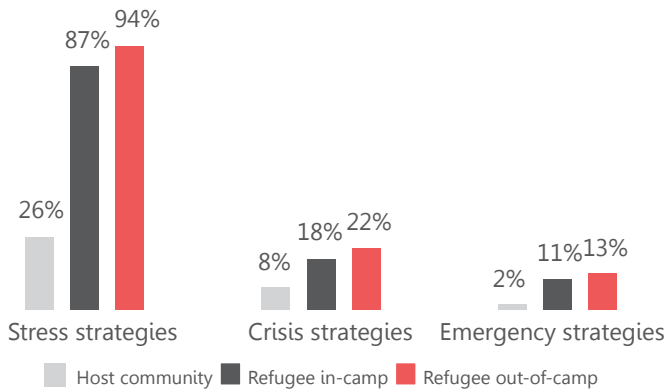


Host community HHs in Al-Sulaymaniyah reported the smallest proportion of HHs in debt (42%), as well as a low average amount of household debt (IQD 1,150,000) compared to the KR-I average of IQD 2,722,000. In addition, host community HHs in Al-Sulaymaniyah reported the highest income-to-expense ratio (reported total household income was 117% of expenditure in the 30 days prior to data collection) compared to the KR-I average of 99%, attributable to the lowest average expenditure in KR-I (IQD 576,000 compared to IQD 713,000).

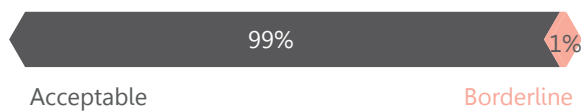
⁴⁰ Improved water source including: piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, bottled water. ⁴¹ Improved latrines include flush or pour/flush toilets, pit latrines with a slab or platform, and ventilation-improved pit latrines. ⁴² JIPS and UNHCR, Displacement as challenge and opportunity - Urban profile: Refugees, internally displaced persons and Host Community, Al-Sulaymaniyah Governorate and Garmian Administration Kurdistan Region of Iraq, (April 2016). ⁴³ IOM-DTM, Displacement Overview (March 2022). ⁴⁴ UNHCR, Operational Data Portal - Syrian Refugee Response, (March 2022). ⁴⁵ Other reasons for taking on debt included: education, clothing or NFIs, house repair/reconstruction, purchasing productive assets for small business or income-generating activities, and others.* Multiple choice question: answers may exceed 100%.

On average, host community HHs reported spending **35%** of their total income on food in the 30 days prior to data collection.

Proportion of HHs who reported relying on negative coping strategies to cope with a lack of resources to meet basic needs in the 30 days prior to data collection, by population group and severity classification:⁴⁶



Host community HH FCS Index:⁴⁷

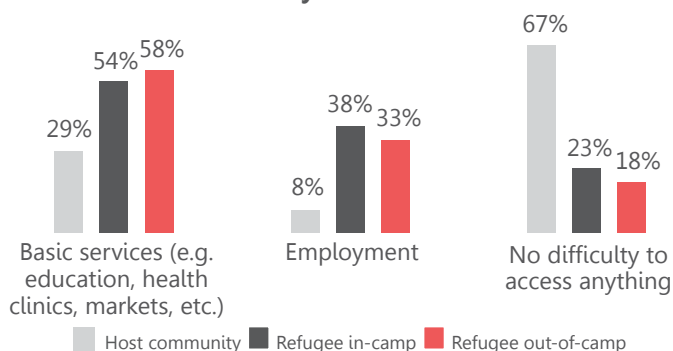


On average, host community HHs in Al-Sulaymaniyah reported lower use of stress, crisis and emergency coping strategies, compared to the KR-I average. Within the KR-I, host community HHs in Al-Sulaymaniyah were most likely to be scored as Food Secure (85%), using the Food Security Index (FSI). Conversely to Duhok, Al-Sulaymaniyah's host communities' relative food security was in line with its stable financial profile, having little debt and reporting higher income than expenditure in the 30 days prior to data collection. This pattern was reinforced by HHs in Al-Sulaymaniyah's expenditure share on food (35%) being the lowest among KR-I governorates.

PROTECTION

Three percent (3%) of host community HHs reported having at least one member who was facing problems accessing employment because of a disability.

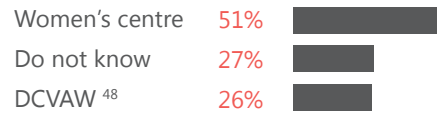
Reported types of impacts of the disability on the person's ability to access services or perform tasks, for household members with a disability:*



Top three most frequently reported general concerns of host community HHs:*



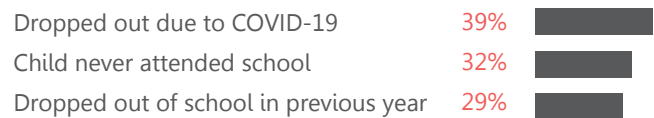
Top three types of support services which host community HHs reported members being aware of and able to access, in the case of a GBV incident:*



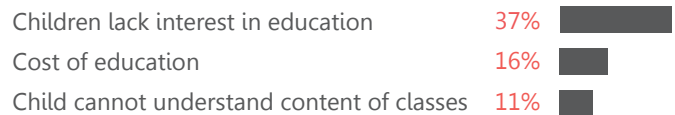
Host community HHs in Al-Sulaymaniyah most frequently reported being concerned with access to livelihoods (86%) and healthcare (44%). The concern with access to livelihoods stands out as it was a much higher proportion than the KR-I average (61%), despite HHs in Al-Sulaymaniyah reporting having a more stable income, expenditure, and debt profile than other governorates. Among Al-Sulaymaniyah's host community HHs, a proportion equal to Duhok (27%) reported not knowing where to turn in case of a GBV incident.

EDUCATION

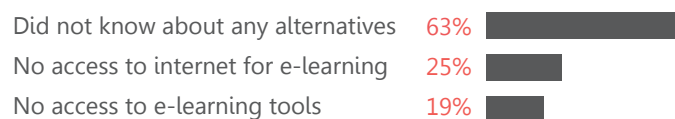
Of the 17% of SAC from host community HHs who reportedly did not attend basic formal education, reported reasons for non-attendance were: ⁴⁹



Among the subset of SAC who reportedly dropped out (29%) or never attended basic formal education for reasons other than COVID-19 (32%), the top three reported reasons were:



Of the 19% of HHs with SAC that reported not having access to distance learning during COVID-19, the top three reported reasons were:



⁴⁶ HHs may report relying on multiple coping strategies (e.g. selling household properties, buying food on credit, children working). ⁴⁷ Categorized in line with the Livelihood Coping Strategies as a standardized tool to measure behavioral responses to food insecurity. ⁴⁸ Directorate for Combating Violence Against Women. ⁴⁹ Attendance implies in-person education at school or home-schooling during COVID-19, at least 4 days per week, throughout the past school year. * Multiple choice question: answers may exceed 100%.

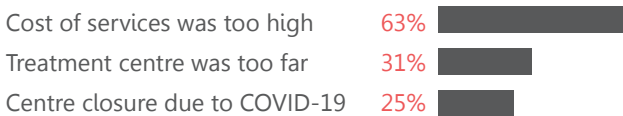
Al-Sulaymaniyah saw the lowest school attendance rate among SAC at 83%, below the KR-I average of 90% yet far above Syrian refugee HHs (55%). Of the SAC from host community HHs not enrolled in education, 39% reported dropping out due to COVID-19, the highest proportion in KR-I.

Nearly two-thirds (59%) of host community HHs in Al-Sulaymaniyah reported primarily accessing public healthcare providers for health needs, the highest proportion in KR-I, with others using private (25%) or semi-private (13%) services. In comparison to other KRI governorates, the reported barriers to access healthcare were markedly different, particularly the larger average distance to treatment centres was more frequently reported by host community HHs in Al-Sulaymaniyah (31%) than the KR-I average (6%).

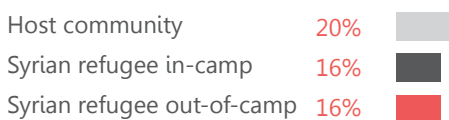
HEALTH

Of the **31%** of host community HHs who reported needing access to healthcare, **31%** reported experiencing problems accessing health services or treatment.

Top three types of reported difficulties faced when trying to access healthcare services or treatment in the 12 months prior to data collection:*



Proportion of HHs with women of reproductive age (12-49 years) reporting lack of access to reproductive healthcare services, by population group:



Of the **23%** of host community HHs who reported to need access to psychological services within the three months prior to data collection, **8%** reported experiencing problems accessing support services and treatment.

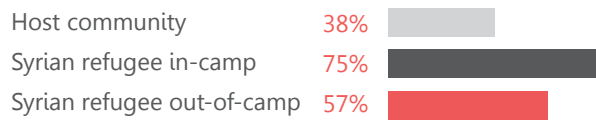
WASH

88% of host community HHs reported having access to an improved water source for HH purposes such as drinking, cooking, or washing.⁵⁰ The main unimproved source of water for household use were dug well, river/ spring, and water trucking.

99% of host community HHs reported using an improved type of latrine.⁵¹

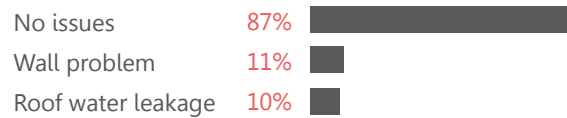
97% of host community HHs reported having access to adequate and functional hand washing facilities.

Proportion of HHs reporting experiencing problems related to water quality, by population group:



SHELTER

Top three reported types of issues observed with host community HHs' shelter:*



One percent (1%) of host community HHs reported having been threatened with eviction in the three months prior to data collection. The main reported reason was lack of funds to pay rental costs.

In comparison to host community HHs in other KR-I governorates, Al-Sulaymaniyah had the lowest reported rate of access to an improved water source (88%). Host community HHs most frequently reported issues with household water quality, primarily related to water clarity (35%) and unpleasant taste (20%). Only one percent (1%) of host community HHs reported living in an unfinished building.

A relatively similar proportion of host community HHs reported being threatened with eviction (1%), compared to the KR-I average (2%). Noting that, more than one-tenth (14%) of host community HHs reported renting the household accommodation with their resources, which was almost the similar proportion to the KRI-average (17%).

⁵⁰ Improved water source including: (Piped water into compound, Piped water connected to public tap, Borehole, Protected well, Protected rainwater tank, Protected spring, Bottled water. ⁵¹ Improved latrines include flush or pour/flush toilets, pit latrines with a slab or platform, and ventilation-improved pit latrines. * Multiple choice question: answers may exceed 100%.

AL-FALLUJA

Al-Falluja is a district in Anbar governorate that hosts a large number of IDPs. In June 2014, intense violence forced the displacement of approximately 550,000 people in Anbar, particularly in Al-Falluja. Although many HHs returned once the military operations concluded and in subsequent years, an estimated 19,458 people from Al-Falluja are still displaced.⁵² It has a predominantly Muslim Arab population and is also notable for being one of the most densely populated districts.⁵³

Conflict with ISIL negatively impacted access to basic services, affecting HHs who did not displace during the conflict and reconstruction phases. The destruction of the city's infrastructure, as well as the closure of factories and industries, affected the socio-economic condition of HHs in this district.⁵⁴ Situated along the Euphrates River, agriculture is a key livelihood sector in Al-Falluja. However, the post-conflict recovery of this sector has been slow, further limiting livelihood opportunities.⁵⁵ Host community and (formerly) displaced HHs in this area have become more vulnerable because of a lack of health services and partial hospital destruction, and a high need for protection services in 2020 (e.g. documentation, child labour, mine action).⁵⁶

Map 5: Location of Al-Falluja district within Iraq



⁵² IOM-DTM, [Displacement Overview](#) (March 2022). ⁵³ Britannica, [Falluja Iraq](#), (update 2 Feb,2022). ⁵⁴ UNHABITAT, [Ramadi Urban Recovery and Strategic Spatial Development Plan Local Area Development Programme](#), (2018). ⁵⁵ Britannica, [Falluja Iraq](#), (update 2 Feb,2022). ⁵⁶ IOM-DTM, [Return Dynamics in Anbar Governorate](#), (June 2020). ⁵⁷ Up until 2022, the [Survival Minimum Expenditure Basket \(SMEB\) value](#) was IQD 480,000. ⁵⁸ Other reasons for taking on debt included: education, clothing or NFIs, house repair/reconstruction, purchasing productive assets for small business or income-generating activities, and others. ⁵⁹ Categorized in line with the Livelihood Coping Strategies as a standardized tool to measure behavioral responses to food insecurity. ⁶⁰ HHs may report relying on multiple coping strategies (e.g. selling household properties, buying food on credit, children working). * Multiple choice question: answers may exceed 100%.



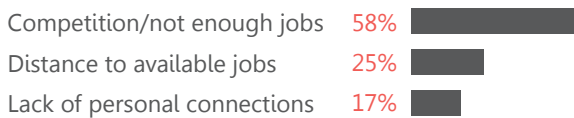
LIVELIHOOD AND FOOD SECURITY

63% of host community HHs reported earning less than IQD 480,000 from employment or pensions in the 30 days prior to data collection.⁵⁷

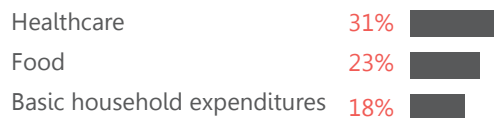
Primary reported income sources of host community HHs in the 30 days prior to data collection:*



Of the 15% of host community HHs who reported at least one adult member being unemployed and seeking work, the top three reported barriers to employment were:*



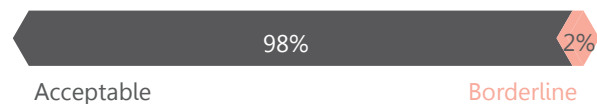
71% of host community HHs reported being unable to afford basic needs.⁵⁸ Primary reported reasons to take on debt were:



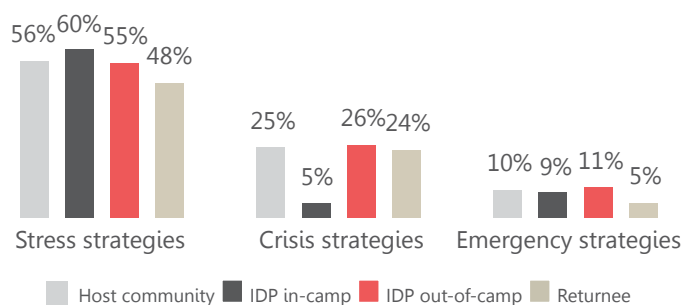
61% of host community HHs reported having a debt value over IQD 90,000 per household member.

92% of host community HHs reported spending over 40% of their income on food in the 30 days prior to

Host community HH FCS Index:⁵⁹



Proportion of HHs who reported relying on negative coping strategies to cope with a lack of food or money to buy it in the 30 days prior to data collection, by population group and severity classification:*,⁶⁰



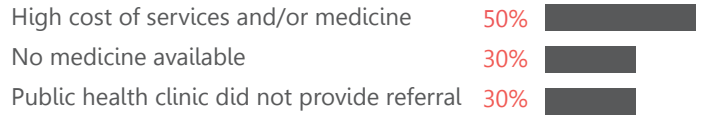
 HEALTH

Host community HHs in Al-Falluja less frequently reported unemployment (15%), compared to (formerly) displaced HHs (26%) while almost a third of HHs (32%) reported relying on regular employment as a source of income.

The proportions of HHs who reported relying on negative coping strategies was comparably high across population groups (except for the lower reported reliance on crisis strategies among in-camp IDPs), which suggests that the resilience of both (formerly) displaced and non-displaced HHs was similarly affected. Host community HHs and (formerly) displaced HHs reported to similar degrees to rely on an income of less than IQD 480,000 (63% and 66% respectively), indicating comparable income vulnerabilities that may explain similar reliance on negative coping strategies.

One-fifth of host community HHs (23%) reported taking on debt to purchase food since it was their unmet priority need, while almost 92% spent more than 40% of their expenditure on food. Host community HHs less frequently reported to take on debt (61%) compared to (formerly) displaced HHs (82%).

40% of host community HHs reported at least one member needing access to healthcare in the three months prior to data collection. Among these HHs, 6% of individuals were reported to have had unmet health needs within three months prior to data collection, with the primary barriers reported as:*



Proportion of HHs reporting having women who faced difficulties accessing specialized reproductive health services, by population group:



41% of host community HHs reported spending more than 25% of their total expenditure on healthcare in the 30 days prior to data collection.

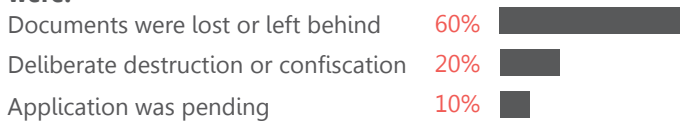
Eleven percent (11%) of host community HHs reported missing at least one key household or individual document, which was similar to (formerly) displaced HHs (14%). Regarding the movement limitations, all population groups reported similar levels of movement restrictions. The proportion of HHs reporting having at least one child (below 18 years) working was slightly higher than average of (formerly) displaced HHs (1%).

Although reported school drop out was lower among host community HHs (13%) compared to (formerly) displaced HHs (27%) in Al-Falluja, it was still above nationwide average (11%). Interestingly, eighteen percent (18%) of host community HHs with at least one SAC reported a lack of access to regular distance education compared to (formerly) displaced HHs (11%), signifying a paradox in access and ability to attend school, since most host community HH SAC (93%) and those of (formerly) displaced HHs (92%) reported similar attendance to regular formal education.

A higher proportion of host community HHs in this district reported having no access to primary healthcare within one hour from the dwelling (8%) than (formerly) displaced HHs (1%), potentially either due to proximity or lack of transport.

 PROTECTION

11% of host community HHs reported missing at least one key household or individual document.⁶¹ Of those, primary reported barriers to accessing civil documentation were:*



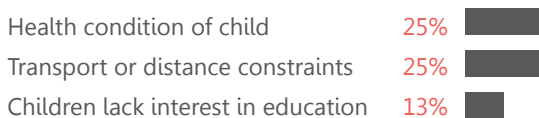
4% of host community HHs reported experiencing daytime movement restrictions.

4% of host community HHs reported having at least one child (below 18 years) working, among whom most worked in unstructured employment (e.g., selling water in the bazaar).⁶²

 EDUCATION

16% of host community HHs reported that at least one SAC was not attending education regularly (at least 4 days a week) in the 2020-2021 school year, while schools were open.

Among these HHs, top three reported reasons for not attending school were:*



13% of children from host community HHs were reported to have dropped out in the previous academic year.

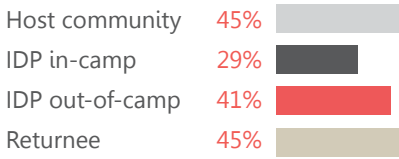
⁶¹ Key documents include PDS card, ID card (or unified ID card), nationality certificate (or unified ID card) and birth certificates for children. ⁶² Results about child labour may be underreported due to perceived sensitivity of this protection concern. * Multiple choice question, findings may exceed 100%.

69% of host community HHs reported having access to an improved water source.⁶³ The main unimproved source of water for household use was water trucking.

86% of host community HHs reported having access to sufficient quantities of water for drinking and domestic purposes.

98% of host community HHs reported having access to improved functional sanitation facilities.

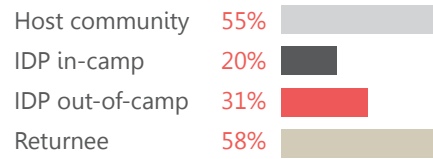
Proportion of HHs reporting experiencing problems related to water quality, by population group:



9% of host community HHs were classified as living in critical shelter.⁶⁴ Namely, **7%** of HHs reportedly lived in unfinished or abandoned residential buildings, and **2%** of HHs lived in non-residential structures.

49% of host community HHs reported needing at least two shelter improvements. The most cited improvements were related to the safety and security (**35%**), privacy and dignity (**28%**), and protection from hazards (**25%**) of their shelter.

Proportion of HHs who reported access to a safe and healthy housing enclosure unit, by population group:



The proportion of host community HHs living in critical-shelter conditions (9%) was almost equal to the (formerly) displaced HHs average (10%) in this district. One-third of (formerly) displaced HHs (31%) reported a lack of access to an improved water source, similar to host community HHs (27%). Overall, the host community HHs in this district lacks access to basic services to a similar degree as other population groups.

ABU AL-KHASEEB

Abu Al-Khaseeb district is on the outskirts of Basrah city, which has one of the largest oil reserves in Iraq. Its economy is primarily based on the oil industry and agriculture. The majority of Basra governorate's population is Arab, living alongside a Christian minority. Additionally, there were approximately 1,152 IDPs are locating in Abu Al-Khaseeb, as of March 2022.⁶⁵

Despite being the richest governorate in Iraq, more than 30% of Basra's population lives in poverty and faces a high unemployment rate and a lack of services.⁶⁶ Severe reductions in the water level of the Tigris and its tributaries in the summer of 2021 resulted in water crisis downstream, including for farm yields in Basra.⁶⁷ In addition, particular concerns have been raised about how the ongoing water crisis will affect the population, halt agriculture, as well as increase the informal use of agriculture lands as residential areas.⁶⁸ Abu Al-Khaseeb's residents have repeatedly protested rivers being contaminated by organic debris, waste, runoff from the soil being contaminated with agricultural fertilizers and oil residues, as well as the water treatment plants' inability to treat contamination. As a result, communal network-provided water is no longer potable, putting Abu Al-Khaseeb population's health at risk in the absence of (affordable) alternatives.⁶⁹

Whereas populations in other governorates enjoy more access to potable or otherwise useable water from networks, HHs in southern governorates were more often forced to buy water, despite being in a relatively dire and deteriorating economic situation.^{70,71}

Map 6: Location of Abu Al-Khaseeb district within Iraq

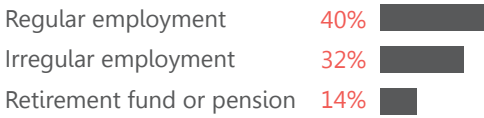


⁶³ Piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, and bottled water were considered as improved water sources. ⁶⁴ Enumerator observation of critical shelter types: makeshift shelter, religious building, public building, sub-standard shelter not for residential purposes, tent, unfinished/abandoned building, or caravan/RHU. ⁶⁵ IOM-DTM, [Displacement Overview](#) (March 2022). ⁶⁶ EASO, [Iraq Key Socio-economic Indicators for Baghdad, Basrah, and Al-Sulaymaniyah Country of Origin Information Report](#), (November 2021). ⁶⁷ UNHABITAT, [Basra Urban Profile](#), (October 2020). ⁶⁸ Ibid. ⁶⁹ Human Rights Watch, [Basra is Thirsty: Iraq's Failure to Manage the Water Crisis](#), (2019). ⁷⁰ EASO, [Iraq Key Socio-economic Indicators for Baghdad, Basrah, and Al-Sulaymaniyah Country of Origin Information Report](#), (November 2021). ⁷¹ Al-Rubaie, A. et al., [Failing Flows: Water Management in Southern Iraq](#), (July 2021). * Multiple choice question, findings may exceed 100%

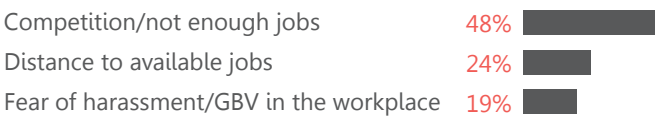
 **LIVELIHOOD AND FOOD SECURITY**

17% of host community HHs reported earning less than IQD 480,000 from employment or pensions in the 30 days prior to data collection.⁷²

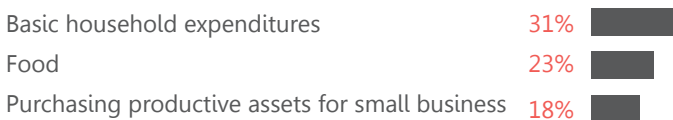
Primary reported income sources of host community HHs in the 30 days prior to data collection:*



Of the 25% of host community HHs who reported at least one adult member being unemployed and seeking work, the top three reported barriers to employment were:*



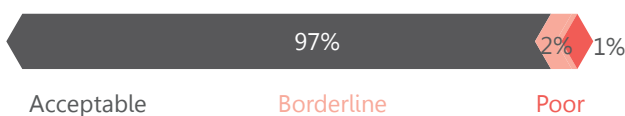
67% of host community HHs reported being unable to afford basic needs.⁷³ Primary reported reasons to take on debt were:



Four percent (4%) of host community HHs reported having a debt value over IQD 90,000 per household member.

94% of host community HHs reported spending over 40% of their income on food in the 30 days prior to data collection.

Host community HH FCS Index:⁷⁴



10% of host community HHs reported relying on stress coping strategies and 9% reported relying on crisis strategies to cope with a lack of food or money to buy it in the 30 days prior to data collection.⁷⁵ Among these HHs, selling means of transport, children working to provide resources, and selling household properties were cited as the most common coping strategies.

Among the 25% of host community HHs with at least one adult who was unemployed and seeking work, fear of harassment and GBV was reported substantially higher compared to the nationwide average (19%), highlighting potential protection concerns that risk impacting women's access to the labour market.

Compared to nationwide findings (62%), relatively few HHs reported relying on a monthly income of less than IQD 480,000. Despite this, the majority of HHs (67%) reported being unable to meet basic needs. Almost all host community HHs (94%) reported spending more than 40% of their total expenditure on food, which was higher than nationwide average (81%).

 **PROTECTION**

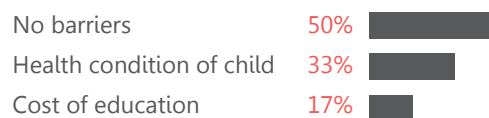
17% of host community HHs reported lacking valid housing, land and property (HLP) documentation.

9% of host community HHs reported that the property which they own or live in was under dispute.

4% of host community HHs reported having at least one child (below 18 years) working, among whom most worked in family employment (e.g., sewing, farming, shepherding, selling in a shop).⁷⁶

 **EDUCATION**

8% of host community HHs reported that at least one SAC was not attending education regularly (at least 4 days a week) in the 2020-2021 school year, while schools were open. Among these HHs, the top three reported reasons for not attending school were:*



2% of children from host community HHs were reported to have dropped out in the previous academic year.

Almost all host community HHs in Abu Al-Khaseeb reported having access to key civil documents (100%),⁷⁵ whereas the proportion of (formerly) displaced HHs who reported having access to key civil documents in nearby districts in Basra governorates were reportedly lower, such as in Basra and Al-Zubair (91% and 85% respectively). Child labour among host community HHs in Abu Al-Khaseeb was similar to the national average for (formerly) displaced HHs (6%). However, as child labour was above average in other districts in Al-Basrah governorate, namely 42% in Basra and 8% in Zubair districts, this was a noteworthy child protection concern.

⁷² Up until 2022, the [Survival Minimum Expenditure Basket \(SMEB\) value](#) was IQD 480,000. ⁷³ Other reasons for taking on debt included: education, clothing or NFIs, house repair/reconstruction, healthcare, and others. ⁷⁴ Categorized in line with the Livelihood Coping Strategies as a standardized tool to measure behavioral responses to food insecurity. ⁷⁵ HHs may report relying on multiple coping strategies (e.g. selling household properties, buying food on credit, children working). ⁷⁶ Results about child labour may be underreported due to perceived sensitivity of this protection concern. * Multiple choice question: answers may exceed 100%.

HEALTH

45% of host community HHs reported at least one member needing access to healthcare in the three months prior to data collection. Among these HHs, **3%** of individuals were reported to have had unmet health needs within three months prior to data collection, with the primary barriers reported as:*

Fear of contracting COVID-19	91%	
High cost of services	73%	
No referral provided	55%	

42% of host community HHs reported spending more than 25% of their monthly total expenditure on healthcare.

Nine percent (9%) of host community HHs reported at least one child, and 13% reported at least one adult showed signs of psychosocial distress.

WASH

93% of host community HHs reported having access to an improved water source.⁷⁷ The main unimproved source of water for household use was water trucking.

100% of host community HHs reported having access to a sufficient quantities of water for drinking and domestic purposes.

100% of host community HHs reported having access to improved functional sanitation facilities.

100% of host community HHs reported having access to functioning hand washing facilities with water available.

3% of host community HHs reported experiencing problems related to water quality.

SHELTER

2% of host community HHs reported needing at least two shelter improvements. The most cited improvements were related to insufficient protection from climatic conditions, safety and security, privacy and dignity.

90% of host community HHs reported access to a safe and healthy housing enclosure unit.

Except for low levels of access to HLP documents, overall shelter conditions among HHs in Abu Al-Khaseeb area were reportedly good. In terms of WASH conditions, host community HHs reported water trucking and bottled water as primary sources of water for drinking and domestic purposes (94% and 6% respectively). Although the majority of HHs reported that it was their personal choice, it may be reflective of dissatisfaction with the public water network in the district.⁷⁸ The low reported reliance on public water network among HHs in Abu Al-Khaseeb may result in higher water-related expenses, as HHs (have to) choose for more costly alternative sources for water. A lack of government investment in the maintenance and extension of public water networks has aggravated the problem of affordable access to clean water.

AL-DIWANIYA

The population of Al-Diwaniya consists of an Arab majority living alongside Kurdish minorities. As of March 2022, there are around 2,070 IDPs located in Al-Diwaniya.⁷⁹ Due to the ISIL conflict, an estimated 18,414 families relocated to Qadisiyah governorate where no armed conflict took place.⁸⁰ In 2020 an estimated 48% of persons were living in poverty Iraq ministry of planning.⁸¹ Al-Diwaniya district in Qadisiyah governorate was formerly known for its fertile soil and abundant water supply as the Euphrates and one of its tributaries run through the governorate.⁸² However, the governorate's main source of revenue is agriculture, which employs the majority of the population, but has been affected by water scarcity and salinisation.⁸³ In recent years, eight percent of the host community HHs in Qadisiyah governorate abandoned their homes due to water scarcity, while the water itself has become largely unsuitable for drinking.⁸⁴ In this district specifically, water

scarcity has worryingly negatively impacted farmers and the agricultural sector more broadly, as well as host community HHs WASH provisions.⁸⁵

Map 7: Location of Al-Diwaniyah district within Iraq

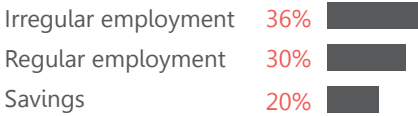


⁷⁷ Piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, and bottled water were considered as improved water sources. ⁷⁸ Al-Rubaie, A. et al., *Failing Flows: Water Management in Southern Iraq*. (July 2021). ⁷⁹ IOM-DTM, *Displacement Overview* (March 2022). ⁸⁰ IOM-DTM, *Iraq — Displacement Report* (11, December 2014). ⁸¹ Shafaq News, *Abject poverty inflicts less than 2% of the total poverty head counts, official says, the spoken person from the ministry of planning*, (27 April 2021). ⁸² NCCI, *Qadisiya Governorate Profile*, (2015). ⁸³ IOM, *Assessing Water Shortage-Induced Displacement in Qadisiya, Najaf, Babylon, Wassit and Karbala*, (2019). ⁸⁴ Ibid. ⁸⁵ Ibid. * Multiple choice question, findings may exceed 100%

 **LIVELIHOOD AND FOOD SECURITY**

55% of host community HHs reported earning less than IQD 480,000 from employment or pensions in the 30 days prior to data collection.⁸⁶

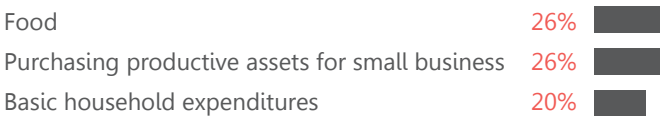
Primary reported income sources of host community HHs within 30 data of data collection:*



2% of host community HHs reported at least one adult member being unemployed and seeking work.

2% of host community HHs reported having barriers to access an operational market place or grocery store.

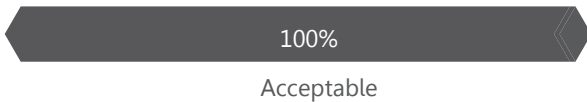
65% of host community HHs reported being unable to afford basic needs.⁸⁷ Primary reported reasons to take on debt were:



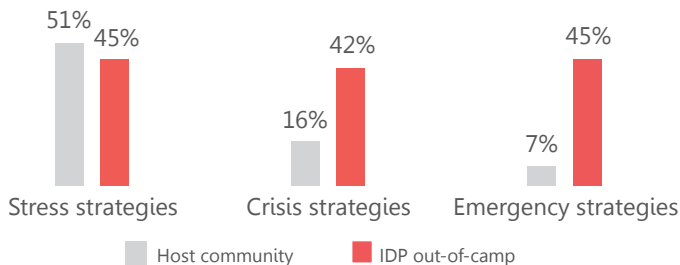
57% of host community HHs reported having a debt value over IQD 90,000 per household member.

95% of host community HHs reported spending over 40% of their income on food in the 30 days prior to data collection

Host community HH FCS Index:⁸⁸



Proportion of HHs who reported relying on negative coping strategies to cope with a lack of food or money to buy it in the 30 days prior to data collection, by population group and severity classification:*.⁸⁹



Far fewer host community HHs in Diwaniyah reported having at least one unemployed adult (2%) than the average for host community HHs in the four assessed districts (9%). However, the most commonly reported sources of income were irregular work and savings, which indicate HHs' relative financial instability.

Even though the unemployment rate in Diwaniya was low, the findings show nearly two-thirds (65%) of HHs rely on taking debt to afford basic household needs (e.g. food). Similarly, more than half of HHs (55%) reported reliance on a monthly income of less than IQD 480,000. This indicates that being employed does not guarantee a stable livelihood.

Remarkably, stress coping strategies were reportedly more common among host community HHs (51%) than out-of-camp IDP HHs (45%). While a smaller proportion of host community HHs reported using crisis coping strategies (16%) than out-of-camp IDP HHs (42%), this still accounts for roughly one in five host community HHs, indicating widespread use.

 **PROTECTION**

35% of host community HHs reported lacking valid HLP documentation.

1% of host community HHs reported having at least one child (below 18 years) working.⁹⁰

3% of host community HHs reported at least one member of household has disability.

1% of host community HHs reported presence of child marriage.

Diwaniyah district saw few to no concerns regarding documentation among host communities, while three percent of out-of-camp IDP HHs reported missing key civil documents. However, there was a high proportion of (formerly) displaced HHs reported lacking HLP documents (87%) compared to host community HHs (35%), and 13% of host community HHs reported being in property disputes, which was higher than other assessed districts' average finding (9%).

Similarly, a relatively high rate of host community HHs reported lacking secure tenure (i.e. property under dispute) (14%) in this area compared to the assessed district's host community HHs population average finding (7%).

 **EDUCATION**

No host community HHs reported that at least one SAC was not attending education regularly (at least 4 days a week), while schools were open.

No children from host community HHs were reported to have dropped out in the previous academic year.

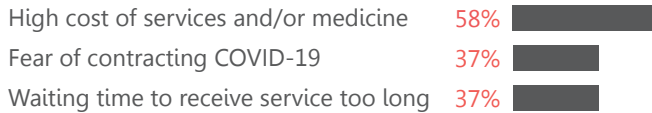
99% of host community HHs reported SAC were enrolled in school.

1% of host community HHs reported SAC attending non-formal education regularly, while non-formal school environments were open.

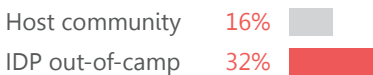
⁸⁶ Up until 2022, the [Survival Minimum Expenditure Basket \(SMEB\) value](#) was IQD 480,000. ⁸⁷ Other reasons for taking on debt included: education, clothing or NFIs, house repair/reconstruction, purchasing productive assets for small business or income-generating activities, and others. ⁸⁸ Categorized in line with the Livelihood Coping Strategies as a standardized tool to measure behavioral responses to food insecurity. ⁸⁹ HHs may report relying on multiple coping strategies (e.g. selling household properties, buying food on credit, children working). ⁹⁰ Results about child labour may be underreported due to perceived sensitivity of this protection concern. * Multiple choice question: answers may exceed 100%.

HEALTH

62% of host community HHs reported at least one member needing access to healthcare in the three months prior to data collection. Among all host community HHs, **6%** of individuals were reported to have had unmet health needs within three months prior to data collection, with the primary barriers reported as:^{*}



Proportion of HHs reporting having women who faced difficulties accessing specialized reproductive health services, by population group:



30% of host community HHs reported spending more than 25% of their total expenditure on healthcare in the 30 days prior to data collection.

In comparison to host community HHs, 10% of IDP HHs reported that at least one SAC was not attending education regularly. The proportion of host community HHs individual respondents with reported unmet health needs (6%) was lower compared to out-of-camp IDP (14%). A larger proportion of host community HHs (30%) reported spending more than 25% of their expenditure on healthcare compared to IDP HHs (16%).

WASH

66% of host community HHs reported having access to an improved water source.⁹¹ The main unimproved source of water for household use was bottled water.

AL-MOSUL

Prior to the ISIL conflict, the district of Al-Mosul in Ninewa governorate was Iraq's major industrial and commercial centre. Its population is diverse in its ethno-religious makeup, consisting of Kurds, Arabs, and Turkmens, among other minorities.⁹³ ISIL took control of the city in 2014, causing a large proportion of the population (approximately 105,024 people) to flee to other governorates.⁹⁴ Before the conflict, Al-Mosul had a high poverty level, and the destruction and conflict-related violence made the remaining host community even more vulnerable.⁹⁵ During the military operation to retake the city from ISIL, much of Al-Mosul's infrastructure and housing was destroyed, affecting the provision of basic services in the area and rendering the remaining host communities extremely vulnerable. As

89% of host community HHs reported having access to a sufficient quantities of water for drinking and domestic purposes.

99% of host community HHs reported having access to improved functional sanitation facilities.

Proportion of HHs reporting experiencing problems related to water quality, by population group:

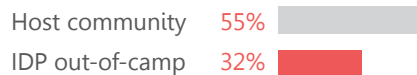


SHELTER

1% of host community HHs were classified as living in critical shelter, and almost all of them reportedly lived in public buildings (e.g. school).⁹²

14% of host community HHs reported needing at least two shelter improvements. The most cited improvements were related to climatic conditions (19%), protection from hazards (18%), privacy and dignity (18%).

Proportion of HHs who reported access to a safe and healthy housing enclosure unit, by population group:



More than half of host community HHs (55%) did not live in safe or healthy housing, indicating a higher need compared to out-of-camp IDP HHs (32%). Compared to host community HHs, a higher rate of out-of-camp IDP HHs reported lacking access to a sufficient quantity of water for drinking and domestic purposes (34%). However, across the host community HHs covered through the MCNA IX, HHs in Al-Diwaniya have the lowest reported access to an improved water source for drinking and domestic purposes.

a result of years of conflict and insecurity in Al-Mosul, many businesses closed resulting in a near-collapse of the economy and an increase in unemployment.⁹⁶

Map 8: Location of Al-Mosul district within Iraq



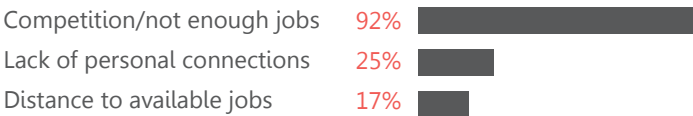
⁹¹ Piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, and bottled water were considered as improved water sources. ⁹² Enumerator observation of critical shelter types: makeshift shelter, religious building, public building, sub-standard shelter not for residential purposes, tent, unfinished/abandoned building, or caravan/RHU. ⁹³ IOM, *Cities as Home: Location Factsheets and Case Studies of Local Integration*, Iraq (2020). ⁹⁴ IOM *Displacement Snapshot: Ninewa, Iraq*, (September 2014). ⁹⁵ Ibid. ⁹⁶ IOM, *When Affordability Matters the Political Economy and Economic Decision Making of Iraqi IDPs*, (2020).
* Multiple choice question, findings may exceed 100%.

74% of host community HHs reported earning less than IQD 480,000 from employment or pensions in the 30 days prior to data collection.⁹⁷

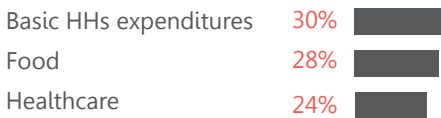
Primary reported income sources of host community HHs within 30 data of data collection:*



Of the 10% of host community HHs who reported at least one adult member being unemployed and seeking work, the top three reported barriers to employment were:*



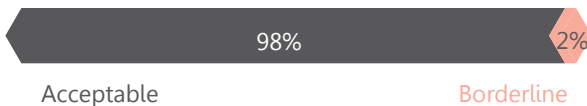
82% of host community HHs reported being unable to afford basic needs.⁹⁸ Primary reported reasons to take on debt were:



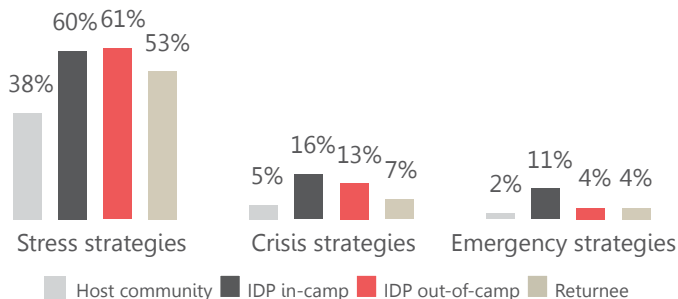
57% of host community HHs reported having a debt value over IQD 90,000 per household member.

98% of host community HHs reported spending over 40% of their income on food in the 30 days prior to data collection.

Host community HH FCS Index:⁹⁹

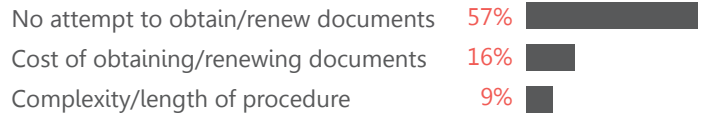


Proportion of HHs who reported relying on negative coping strategies to cope with a lack of food or money to buy it in the 30 days prior to data collection, by population group and severity classification:¹⁰⁰



In Al-Mosul, the livelihood indicators for host communities were indicative of a relatively dire situation. Host community HHs reported a high degree of unemployment (10%), as well as high reliance on irregular work (65%) in comparison to (formerly) displaced HHs (51%). However, smaller proportions of host community HHs reported relying on negative coping strategies when compared to (formerly) displaced HHs.

31% of host community HHs reported missing at least one key household or individual document.¹⁰¹ Of those, top three primary reported barriers to accessing civil documentation were:*



3% of host community HHs reported experiencing daytime movement restrictions.

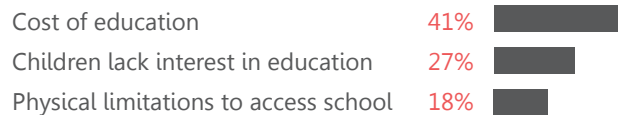
6% of host community HHs reported having at least one child (below 18 years) working, among whom most worked in structured employment (e.g., serving in shops, Hotels, restaurant, making things).¹⁰²

Among 31% of host community HHs reported missing at least one key individual or household document, 5% of HHs reported the refusal of issuing/renewal of their documents by civilian authorities as a key barrier, which was only reported by 2% of HHs nationwide. Although (formerly) displaced HHs in Al-Mosul were more likely to report missing key civil documents (36%), a significant proportion of host community HHs was reportedly affected, raising subsequent concerns about their access to basic services.

Livelihood concerns in Al-Mosul were also reflected by the relatively high reported child labour among host community HHs (6%), compared to (formerly) displaced HHs (7%). More than half of (58%) host community HHs reported lacking valid HLP documents, which was higher than (formerly) displaced HHs findings average (39%), indicating HLP concerns among non-displaced communities.

27% of host community HHs reported that at least one SAC was not attending education regularly (at least 4 days a week) in the 2020-2021 school year, while schools were open.

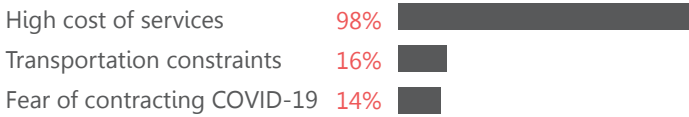
Among these HHs, the top three reported reasons for not attending school were:*



5% of host community HHs reported children dropping out of school in the previous year.

⁹⁷ Up until 2022, the [Survival Minimum Expenditure Basket \(SMEB\) value](#) was IQD 480,000. ⁹⁸ Other reasons for taking on debt included: education, clothing or NFIs, house repair/reconstruction, purchasing productive assets for small business or income-generating activities, and others. ⁹⁹ Categorized in line with the Livelihood Coping Strategies as a standardized tool to measure behavioral responses to food insecurity. ¹⁰⁰ HHs may report relying on multiple coping strategies (e.g. selling household properties, buying food on credit, children working). ¹⁰¹ Key documents include PDS card, ID card (or unified ID card), nationality certificate (or unified ID card) and birth certificates for children. ¹⁰² Results about child labour may be underreported due to perceived sensitivity of this protection concern. * Multiple choice question: answers may exceed 100%.

80% of host community HHs reported at least one member needing access to healthcare in the three months prior to data collection. Among all host community HHs, 6% of individuals were reported to have had unmet health needs within three months prior to data collection, with the primary barriers reported as:*

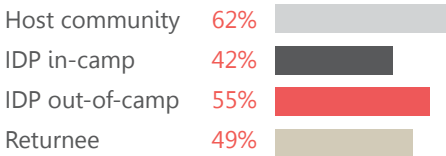


Proportion of HHs reporting having women who faced difficulties accessing specialized reproductive health services, by population group:



33% of host community HHs reported spending more than 25% of their total expenditure on healthcare in the 30 days prior to data collection.

Proportion of HHs who reported access to a safe and healthy housing enclosure unit:



In Al-Mosul, the proportion of HHs with at least one SAC not attending education regularly was similar to (formerly) displaced HHs with an average rate of 28%, which was the highest among districts covered in this factsheet. Apart from three main reasons indicated in the chart, the children's health conditions such as disability, disease, or traumatization and the inability to register or enrol children were the most commonly reported barriers to school attendance among (formerly) displaced HHs (26% and 19% respectively) in comparison to host community HHs (14% for each).

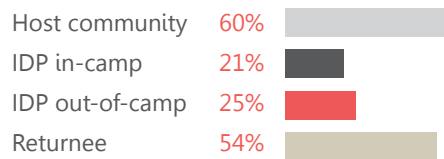
The proportion of host community HHs reported having at least one member with a disability (11%) was almost similar to (formerly) displaced HHs (10%). Of those HHs, 31% reported having members who were unable to access one or more services due to a disability and this rate was higher for (formerly) displaced HHs (56%).

92% of host community HHs reported having access to an improved water source.¹⁰³ The main unimproved source of water for household use was water trucking.

96% of host community HHs reported having access to a sufficient quantities of water for drinking and domestic purposes.

97% of host community HHs reported having access to improved functional sanitation facilities.

Proportion of HHs reporting experiencing problems related to water quality, by population group:



1% of host community HHs were classified as living in critical shelter.¹⁰⁴ Among these, the majority living in makeshift shelter and non-residential structures (e.g garage, farm building, etc.).

8% of host community HHs reported needing at least two shelter improvements. The most cited improvements were related to climatic conditions (34%), privacy and dignity (10%).

Both host community and (formerly) displaced HHs reported a very small proportion lacking secure tenure (i.e., property under dispute) (1%).

While in-camp IDP HHs reported low access to improved water sources (56%), host community HHs, returnee, and out-of-camp HHs reported higher rates (92%, 94%, and 100% respectively). However, approximately one-fifth and two-thirds of HHs reported experiencing problems with water quality. Only 51% of HHs reported treating their water prior to drinking, posing potential health risks. Almost all HHs in each population group reported having access to functional sanitation facilities (98%).

¹⁰³ Piped water into compound, piped water connected to public tap, borehole, protected well, protected rainwater tank, protected spring, and bottled water were considered as improved water sources. ¹⁰⁴ Enumerator observation of critical shelter types: makeshift shelter, religious building, public building, sub-standard shelter not for residential purposes, tent, unfinished/abandoned building, or caravan/RHU. * Multiple choice question, findings may exceed 100%

The host community and (formerly) displaced HHs in the governorates in KR-I and districts in Federal Iraq that were discussed in this factsheet were reportedly faced with numerous challenges. Iraq's socio-economic inequalities, limited sustainable livelihood opportunities, and fragmented public service provision and infrastructure are factors impacting HHs regardless of displacement status, even if to varying degrees.

MSNA VI data on Syrian refugee HHs in and out-of-camp in KR-I governorates and Federal Iraq, complemented by data on host communities in KR-I, suggests that:

- Syrian refugee HHs in KR-I were in many respects more vulnerable than host communities in KR-I, particularly Syrian refugee HHs living in-camp. However, **host community HHs reported serious needs, and at times similar needs as refugee HHs.**

- Several **livelihood and food security findings indicated fragile conditions among host communities HHs.** Namely, half of the HHs reported relying on temporary/daily labour and 58% reported being in debt, among whom reported having taken on debt for basic needs such as food (35%) and healthcare (33%). A substantial proportion of host community HHs reported relying on stress (39%) or crisis (8%) coping strategies to cope with a lack of resources to meet basic needs in the 30 days prior to data collection. This indicates **reduced resilience among host communities, with potential protection concerns following from employing negative coping strategies.**

- **Host community HHs reported fragmented access to basic services.** Particularly in terms of healthcare, **60% of host community HHs in the KR-I reported experiencing barriers accessing health services,** mainly due to high costs of services and medicines, while such barriers were reported to a lower degree by Syrian refugee HHs (53%).

MCNA IX data on in-camp IDP, out-of-camp IDP, returnee HHs nationwide, and host community HHs in Al-Mosul, Al-Fallujah, Al-Diwaniya, and Abu Khaseeb districts, suggests that:

- **Substantial geographic variance is observed among needs indicators,** with, for example, higher reported livelihood needs in districts like Al-Falluja and Al-Mosul, where the majority of HHs reported earning less than IQD 480,000 from employment and pensions and the majority of HHs indicated they were unable to meet basic needs (82% in Al-Mosul and 71% in Al-Falluja).

- Although (formerly) displaced HHs' reportedly relied to a larger degree on crisis and emergency coping strategies (i.e. strategies classified as more severe), **host community HHs also widely report relying on stress strategies to cope with a lack of food or resources to buy it in the 30 days prior to data collection.**

- **Livelihood concerns further limit host community HHs' access to basic services,** including health services. Furthermore, **host community HHs in the south and central parts of Iraq were likely to report sub-standard access to improved water sources for drinking and domestic purposes, lacking access to sufficient quantities of water, as well as poor water quality** to similar degrees as (formerly) displaced HHs. Such indicators reflect potential health risks, as well as potential impacts on HHs' livelihoods.^{105,106,107,108}

Both MSNA VI and MCNA IX data highlight vulnerabilities among parts of the host community HHs in Iraq. By several metrics, host communities' circumstances are comparable to (formerly) displaced and refugee HHs under livelihoods, WASH, and food security. Given these findings, programming should consider durable and whole-of-area interventions in order to lay a foundation for all vulnerable HHs to build upon, regardless of displacement status. However, considering the limited host community coverage and limitations in directly comparing the MSNA VI and MCNA IX findings, **a more comprehensive assessment of the relative vulnerabilities and needs among host community HHs, (formerly) displaced HHs, and Syrian refugee HHs in Iraq would be needed to ensure evidence-based planning.**

¹⁰⁵ Britannica, [Falluja Iraq](#), (update 2 Feb,2022). ¹⁰⁶ EASO, [Iraq Key Socio-economic Indicators for Baghdad, Basrah, and Al-Sulaymaniyah Country of Origin Information Report](#), (November 2021). ¹⁰⁷ NCCI, [Qadissiya Governorate Profile](#), (2015). ¹⁰⁸ UNHABITAT, [City Profile of Mosul,Iraq](#), (October 2016).