



IRAQ

IDP Camp Profiling

Round XV
Camp Directory

June-August 2021



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES

REACH Informing
more effective
humanitarian action

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About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: www.reach-initiative.org.

You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info



BACKGROUND & METHODOLOGY

Background

After Iraqi forces defeated the so-called Islamic State of Iraq and the Levant (ISIL) in 2017 and took back control of the regions that had been under them, the rate of internally displaced persons (IDPs) returning to their area of origin (AoO) has remained relatively low. To facilitate returns, the Iraqi government initiated a plan to close IDP camps in 2019.¹ In 2020, with the worldwide COVID-19 pandemic, camp closures were put on hold. In October 2020, the government resumed camp closures. By the end of 2020, 11 camps were closed and four were reclassified as informal sites.² Across federal Iraq, 27 camps remained open at the time of data collection, until in November 2021, when Amriyat al Fallujah was re-classified as an informal site.³ As of November 2021, nearly 1.2 million IDPs remained in protracted displacement throughout the country.⁴ This included almost 180,000 individuals who resided in 26 formal IDP camps after the re-classification of Almriyat al-Fallujah.⁵

As camps close and the context in Iraq transitions from emergency response to stabilisation and development, the Iraq Camp Coordination and Camp Management (CCCM) Cluster strategy aims to support safe camp consolidations and closures, and to ensure minimum CCCM standards are being met across camps. The REACH Movement Intentions assessment conducted in June-August 2021 showed that only two per cent of in-camp IDPs intended to return to their AoO within the 12 months following data collection. The low rates of intentions to return make in-camp IDPs vulnerable to shocks in case of IDP camps closure.⁶

The Iraq CCCM Cluster and REACH conduct bi-annual IDP Camp Profiling assessments in order to inform more effective humanitarian assistance for IDPs living in camps. The information obtained will be used to monitor camp conditions and highlight priority needs and service gaps faced by households (HHs) in formal IDP camps across Iraq, as well as multi-sectoral differences across camps. This information will be used to address IDPs' needs, as well as to inform prioritisation of camps for consolidation or closure, if necessary.

These camp profiles reflect the XV round of household surveys, conducted between 16 June and 9 August 2021, 12 months after the previous round of camp profiling conducted between 16 August and 10 September 2020. Data collection took place in 27 formal IDP camps (Table 1). Of the 27 camps that were covered, 26 camps remained open by the end of 2021.

¹The New Humanitarian. 'Nowhere to go: Mosul residents in limbo as camps close', 11 March 2020. Available [here](#).

² United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Iraq: Humanitarian Bulletin, November 2020. Available [here](#).

³ Health Cluster. Iraq: Health Cluster Bulletin No. 11 - (November 2021). Available [here](#).

⁴ International Office for Migration (IOM). Displacement Tracking Matrix (September 2021). Available [here](#).

⁵ CCCM, 2021. Iraq Operational Portal: October - Camp Master List and

Methodology

For the round XV of Camp Profiling, REACH designed a methodology that could be easily adapted to the constantly changing context within the COVID-19 pandemic. The main method of data collection was face-to-face with a random sampling of 95% confidence level and 10% margin of error. This method was used in 23 out of the 27 IDP camps. In case of access restrictions or COVID-19 spread concerns, REACH followed the IMPACT guidelines, collecting household surveys remotely through phone interviews.⁷ In four camps REACH used phone interviews, randomly sampling from a contact list provided by the CCCM Cluster and partners, and snowballing when the target was not reached. The purposive sampling method targeted enough surveys to keep the sample size consistent with the representative sample sizes from the face-to-face surveys. Although IDP camps with face-to-face data collection are statistically representative, findings of camps with phone-based surveys are not with a quantifiable degree of precision. The household survey employed figures from the CCCM Cluster population flow list of June 2021 (see Table 1 for the total sample size).⁸

A mixed method approach to data collection was employed for this assessment, consisting of: a household survey and key informant interviews with the camp manager of each camp, and mapping of camp infrastructure using satellite imagery analysis and interviews with the camp managers conducted by our Geographic Information System (GIS) team. In partnership, the CCCM Cluster and REACH have conducted 14 previous rounds of the camp profiling and mapping assessment throughout formal camps in Iraq. These profiling exercises initially took place on a quarterly basis, but as the situation in many of the IDP camps stabilised over time, the assessment was conducted on a bi-annual basis since 2016 and on a yearly basis since 2020.

Table 1. Distribution of interviewed IDP households:

Governorate administrating IDP camps ⁵	# of camps assessed	# of IDP HHs interviewed
Al-Anbar	1	80
Al-Sulaymaniyah	4	298
Duhok	15	1,362
Erbil	6	544
Ninewa	1	89
Total	27	2,373

Population Flow. Available [here](#). Before the reclassification of Amriyat al-Fallujah, there were nearly 182,700 individuals living in IDP camps in October 2021.

⁶ IMPACT, Standard operation procedures (SOPs) for Data Collection during COVID-19, April 2020. Available [here](#).

⁷ IMPACT, Standard operation procedures (SOPs) for Data Collection during COVID-19, April 2020. Available [here](#).

⁸ CCCM, 2021. Iraq Operational Portal: June Camp Master List and Population Flow. Available [here](#).



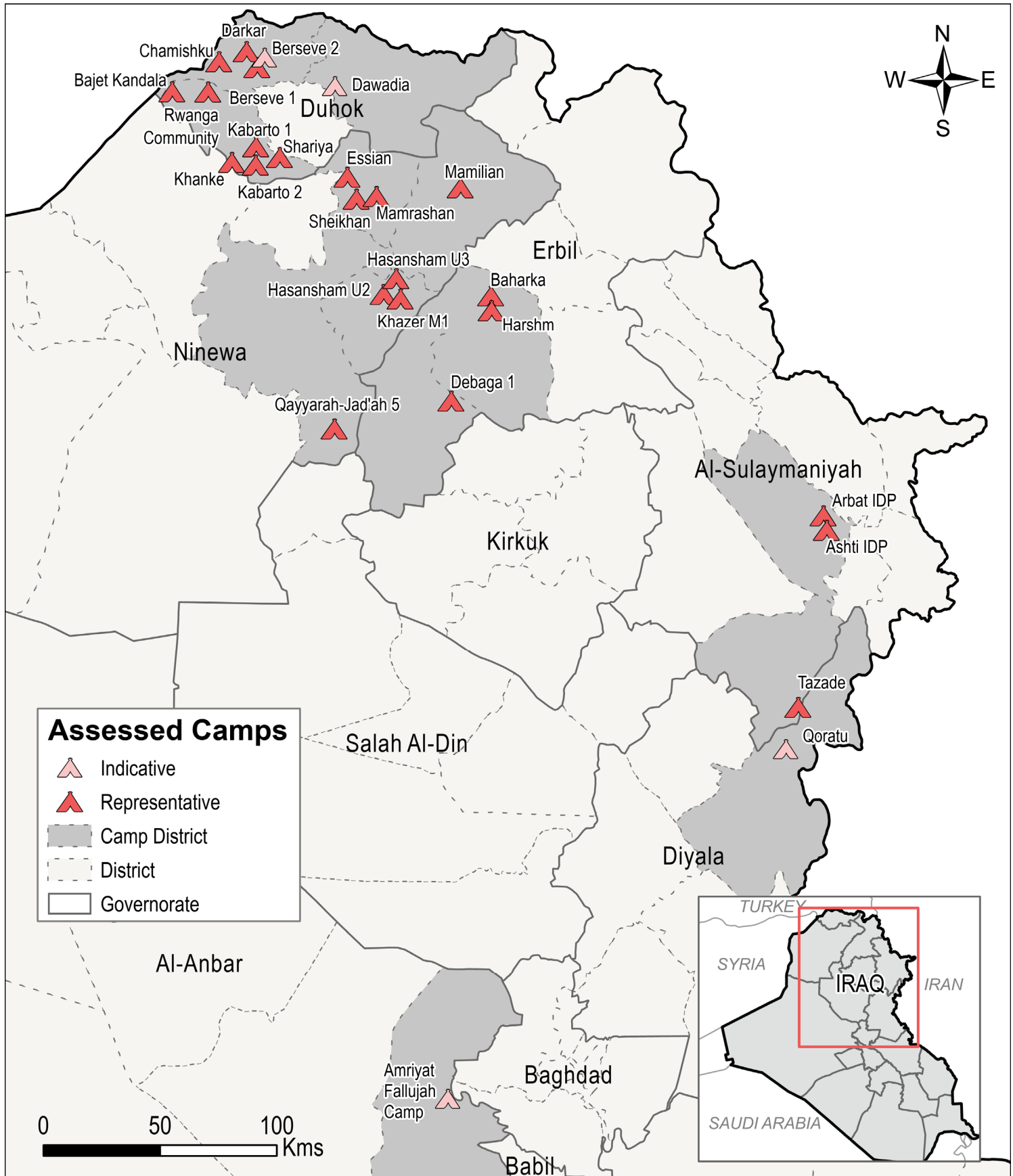
Limitations

- Findings from the IDP camps where data was collected remotely should be considered indicative.
- Governorate-level comparisons are weighted by camp population sizes. Anbar and Ninewa governorates, for example, only include one camp each and therefore outliers observed in the findings may be more pronounced. This should be taken into consideration when interpreting governorate-level findings.
- The assessment relies on the IDPs' ability to self-report on many indicators, and therefore certain biases may exist within the findings. Some indicators may be under- or over-reported due to the subjective perceptions of the respondents. These potential biases should be taken into consideration when interpreting findings, particularly those referring to sensitive issues.
- Due to the use of remote household surveys in four camps, biases might be more pronounced and affect the IDPs' answers to questions that could be perceived as sensitive for them.
- The use of remote household surveys in four camps eliminates the inclusion of enumerator observations. For example, enumerators reported that in many instances, households were unsure how to respond to questions related to the type of shelter they lived in, the shelter's base or cover.
- Findings for disability show very low percentages compared to the national level of disability in the Iraqi population. This could be a result of the method of data collection since enumerators could not ask follow up questions.

Previous REACH Camp Profiling assessments:

- Trend Analysis ([2018-2020](#))
- February-March 2020 ([round XIII](#))
- July-August 2019 ([round XII](#))
- February 2019 ([round XI](#))
- July-August 2018 ([round X](#))
- December 2017-January 2018 ([round IX](#))
- April-May 2017 ([round VIII](#))
- December 2016-January 2017 ([round VII](#))
- August-September 2016 ([round VI](#))
- April 2016 ([round V](#))
- December 2015 ([round IV](#))

IDP CAMPS ASSESSED MAP



LIST OF ACRONYMS AND KEY

List of abbreviations and acronyms

AoD	Area of displacement
AoO	Area of origin
CCCM	Camp Coordination and Camp Management
FCS	Food Consumption Score
Gol	Government of Iraq
HHs	Households
IDP	Internally displaced person
IQD	Iraqi Dinar
ISF	Iraqi Security forces
ISIL	Islamic State of Iraq and Levant
KI	Key informant
KII	Key informant interview
KRI	Kurdistan Region of Iraq
MoDM	Ministry of Displacement and Migration
MSF	Médecins Sans Frontières
ODK	Open Dara Kit
PDS	Public Distribution System
UNHCR	United Nations High Commissioner for Refugees
USD	United States dollars
WASH	Water, Sanitation and Hygiene

Key definitions

KRI	Kurdistan Region of Iraq, a devolved federal entity in the north of Iraq.
Governorate	The highest administrative boundary below the national level. Officially, there are 18 governorates in Iraq, three of which are located in KRI.
District	Governorates are divided into 101 districts.
Formal IDP camp	An IDP camp formally recognised by governmental authorities and managed by the CCCM Cluster.
Formal school/education	A school providing education recognised by the government of Iraq. It should be understood as distinct from home schooling or private teaching by a non-recognised institution.
PDS card	Public Distribution System (PDS) is a universal non-contributory social transfer system delivering food rations to Iraqis. To receive it, Iraqis need a card that contains basic information related to the household composition. It is often used as another identification documents and a proof of residency. More information available here and here .
Disability	For this round, the definition of disability followed the Washington Group Disability guidelines . Household self-reported whether anyone within a household had difficulty or not on doing five basic task (seeing, hearing, walking, remembering, and washing themselves). If they experienced a lot of difficulty or that cannot do at all, it was considered a disability.

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* Reclassified as an informal site in November 2021.

**Geographic governorate differs from governorate of administration. In this output, the camps have been put under their governorate of administration.





Comparative Overview

IDP Camp Directory, June-August 2021

	Education		Food	Health	WASH			Protection	Shelter		CCCM
	% of children aged 6-11 enrolled in formal school	% of children aged 12-17 enrolled in formal school	% of HHs with an acceptable Food Consumption Score (FCS)	Functioning health facility available on site*	# of persons per latrine*	# of persons per shower*	Frequency of solid waste disposal at least weekly*	% of HHs reporting some missing documentation ¹	Average number of individuals per tent*	Average covered area per person*	Average open area per HHs*
Target**	100%	100%	100%	Yes	max. 20	max. 20	Yes	0%	max. 5	min. 3.5m ²	min. 30m ²
Al-Anbar	83%	66%	82%	Yes	42	42	No	31%	5	3.7m ²	3,730m ²
Amriyat al Fallujah	83%	66%	82%	Yes	42	42	No	31%	5	3.7m ²	3,730m ²
Al-Sulaymaniyah	92%	68%	84%	Yes	3	3	No	22%	3.5	4.2m ²	907m ²
Arbat IDP	88%	66%	85%	Yes	3	3	Yes	26%	3	4.8m ²	572m ²
Ashti IDP	93%	70%	83%	Yes	3	3	Yes	23%	4	4.6m ²	347m ²
Tazade	89%	64%	86%	No	1	1	No	17%	3	3.7m ²	614m ²
Qoratu	80%	71%	89%	No	4	4	No	13%	4	3.7m ²	2,095m ²
Duhok	84%	78%	92%	Yes	5	5	Yes	27%	4	4.7m ²	381.9m ²
Bajed Kandala	79%	77%	97%	Yes	9	9	Yes	21%	3	3.7m ²	201m ²
Berseve 1	81%	80%	93%	Yes	5	5	Yes	35%	3	3.7m ²	227m ²
Berseve 2	95%	88%	86%	Yes	8	8	Yes	18%	4	4.6m ²	286m ²
Chamishku	85%	73%	89%	Yes	4	4	Yes	29%	4	4.4m ²	140m ²
Darkar	81%	78%	98%	Yes	4	4	Yes	21%	4	10m ²	72m ²
Dawadia	94%	87%	94%	Yes	3	3	Yes	12%	4	4.6m ²	177m ²
Essian	96%	91%	94%	Yes	4	4	Yes	19%	4	3.7m ²	172m ²
Kabarto 1	87%	78%	89%	Yes	4	4	Yes	24%	4	4.6m ²	134m ²
Kabarto 2	77%	72%	86%	Yes	4	4	Yes	36%	4	3.7m ²	158m ²
Khanke	76%	72%	86%	Yes	5	5	Yes	33%	5	5.4m ²	219m ²
Mamilian	83%	53%	98%	Yes	2	2	Yes	29%	3	3.7m ²	3,077m ²
Mamrashan	91%	83%	98%	Yes	4	4	Yes	27%	4	5.4m ²	281m ²
Rwanga Community	76%	81%	94%	Yes	4	4	Yes	24%	4	4.6m ²	118m ²
Shariya	86%	76%	91%	Yes	14	16	Yes	37%	3	5.4m ²	140m ²
Sheikhan	99%	85%	93%	Yes	3	3	Yes	15%	4	3.2m ²	327m ²
Legend:	TARGET MET		50-99% OF TARGET MET			TARGET LESS THAN 50% MET OR NOT MET AT ALL					

*Binary indicators were classified as "Target Met" (green) or "Not Met" (red). When aggregated at the governorate level, if 50% or more of camps residents had access then this was classified as yes. Whenever KIs highlighted issues with the health facilities or waste collection, it was classified as target 50%-99% met (orange).

**Target refers to minimum standards established by [UNHCR](#) and [SPHERE](#), with long-term targets being applied here, given the current context in Iraq.

¹This indicator includes households where at least one key household document or at least one key individual document was reported missing or no longer valid.



Target	Education		Food	Health	WASH			Protection	Shelter		CCCM
	% of children aged 6-11 enrolled in formal school	% of children aged 12-17 enrolled in formal school	% of HHs with an acceptable Food Consumption Score (FCS)	Functioning health facility available on site*	# of persons per latrine*	# of persons per shower*	Frequency of solid waste disposal at least weekly*	% of HHs reporting some missing documentation ¹	Average number of individuals per tent*	Average covered area per person*	Average open area per HHs*
	100%	100%	100%	Yes	max. 20	max. 20	Yes	0%	max. 5	min. 3.5m ²	min. 30m ²
Erbil	81%	59%	78%	Yes	8	8	Yes	34%	4	4.8m ²	394m ²
Baharka	89%	76%	82%	No	4	4	Yes	30%	4	6m ²	246m ²
Debaga 1	91%	79%	85%	Yes	4	4	Yes	31%	4	5.6m ²	145m ²
Harshm	97%	82%	82%	No	5	5	Yes	30%	5	3.7m ²	177m ²
Hasansham U2	66%	38%	79%	Yes	10	10	Yes	39%	4	5.4m ²	422m ²
Hasansham U3	83%	48%	74%	Yes	15	15	Yes	38%	4	3.7m ²	317m ²
Khazer 1	72%	46%	68%	Yes	9	9	Yes	34%	4	4.6m ²	1,060m ²
Ninewa	43%	30%	76%	Yes	13	21	Yes	20%	4	3.7m ²	332m ²
Qayyarah-Jad'ah 5	43%	30%	76%	Yes	13	21	Yes	20%	4	3.7m ²	332m ²

Legend:

TARGET MET

50-99% OF TARGET MET

TARGET LESS THAN 50% MET OR NOT MET AT ALL

*Binary indicators were classified as "Target Met" (green) or "Not Met" (red). When aggregated at the governorate level, if 50% or above of camps had access then this was classified as yes. Whenever KIs commented issues with the health facilities or the waste collection, it was classified as target 50%-99% met (orange).

¹ This indicator includes households where at least one key household document or at least one key individual document was reported missing or no longer valid.





Camp Profile: Amriyat Al-Fallujah Camp

Al-Anbar, Iraq
June-August 2021

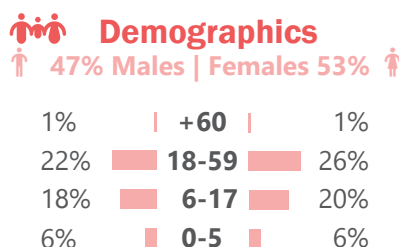
Management agency: Government
SSID: IQ0102-0019

Summary

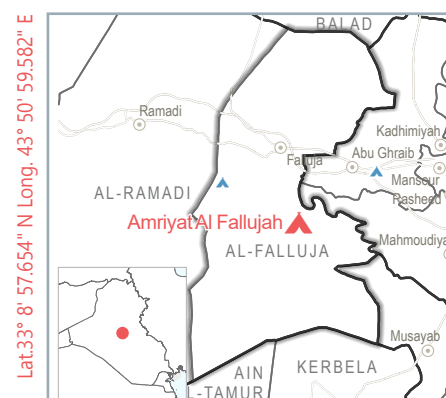
This profile provides an overview of conditions in Amriyat Al-Fallujah camp. Between 18 June and 10 August 2021 REACH collected 80 phone-based household (HH) surveys through purposive sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

Camp Overview

Number of individuals: 2,500
Number of HHs: 530
Date opened: Aug-2015
Main shelter type: Tents, caravans and other
Planned capacity: 550 plots
Camp area: 2028.7km²



Location Map



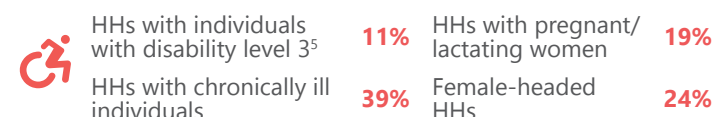
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	97%	83%	●	▽
	% of children aged 12-17 attending formal school	100%	89%	66%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	82%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	1,977m ²	3,730m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	82%	31%	●	△
Shelter	Average covered area per person	min 3.5m ²	4.6m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	4	5	●	▷
WASH	# of persons per latrine	max. 20	5	42	●	▽
	# of persons per shower	max. 20	9	42	●	▽
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	No	●	▽

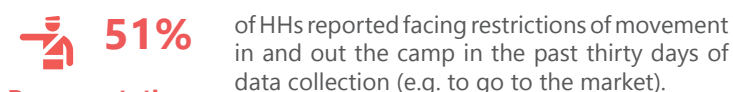
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

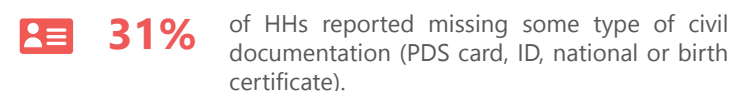
Proportion of Vulnerable Groups



Freedom of Movement

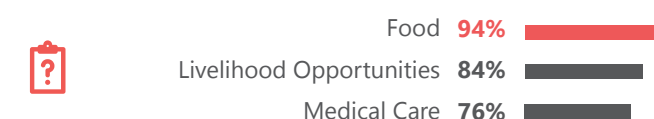


Documentation

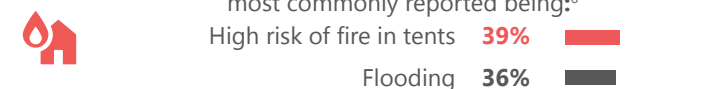


Priority Needs

Top three most commonly reported priority needs:⁶



Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution

70% of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly **food assistance** and **other non-food items**.⁶

48% of those HHs reported not being satisfied with the assistance received due to:⁷

- Quantity insufficient
- Low quality

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.





Camp Profile: Amriyat Al-Fallujah Camp

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



82% Acceptable
18% Borderline
0% Poor

Food Consumption Coping Strategies

60% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **58%**
Reducing household expenses **51%**
Children dropout from school **29%**

HH Income and Expenditure

Median reported monthly HHs income: **197,538 (138 USD)⁸**
Median reported monthly expenditure per HHs: **207,013 (145 USD)⁸**
Median reported debt value per HHs: **1,104,913 IQD (773 USD)⁸**

69% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **46%**

Loans, debts **41%**

NGO or charity assistance **20%**

Proportion of main monthly HHs expenditures:



Food **66%**

Healthcare **32%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **61%**
Prefab/caravan/RHU **39%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **66%**
Improve privacy and dignity **30%**
Improve safety and security **26%**

Top three most commonly reported enclosure issues:^{6, 10}



Lack of insulation **51%**
Leaks with heavy rain **45%**
Limited ventilation **22%**

Top three most commonly reported NFI needs:^{6, 12}



Bedding items **29%**
Fuel (Cooking / Heating) **28%**
Cooking stove **23%**

Education

Reported regular school attendance by age and gender:

72% Boys | Girls 76%

65% 12 - 17 **67%**
79% 6 - 11 **87%**

Of the **25%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child **46%**
- The HH cannot afford to pay for the school expenses **15%**
- Health condition of child **15%**

Health

Of the **83%** of HHs who required healthcare services in the three months prior to data collection, **14%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **52%**
No issues **45%**
Treatment unavailable **9%**

Average travel time to a functional hospital facility:



41% Less than 15 minutes
49% Between 16-30 minutes
10% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **48%**
Other **24%**

29% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

81% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

10% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 19% reported not having enclosure issues.

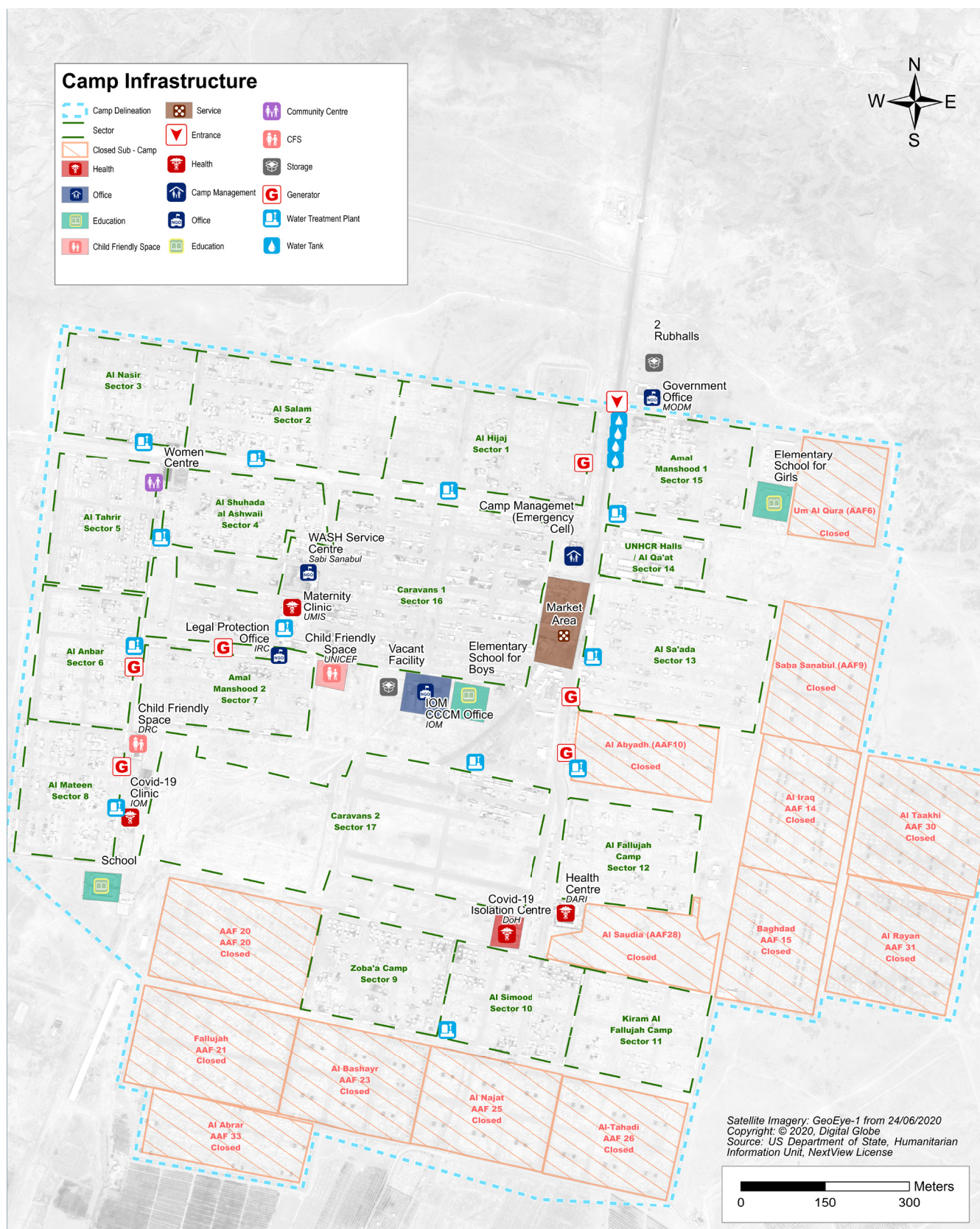
¹¹ 20% reported their shelter did not need improvements





Camp Profile: Amriyat Al-Fallujah Camp

Infrastructure Map: Amriyat Al-Fallujah Camp



Key Informant (KI) reports

- The KI reported that after 12pm there was no medical staff available in the camp. The KI also reported that waste was never collected so families had to burn the waste in the camp.





Camp Profile: Arbat IDP

Al-Sulaymaniyah, Iraq
June-August 2021

Management agency: Sulaymaniah governorate (JCC)
SSID: IQ0510-0001

Summary

This profile provides an overview of conditions in Arbat IDP camp. Between 18 June and 10 August 2021 REACH collected 77 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

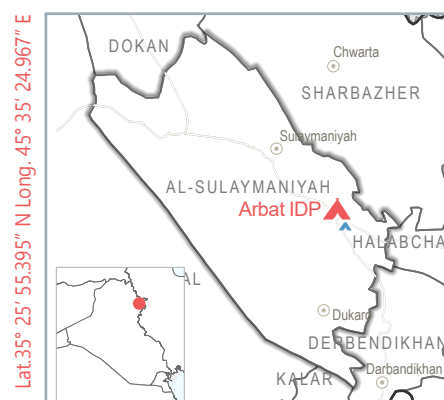
Camp Overview

Number of individuals:	1,336
Number of HHs:	289
Date opened:	Aug-2014
Main shelter type:	Caravans
Planned capacity:	416 plots
Camp area:	189.1km ²

Demographics

	49% Males		51% Females
2%	+60	0%	
18%	18-59	24%	
20%	6-17	19%	
9%	0-5	8%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	88%	88%		
	% of children aged 12-17 attending formal school	100%	67%	60%		
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	83%	85%		
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes		
CCCM	Average open area per household	min. 30m ²	547m ²	572m ²		
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	5%	26%		
Shelter	Average covered area per person	min 3.5m ²	4.8m ²	4.8m ²		
	Average number of individuals per shelter	max. 5	3	3		
WASH	# of persons per latrine	max. 20	3	3		
	# of persons per shower	max. 20	3	3		
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes		

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 • Minimum standard reached, • 50-99% of minimum standard reached, • Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: there was an improvement according to the minimum standards, there was a worsening of the situation, there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

	HHs with individuals with disability level 3 ⁵	10%	HHs with pregnant/lactating women	32%
	HHs with chronically ill individuals	44%	Female-headed HHs	18%

Freedom of Movement

	13%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

	26%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Food	77%
	Livelihood Opportunities	60%
	Medical Care	22%

Camp Safety

	0%	of HHs reported that there were unsafe areas for women and girls in the camp.
	44%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶

High risk of fire in tents	43%
Poor infrastructure	4%

Movement Intentions (within the next 12 months following data collection)

	92% Remain	5% Don't know/other	3% Return
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Aid Distribution

88% of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly **food assistance** and **other non-food items**.⁶

47% of those HHs reported not being satisfied with the assistance received due to:⁷

- Low quality
- Quantity insufficient

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Arbat IDP

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



85% Acceptable
10% Borderline
5% Poor

Food Consumption Coping Strategies

94% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **81%**
Reducing household expenses **61%**
Children dropout from school **55%**

HH Income and Expenditure

Median reported monthly HH income: **255,260 (179 USD)⁸**
Median reported monthly expenditure per HH: **377,403 (264 USD)⁸**
Median reported debt value per HH: **841169 IQD (589 USD)⁸**

87% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **74%**

Loans, debts **45%**

NGO or charity assistance **32%**

Proportion of main monthly HH expenditures:



Food **52%**

Healthcare **33%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **69%**
Protect from climatic conditions **27%**
Protection from hazards **3%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **68%**

Leaks with light rain **27%**

Lack of insulation **19%**

Top three most commonly reported NFI needs:^{6, 12}



Fuel (Cooking / Heating) **38%**

Mattresses/sleeping mats **34%**

Cooking utensils **29%**

Education

Reported regular school attendance by age and gender:

↑ **70% Boys** | **Girls 75%** ↓

54% **12 - 17** **65%**
85% **6 - 11** **91%**

Of the **27%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Child is working

Health

Of the **49%** of HHs who required healthcare services in the three months prior to data collection, **14%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **50%**
No issues **37%**
Long distance **29%**

Average travel time to a functional hospital facility:



17% Less than 15 minutes
78% Between 16-30 minutes
5% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **100%**

42% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

60% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

16% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

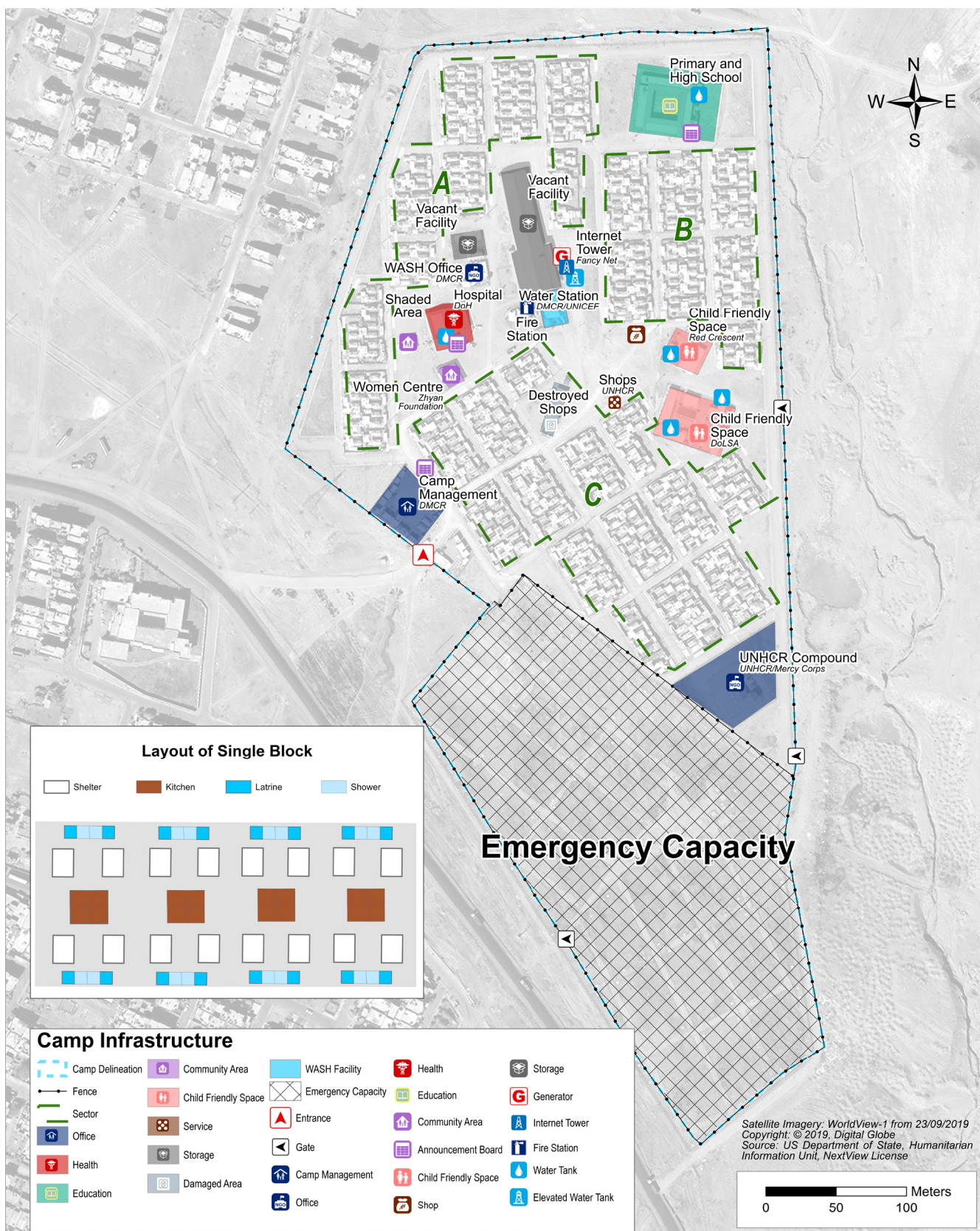
¹⁰ 68% reported not having enclosure issues.

¹¹ 69% reported their shelter did not need improvements





Infrastructure Map: Arbat IDP



Key Informant (KI) reports

- The KI reported that the camp was not prepared to cope with the COVID-19 situation. In addition, the KI reported that there were no ambulance services, medical tools or equipment, and specialised medical staff. After 2pm there were no medical staff available in case of emergency. The KI reported that the teaching staff in the camp was insufficient to cover their education needs.



Camp Profile: Ashti IDP

Al-Sulaymaniyah, Iraq
June-August 2021

Management agency: Directorate of Migration
SSID: IQ0510-0002

Summary

This profile provides an overview of conditions in Ashti IDP camp. Between 18 June and 10 August 2021 REACH collected 96 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

Camp Overview

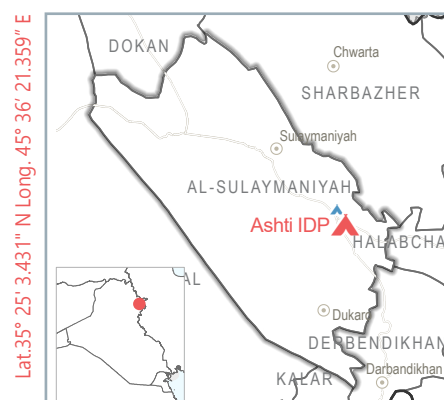
Number of individuals: 8,735
Number of HHs: 1,826
Date opened: Aug-2015
Main shelter type: Tents
Planned capacity: 2,630 plots
Camp area: 711.1km²

Demographics

49% Males | Females 51%

0% **+60** 1%
23% **18-59** 21%
18% **6-17** 20%
8% **0-5** 9%

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	84%	93%	●	△
	% of children aged 12-17 attending formal school	100%	66%	70%	●	△
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	94%	83%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	330m ²	347m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	3%	23%	●	▽
Shelter	Average covered area per person	min 3.5m ²	4.6m ²	4.6m ²	●	▷
	Average number of individuals per shelter	max. 5	4	4	●	▷
WASH	# of persons per latrine	max. 20	3	3	●	△
	# of persons per shower	max. 20	3	3	●	△
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

6% HHs with individuals with disability level 3⁵
36% HHs with chronically ill individuals
26% HHs with pregnant/lactating women
16% Female-headed HHs

Freedom of Movement

30% of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).

Documentation

23% of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).

Priority Needs

Top three most commonly reported priority needs:⁶

Food 86%
Livelihood Opportunities 54%
Winter kits 24%

Camp Safety

1% of HHs reported that there were unsafe areas for women and girls in the camp.
69% of HHs reported **having concerns about hazards in the camp or its proximity**, the most commonly reported being:⁶
High risk of fire in tents **61%**
Flooding **5%**

Movement Intentions (within the next 12 months following data collection)

91% Remain **8% Don't know/other** **1% Return**

Aid Distribution

98% of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly **food assistance** and **other non-food items**.⁶

34% of those HHs reported not being satisfied with the assistance received due to:⁷
• Low quality
• Quantity insufficient

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



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Camp Profile: Ashti IDP

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



83% Acceptable
13% Borderline
4% Poor

Food Consumption Coping Strategies

80% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **74%**
Children dropout from school **60%**
Reducing household expenses **44%**

HH Income and Expenditure

Median reported monthly HH income: **257,042 (180 USD)⁸**
Median reported monthly expenditure per HH: **343,229 (240 USD)⁸**
Median reported debt value per HH: **1,074,010 IQD (752 USD)⁸**

91% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **74%**

Loans, debts **43%**

NGO or charity assistance **38%**

Proportion of main monthly HH expenditures:



Food **62%**

Healthcare **22%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **82%**
Protect from climatic conditions **17%**
Protection from hazards **1%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **80%**

Lack of insulation **15%**

Leaks with light rain **10%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **43%**

Fuel (Cooking / Heating) **30%**

Bedding items **27%**

Education

Reported regular school attendance by age and gender:

79% Boys | Girls 82%

66% 12 - 17 **74%**
96% 6 - 11 **91%**

Of the **19%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Unable to afford expenses
- Child is working

Health

Of the **46%** of HHs who required healthcare services in the three months prior to data collection, **11%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **52%**
No issues **45%**
Long distance **23%**

Average travel time to a functional hospital facility:



5% Less than 15 minutes
75% Between 16-30 minutes
20% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **98%**
Piped water connected to public tap **2%**

21% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

54% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

27% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

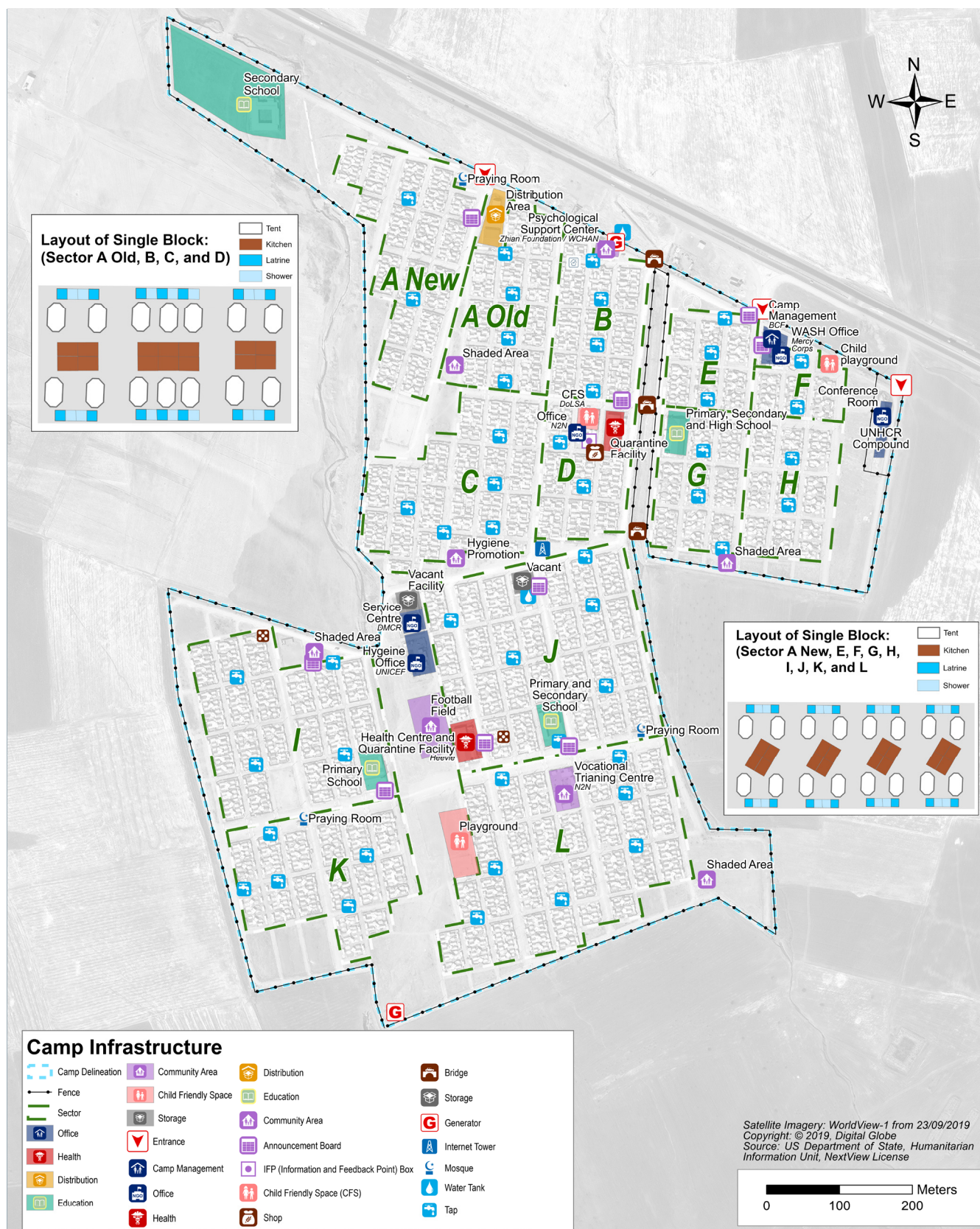
¹⁰ 80% reported not having enclosure issues.

¹¹ 82% reported their shelter did not need improvements





Infrastructure Map: Ashti IDP



Key Informant (KI) reports

- The KI reported that camp residents lacked of personal hygiene awareness. The KI reported that the teaching staff in the camp was insufficient to cover their education needs.



Camp Profile: Qoratu

Al-Sulaymaniyah, Iraq
June-August 2021

Management agency: UNHCR
SSID: IQ1004-0011

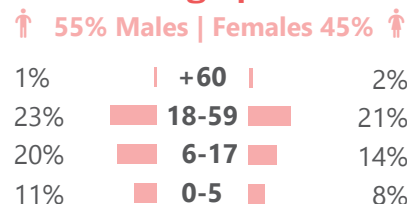
Summary

This profile provides an overview of conditions in Qoratu camp. Between 18 June and 10 August 2021 REACH collected 55 phone-based household (HH) surveys through purposive sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

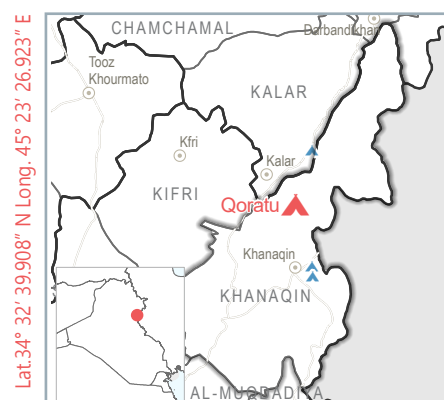
Camp Overview

Number of individuals:	510
Number of HHs:	108
Date opened:	May-2015
Main shelter type:	Tents
Planned capacity:	140 plots
Camp area:	236.2km ²

Demographics



Location Map



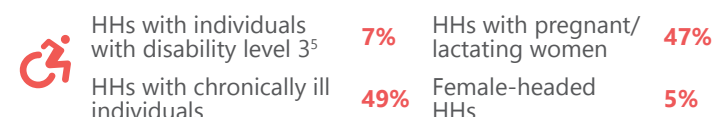
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	85%	80%	●	▽
	% of children aged 12-17 attending formal school	100%	74%	71%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	91%	89%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	No	No	●	▷
CCCM	Average open area per household	min. 30m ²	1,535m ²	2,095m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	2%	13%	●	▽
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	2	4	●	▷
WASH	# of persons per latrine	max. 20	2	4	●	▷
	# of persons per shower	max. 20	2	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	No	●	▽

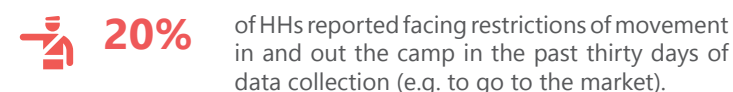
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: ▷ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

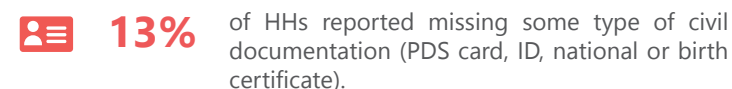
Proportion of Vulnerable Groups



Freedom of Movement

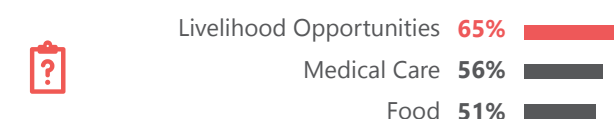


Documentation

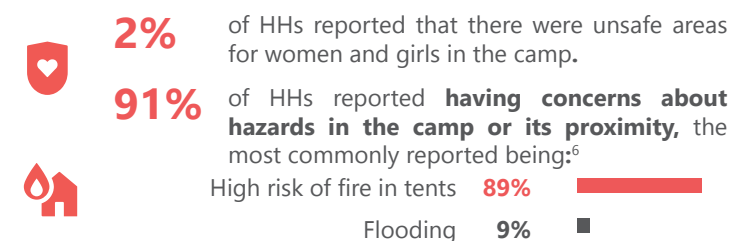


Priority Needs

Top three most commonly reported priority needs:⁶



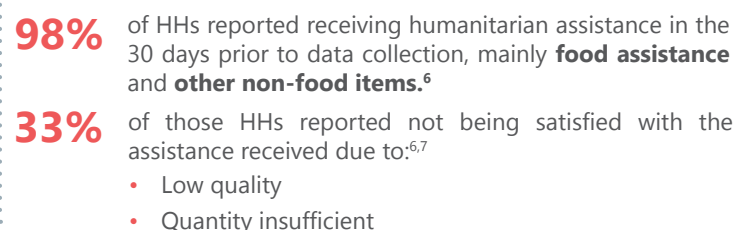
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Qoratu

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



89% Acceptable
11% Borderline
0% Poor

Food Consumption Coping Strategies

80% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **65%**
Reducing household expenses **44%**
Selling household assets **13%**

HH Income and Expenditure

Median reported monthly HH income: **256,509 (180 USD)⁸**
Median reported monthly expenditure per HH: **486,818 (341 USD)⁸**
Median reported debt value per HH: **1,073,455 IQD (751 USD)⁸**

85% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **67%**

Loans, debts **42%**

MODM cash assistance **38%**

Proportion of main monthly HH expenditures:



Food **52%**

Healthcare **38%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **93%**
Unfinished building **7%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **42%**
Protect from climatic conditions **40%**
Protection from hazards **22%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **58%**
Lack of insulation **18%**
Leaks with light rain **13%**

Top three most commonly reported NFI needs:^{6, 12}



Blankets **24%**
Cooking utensils **24%**
Mattresses/sleeping mats **22%**

Education

Reported regular school attendance by age and gender:

↑ **85% Boys** | **Girls 62%** ↓

82% 12 - 17 **57%**
88% 6 - 11 **68%**

Of the **20%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child
- Unable to afford expenses

Health

Of the **84%** of HHs who required healthcare services in the three months prior to data collection, **53%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **89%**
Long distance **35%**
No issues **11%**

Average travel time to a functional hospital facility:



11% Less than 15 minutes
65% Between 16-30 minutes
24% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **65%**
Piped water connected to public tap **22%**

75% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

69% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

9% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

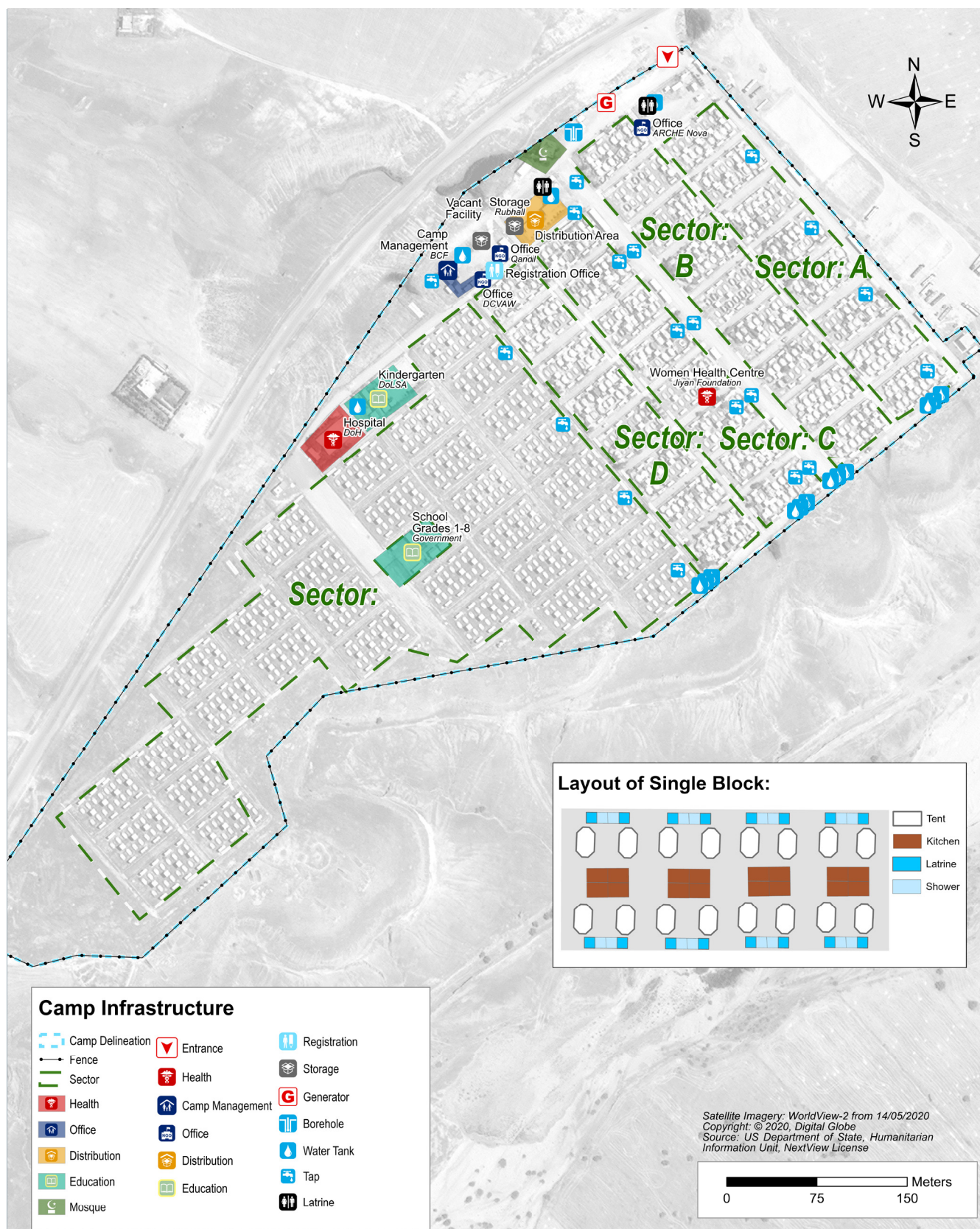
¹⁰ 58% reported not having enclosure issues.

¹¹ 42% reported their shelter did not need improvements





Infrastructure Map: Qoratu



Key Informant (KI) reports

- The KI reported that the camp was not prepared to cope with the COVID-19 crisis, and the need for a clinic in the camp. The KI reported that the teaching staff in the camp was insufficient to cover their education needs. Secondary education was unavailable in the camp. The KI reported that the contract with the WASH services provider had finished and that the camp management had been unable to find an alternative yet.



Camp Profile: Tazade

Al-Sulaymaniyah, Iraq
June-August 2021

Management agency: Sulaymaniah governorate
SSID: IQ0505-0002

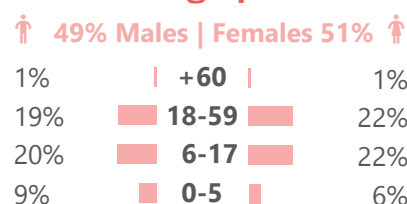
Summary

This profile provides an overview of conditions in Tazade camp. Between 18 June and 10 August 2021 REACH collected 70 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

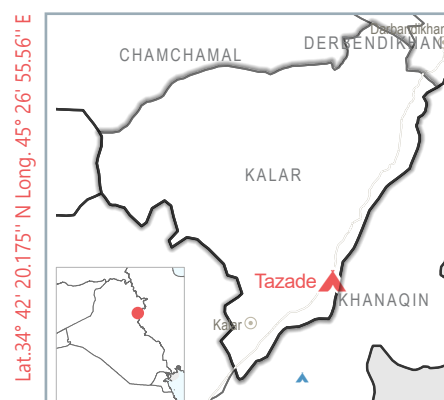
Camp Overview

Number of individuals:	925
Number of HHs:	192
Date opened:	Jul-2015
Main shelter type:	Caravans
Planned capacity:	910 plots
Camp area:	141km ²

Demographics



Location Map



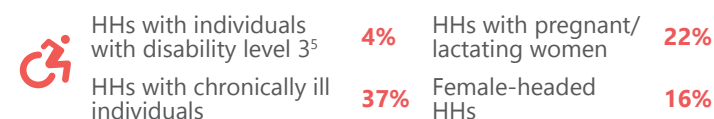
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	84%	89%	●	△
	% of children aged 12-17 attending formal school	100%	67%	84%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	87%	86%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	No	No	●	▷
CCCM	Average open area per household	min. 30m ²	514m ²	614m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	5%	17%	●	▽
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	3	3	●	▷
WASH	# of persons per latrine	max. 20	1	1	●	▷
	# of persons per shower	max. 20	1	1	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	No	●	▽

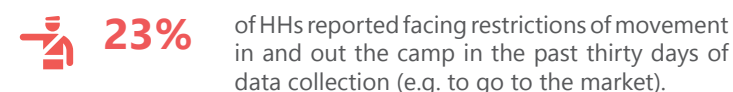
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

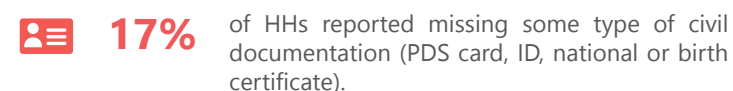
Proportion of Vulnerable Groups



Freedom of Movement

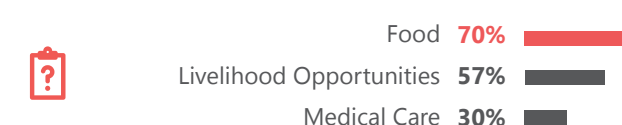


Documentation

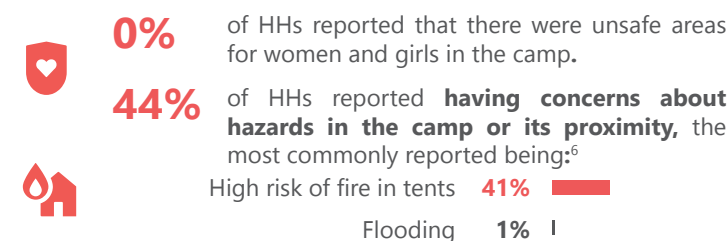


Priority Needs

Top three most commonly reported priority needs:⁶



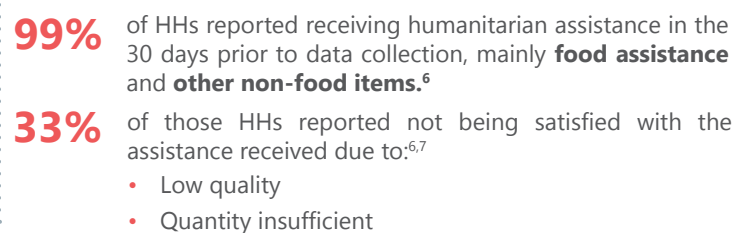
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.





Camp Profile: Tazade

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



86% Acceptable
13% Borderline
1% Poor

Food Consumption Coping Strategies

77% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **64%**
Children dropout from school **54%**
Reducing household expenses **47%**

HH Income and Expenditure

Median reported monthly HH income: **260,357 (182 USD)⁸**
Median reported monthly expenditure per HH: **376,143 (263 USD)⁸**
Median reported debt value per HH: **649,929 IQD (455 USD)⁸**

89% of HHs reported being in debt, mostly to afford basic needs.⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **71%**

NGO or charity assistance **39%**

Loans, debts **37%**

Proportion of main monthly HH expenditures:



Food **57%**

Healthcare **30%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **91%**
Protect from climatic conditions **9%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **89%**

Lack of insulation **4%**

Limited ventilation **4%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **56%**

Bedding items **50%**

Cooking utensils **30%**

Education

Reported regular school attendance by age and gender:

↑ **83% Boys** | **Girls 67%** ↓

80% 12 - 17 **51%**
87% 6 - 11 **92%**

Of the **25%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Unable to afford expenses
- Lack of interest of child
- Child is working

Health

Of the **59%** of HHs who required healthcare services in the three months prior to data collection, **21%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



No issues **49%**
High cost of healthcare **46%**
Long distance **29%**

Average travel time to a functional hospital facility:



1% Less than 15 minutes
73% Between 16-30 minutes
26% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **100%**

73% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

53% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

33% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 89% reported not having enclosure issues.

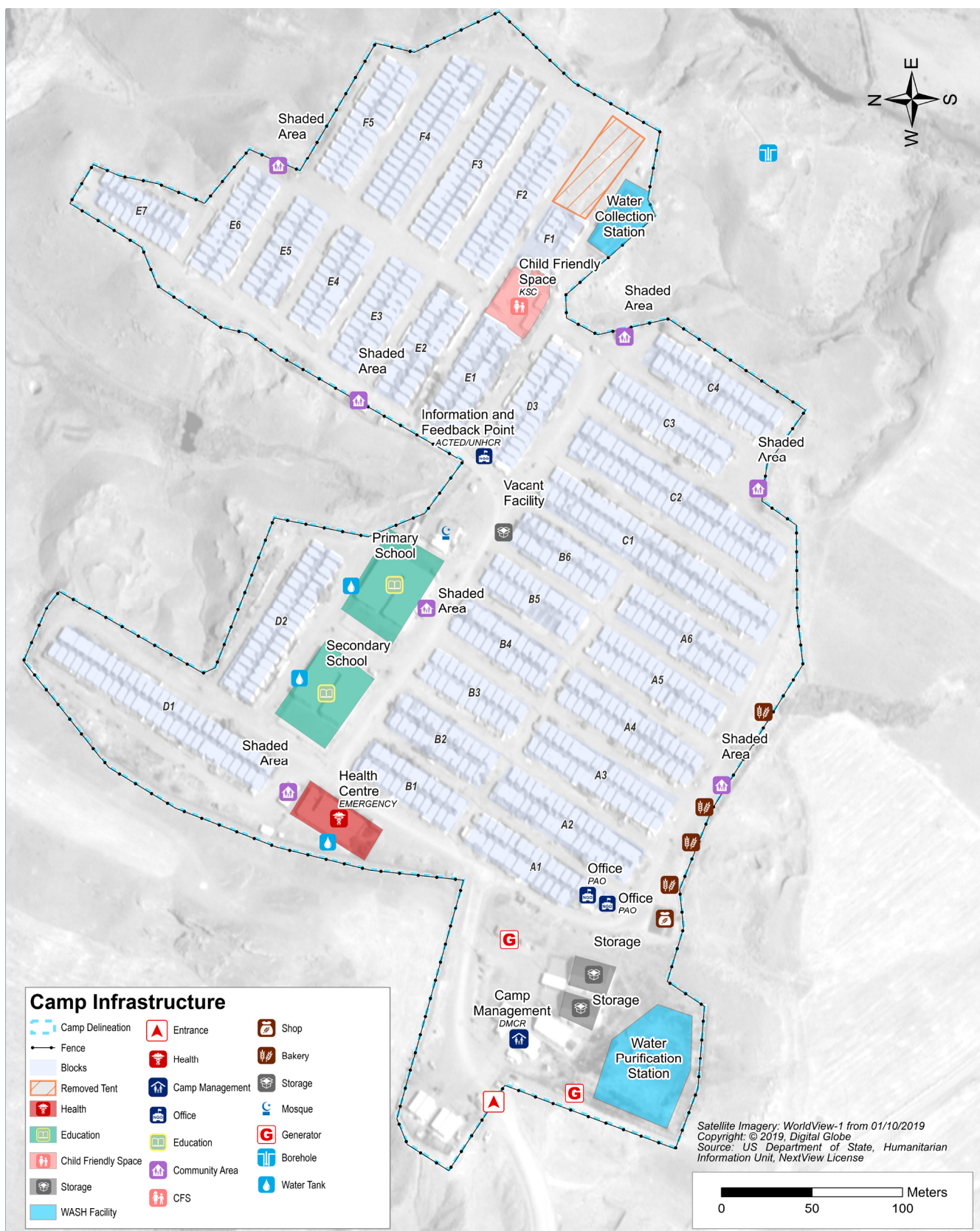
¹¹ 91% reported their shelter did not need improvements





Camp Profile: Tazade

Infrastructure Map: Tazade



Key Informant (KI) reports

- The KI reported that the primary healthcare clinic was not functioning. The KI reported that the camp was not prepared to cope with the COVID-19 crisis. The KI reported that the teaching staff in the camp was insufficient to cover their education needs.





Camp Profile: Bajed Kandala

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0803-0001

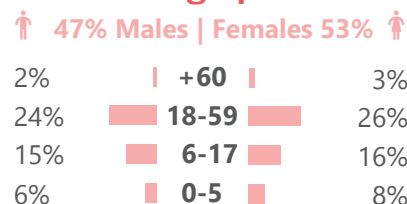
Summary

This profile provides an overview of conditions in Bajed Kandala camp. Between 18 June and 10 August 2021 REACH collected 94 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

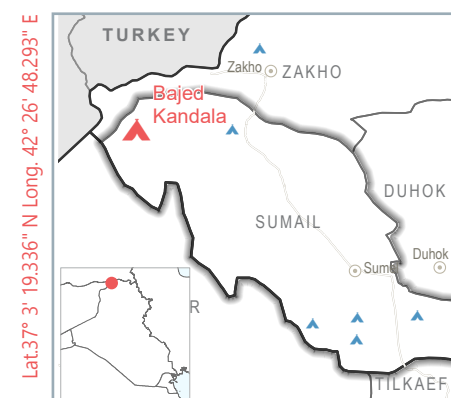
Camp Overview

Number of individuals:	8,434
Number of HHs:	1,686
Date opened:	Aug-2014
Main shelter type:	Tents
Planned capacity:	2,522 plots
Camp area:	419.5km ²

Demographics



Location Map



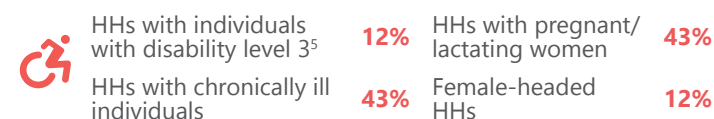
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	85%	79%	●	▽
	% of children aged 12-17 attending formal school	100%	75%	77%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	97%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	180m ²	201m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	41%	21%	●	△
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	6	3	●	△
WASH	# of persons per latrine	max. 20	10	9	●	▷
	# of persons per shower	max. 20	10	9	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

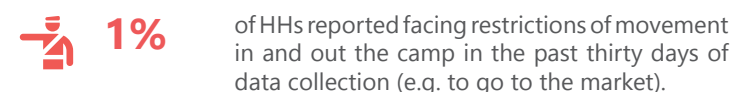
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

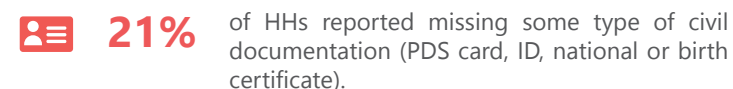
Proportion of Vulnerable Groups



Freedom of Movement

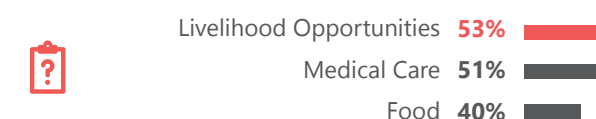


Documentation

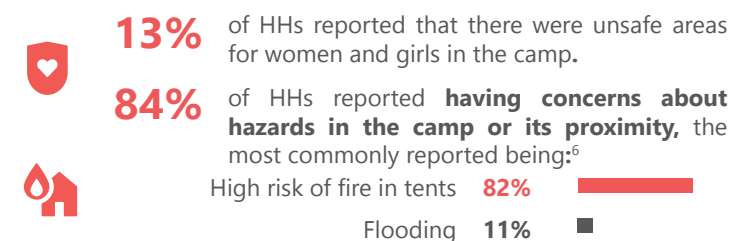


Priority Needs

Top three most commonly reported priority needs:⁶



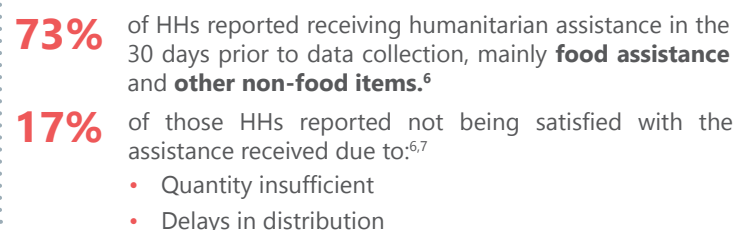
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Bajed Kandala

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



97% Acceptable
3% Borderline
0% Poor

Food Consumption Coping Strategies

79% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **65%**
Children dropout from school **29%**
Reducing household expenses **28%**

HH Income and Expenditure

Median reported monthly HH income: **408,915 (286 USD)⁸**
Median reported monthly expenditure per HH: **652,128 (456 USD)⁸**
Median reported debt value per HH: **1,659,255 IQD (1,161 USD)⁸**

78% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **50%**

Loans, debts **32%**

NGO or charity assistance **27%**

Proportion of main monthly HH expenditures:



Food **48%**

Healthcare **45%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **97%**
Unfinished building **3%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **45%**
Protection from hazards **43%**
Improve privacy and dignity **26%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **37%**
Lack of insulation **32%**
Limited ventilation **32%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **30%**
Cooking utensils **23%**
Bedding items **16%**

Education

Reported regular school attendance by age and gender:

↑ **76% Boys** | **Girls 80%** ↓

80% **12 - 17** 73%
73% **6 - 11** 85%

Of the **8%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Unable to enrol child to school

Health

Of the **78%** of HHs who required healthcare services in the three months prior to data collection, **43%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **82%**
Long distance **19%**
No issues **15%**

Average travel time to a functional hospital facility:



11% Less than 15 minutes
33% Between 16-30 minutes
56% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **61%**
Piped water connected to public tap **32%**

46% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

67% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

7% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 27% reported not having enclosure issues.

¹¹ 20% reported their shelter did not need improvements





Camp Profile: Bajed Kandala

Infrastructure Map: Bajed Kandala



Key Informant (KI) reports

- The KI reported the need for more medical staff and that the camp was not prepared to cope with the COVID-19 crisis. Moreover, it was reported by the KI that there was insufficient teaching staff in the camp to cover their education needs as well as need for more WASH facilities (latrines and showers), and maintenance of the old ones.





Camp Profile: Berseve 1

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0804-0001

Summary

This profile provides an overview of conditions in Berseve 1 camp. Between 18 June and 10 August 2021 REACH collected 89 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

Camp Overview

Number of individuals:	5,113
Number of HHs:	1,024
Date opened:	Nov-2014
Main shelter type:	Tents
Planned capacity:	1,681 plots
Camp area:	318.6km ²

Demographics

	51% Males		Females 49%
2%	+60	2%	
25%	18-59	25%	
19%	6-17	16%	
5%	0-5	6%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	89%	81%	●	▽
	% of children aged 12-17 attending formal school	100%	80%	80%	●	▷
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	93%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	174m ²	227m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	22%	35%	●	▽
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	4	3	●	▷
WASH	# of persons per latrine	max. 20	7	5	●	▷
	# of persons per shower	max. 20	7	5	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: ▷ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

	HHs with individuals with disability level 3 ⁵	20%	HHs with pregnant/lactating women	34%
	HHs with chronically ill individuals	53%	Female-headed HHs	6%

Freedom of Movement

	9%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

	35%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Medical Care	72%
	Livelihood Opportunities	62%
	Food	55%

Camp Safety

	6%	of HHs reported that there were unsafe areas for women and girls in the camp.
	98%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
	High risk of fire in tents	93%
	Flooding	20%

Movement Intentions (within the next 12 months following data collection)

	85% Remain	13% Don't know/other	2% Return
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Aid Distribution

93%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
53%	of those HHs reported not being satisfied with the assistance received due to: ⁷
	• Low quality
	• Quantity insufficient

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



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SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Berseve 1

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



93% Acceptable
7% Borderline
0% Poor

Food Consumption Coping Strategies

71% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **61%**
Reducing household expenses **29%**
Underage children work **11%**

HH Income and Expenditure

Median reported monthly HH income: **354,034 (248 USD)⁸**
Median reported monthly expenditure per HH: **608,843 (426 USD)⁸**
Median reported debt value per HH: **1,309,101 IQD (916 USD)⁸**

80% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **52%**

Loans, debts **38%**

NGO or charity assistance **21%**

Proportion of main monthly HH expenditures:



Food **52%**

Healthcare **41%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protection from hazards **43%**
Protect from climatic conditions **40%**
Improve privacy and dignity **25%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **40%**

Limited ventilation **35%**

Lack of insulation **29%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **36%**

Cooking utensils **28%**

Blankets **27%**

Education

Reported regular school attendance by age and gender:

83% Boys | Girls 78%

82% 12 - 17 **79%**
84% 6 - 11 **78%**

Of the **13%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child

Health

Of the **84%** of HHs who required healthcare services in the three months prior to data collection, **31%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **85%**
Long distance **27%**
No issues **13%**

Average travel time to a functional hospital facility:



0% Less than 15 minutes
79% Between 16-30 minutes
21% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **65%**
Piped water connected to public tap **25%**

75% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

73% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

4% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 26% reported not having enclosure issues.

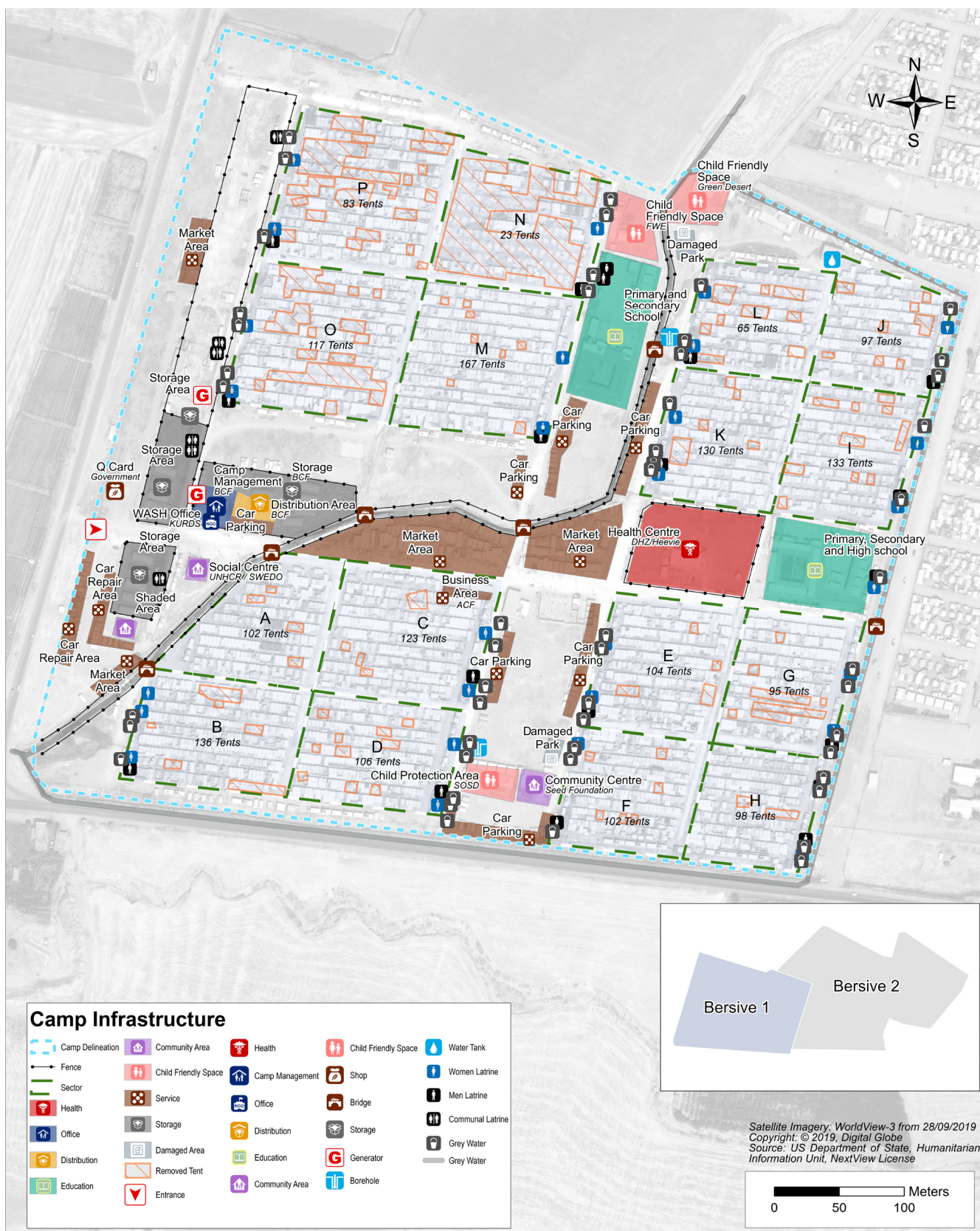
¹¹ 18% reported their shelter did not need improvements





Camp Profile: Berseve 1

Infrastructure Map: Berseve 1





Camp Profile: Berseve 2

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0804-0002

Summary

This profile provides an overview of conditions in Berseve 2 camp. Between 18 June and 10 August 2021 REACH collected 92 phone-based household (HH) surveys through purposive sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

Camp Overview

Number of individuals:	7,021
Number of HHs:	1,430
Date opened:	Nov-2014
Main shelter type:	Tents and makeshift
Planned capacity:	shelters
Camp area:	1,820 plots 475km ²

Demographics

	53% Males		Females 47%
1%	+60	3%	
29%	18-59	25%	
18%	6-17	13%	
5%	0-5	6%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	96%	95%		
	% of children aged 12-17 attending formal school	100%	93%	88%		
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	99%	86%		
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes		
CCCM	Average open area per household	min. 30m ²	261m ²	286m ²		
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	38%	18%		
Shelter	Average covered area per person	min 3.5m ²	4.6m ²	4.6m ²		
	Average number of individuals per shelter	max. 5	4	4		
WASH	# of persons per latrine	max. 20	9	8		
	# of persons per shower	max. 20	9	8		
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes		

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 • Minimum standard reached, • 50-99% of minimum standard reached, • Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: there was an improvement according to the minimum standards, there was a worsening of the situation, there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

	HHs with individuals with disability level 3 ⁵	9%	HHs with pregnant/lactating women	28%
	HHs with chronically ill individuals	51%	Female-headed HHs	11%

Freedom of Movement

	0%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

	18%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Livelihood Opportunities	61%
	Medical Care	58%
	Food	50%

Camp Safety

	4%	of HHs reported that there were unsafe areas for women and girls in the camp.
	91%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
	High risk of fire in tents	87%
	Flooding	12%

Movement Intentions (within the next 12 months following data collection)

	95% Remain	3% Don't know/other	2% Return
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Aid Distribution

77%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
39%	of those HHs reported not being satisfied with the assistance received due to: ^{6,7}
	• Quantity insufficient
	• Low quality

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



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SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Berseve 2

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



86% Acceptable
14% Borderline
0% Poor

Food Consumption Coping Strategies

83% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **68%**
Reducing household expenses **42%**
Selling household assets **10%**

HH Income and Expenditure

Median reported monthly HH income: **323,043 (226 USD)⁸**
Median reported monthly expenditure per HH: **569,022 (398 USD)⁸**
Median reported debt value per HH: **1,505,435 IQD (1,054 USD)⁸**

76% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **66%**

Loans, debts **41%**

MODM cash assistance **29%**

Proportion of main monthly HH expenditures:



Food **47%**

Healthcare **43%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **97%**
Unfinished building **3%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protection from hazards **38%**
Protect from climatic conditions **36%**
Improve privacy and dignity **33%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **40%**
No enclosure issues **36%**
Limited ventilation **27%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **43%**
Winter heaters **20%**
Blankets **18%**

Education

Reported regular school attendance by age and gender:

↑ **92% Boys** | **Girls 89%** ↓

90% **12 - 17** **86%**
96% **6 - 11** **94%**

Of the **9%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Unable to afford expenses
- Going or attending school is not safe

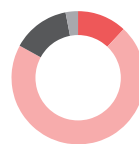
Health

Of the **84%** of HHs who required healthcare services in the three months prior to data collection, **41%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **91%**
Long distance **16%**
Waiting time too long **10%**

Average travel time to a functional hospital facility:



12% Less than 15 minutes
71% Between 16-30 minutes
14% Between 31-60 minutes
3% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **87%**
Piped water connected to public tap **9%**

70% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

73% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

4% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 36% reported not having enclosure issues.

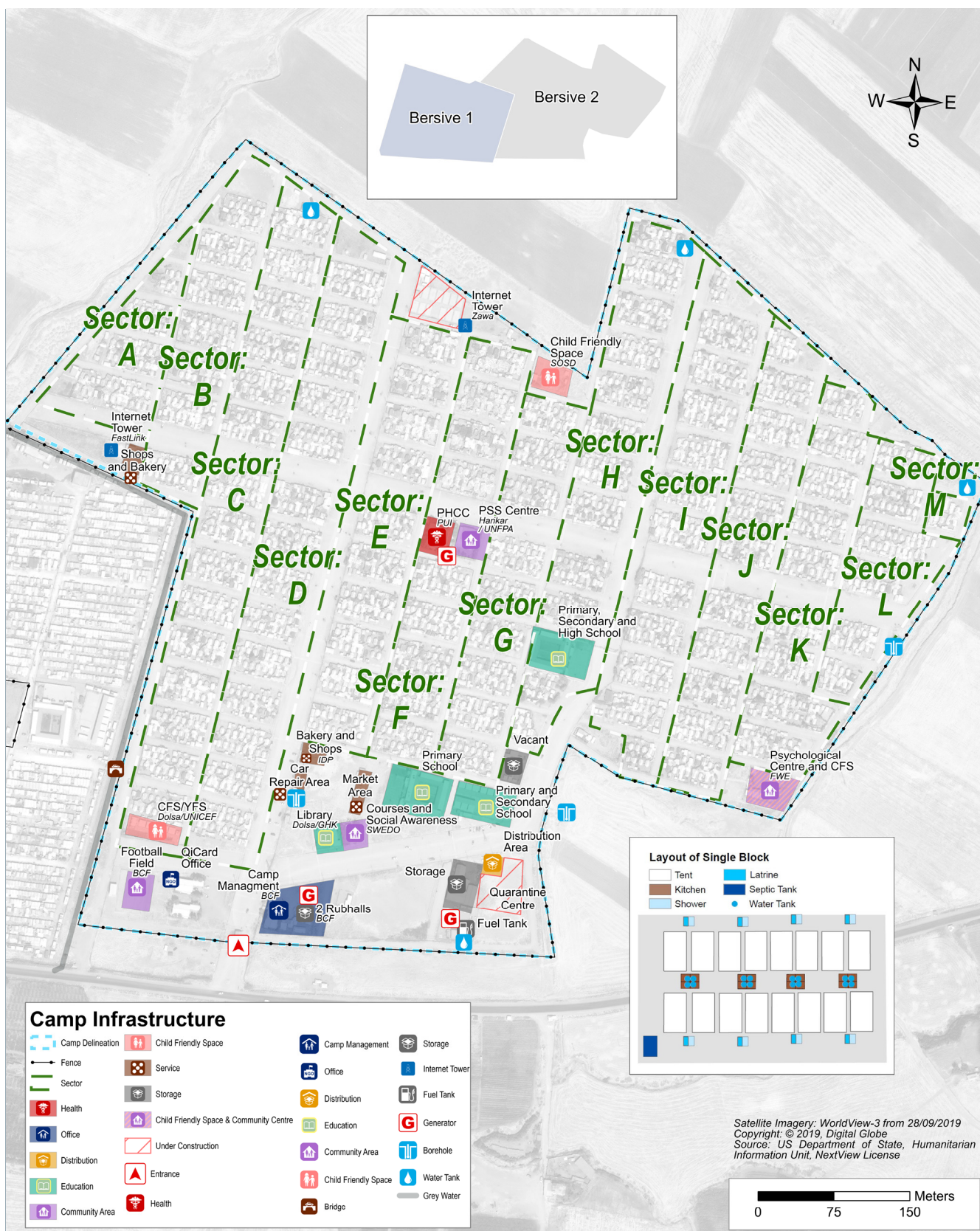
¹¹ 28% reported their shelter did not need improvements





Camp Profile: Berseve 2

Infrastructure Map: Berseve 2



Key Informant (KI) reports

- The KI reported that medicines for chronic diseases were unavailable.





Camp Profile: Chamishku

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0804-0003

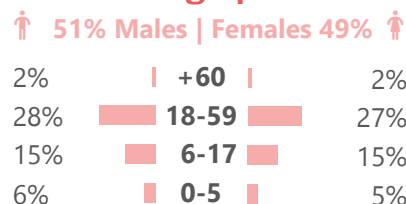
Summary

This profile provides an overview of conditions in Chamishku camp. Between 18 June and 10 August 2021 REACH collected 97 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

Camp Overview

Number of individuals:	21,566
Number of HHs:	4,310
Date opened:	Nov-2014
Main shelter type:	Tents
Planned capacity:	5,000 plots
Camp area:	765km ²

Demographics



Location Map



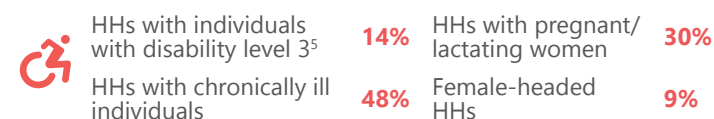
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	96%	95%	●	▽
	% of children aged 12-17 attending formal school	100%	93%	88%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	95%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	123m ²	140m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	25%	29%	●	▽
Shelter	Average covered area per person	min 3.5m ²	4.4m ²	4.4m ²	●	▷
	Average number of individuals per shelter	max. 5	5	4	●	▷
WASH	# of persons per latrine	max. 20	5	4	●	△
	# of persons per shower	max. 20	5	4	●	△
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

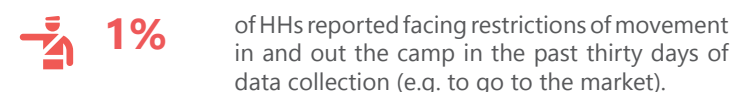
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

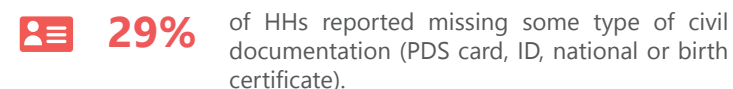
Proportion of Vulnerable Groups



Freedom of Movement



Documentation

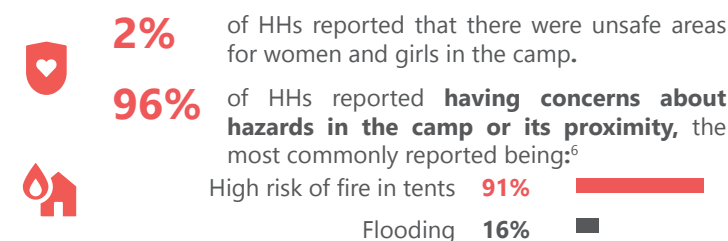


Priority Needs

Top three most commonly reported priority needs:⁶



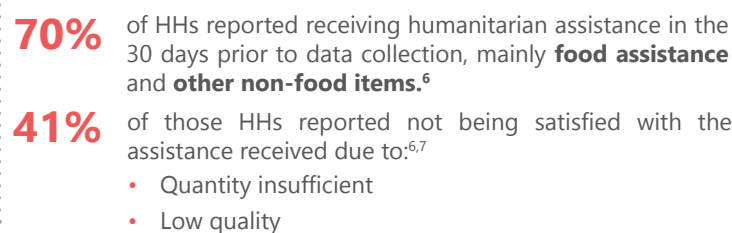
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Chamishku

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



95% Acceptable
5% Borderline
0% Poor

Food Consumption Coping Strategies

70% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **57%**
Children dropout from school **33%**
Reducing household expenses **25%**

HH Income and Expenditure

Median reported monthly HH income: **433,206 (303 USD)⁸**
Median reported monthly expenditure per HH: **621,227 (435 USD)⁸**
Median reported debt value per HH: **1,786,856 IQD (1,251 USD)⁸**

69% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **46%**

Loans, debts **36%**

Regular employment (private or public sector) **27%**

Proportion of main monthly HH expenditures:



Food **51%**

Healthcare **41%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protection from hazards **42%**
No improvements needed **29%**
Protect from climatic conditions **28%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **46%**

Limited ventilation **25%**

Leaks with light rain **21%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **39%**

Blankets **25%**

Cooking utensils **19%**

Education

Reported regular school attendance by age and gender:

↑ **82% Boys** | **Girls 76%** ↓

78% **12 - 17** **67%**
87% **6 - 11** **83%**

Of the **14%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child
- Unable to enrol child to school

Health

Of the **81%** of HHs who required healthcare services in the three months prior to data collection, **38%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **85%**
Long distance **19%**
No issues **15%**

Average travel time to a functional hospital facility:



33% Less than 15 minutes
57% Between 16-30 minutes
10% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **93%**
Piped water connected to public tap **7%**

9%

of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

70% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

6% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 46% reported not having enclosure issues.

¹¹ 29% reported their shelter did not need improvements





Layout of Single Block



- The KI reported that the teaching staff in the camp was insufficient to cover their education needs. The KI also reported that waste collection services were insufficient for the camp needs.



Camp Profile: Darkar

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0804-0290

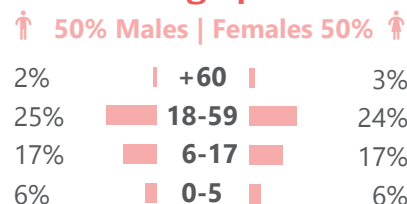
Summary

This profile provides an overview of conditions in Darkar camp. Between 18 June and 10 August 2021 REACH collected 84 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

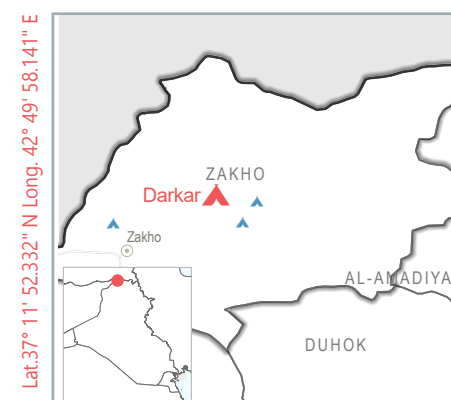
Camp Overview

Number of individuals:	3,305
Number of HHs:	630
Date opened:	Jun-2016
Main shelter type:	Caravans
Planned capacity:	801 plots
Camp area:	97km ²

Demographics



Location Map



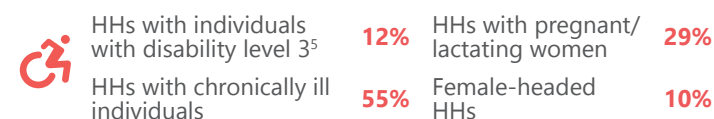
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	88%	81%	●	▽
	% of children aged 12-17 attending formal school	100%	88%	78%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	98%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	66m ²	72m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	43%	21%	●	△
Shelter	Average covered area per person	min 3.5m ²	10m ²	10m ²	●	▷
	Average number of individuals per shelter	max. 5	5	4	●	▷
WASH	# of persons per latrine	max. 20	5	4	●	▷
	# of persons per shower	max. 20	5	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

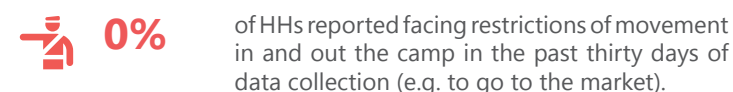
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

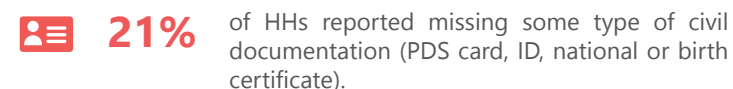
Proportion of Vulnerable Groups



Freedom of Movement

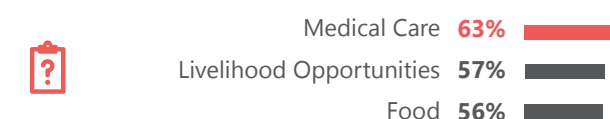


Documentation

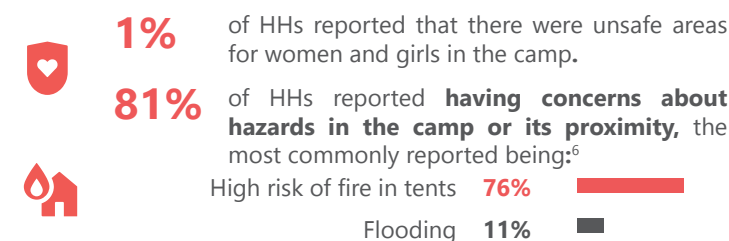


Priority Needs

Top three most commonly reported priority needs:⁶



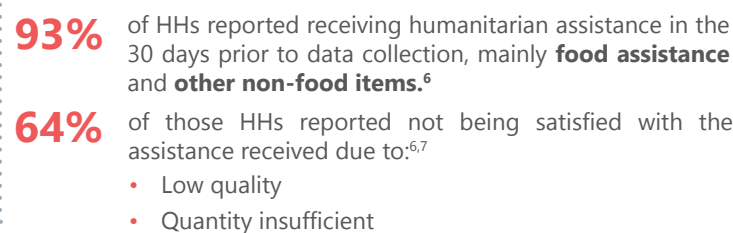
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Darkar

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



98% Acceptable
2% Borderline
0% Poor

Food Consumption Coping Strategies

77% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **64%**
Children dropout from school **40%**
Reducing household expenses **24%**

HH Income and Expenditure

Median reported monthly HH income: **416,560 (292 USD)⁸**
Median reported monthly expenditure per HH: **533,452 (373 USD)⁸**
Median reported debt value per HH: **885,714 IQD (620 USD)⁸**

71% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **38%**

Loans, debts **36%**

Social service (disability allowance) **30%**

Proportion of main monthly HH expenditures:



Food **57%**

Healthcare **35%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **99%**
Unfinished building **1%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **43%**
Improve privacy and dignity **30%**
Protect from climatic conditions **25%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **65%**
Leaks with heavy rain **25%**
Leaks with light rain **14%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **38%**
Blankets **24%**
Cooking utensils **24%**

Education

Reported regular school attendance by age and gender:

↑ **84% Boys** | **Girls 75%** ↓

85% **12 - 17** **72%**
84% **6 - 11** **78%**

Of the **11%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Health condition of child
- Lack of interest of child
- Unable to afford expenses

Health

Of the **77%** of HHs who required healthcare services in the three months prior to data collection, **30%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **92%**
Long distance **23%**
No medicines available **11%**

Average travel time to a functional hospital facility:



19% Less than 15 minutes
61% Between 16-30 minutes
20% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **98%**
Bottled water **2%**

74% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

74% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

6% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 65% reported not having enclosure issues.

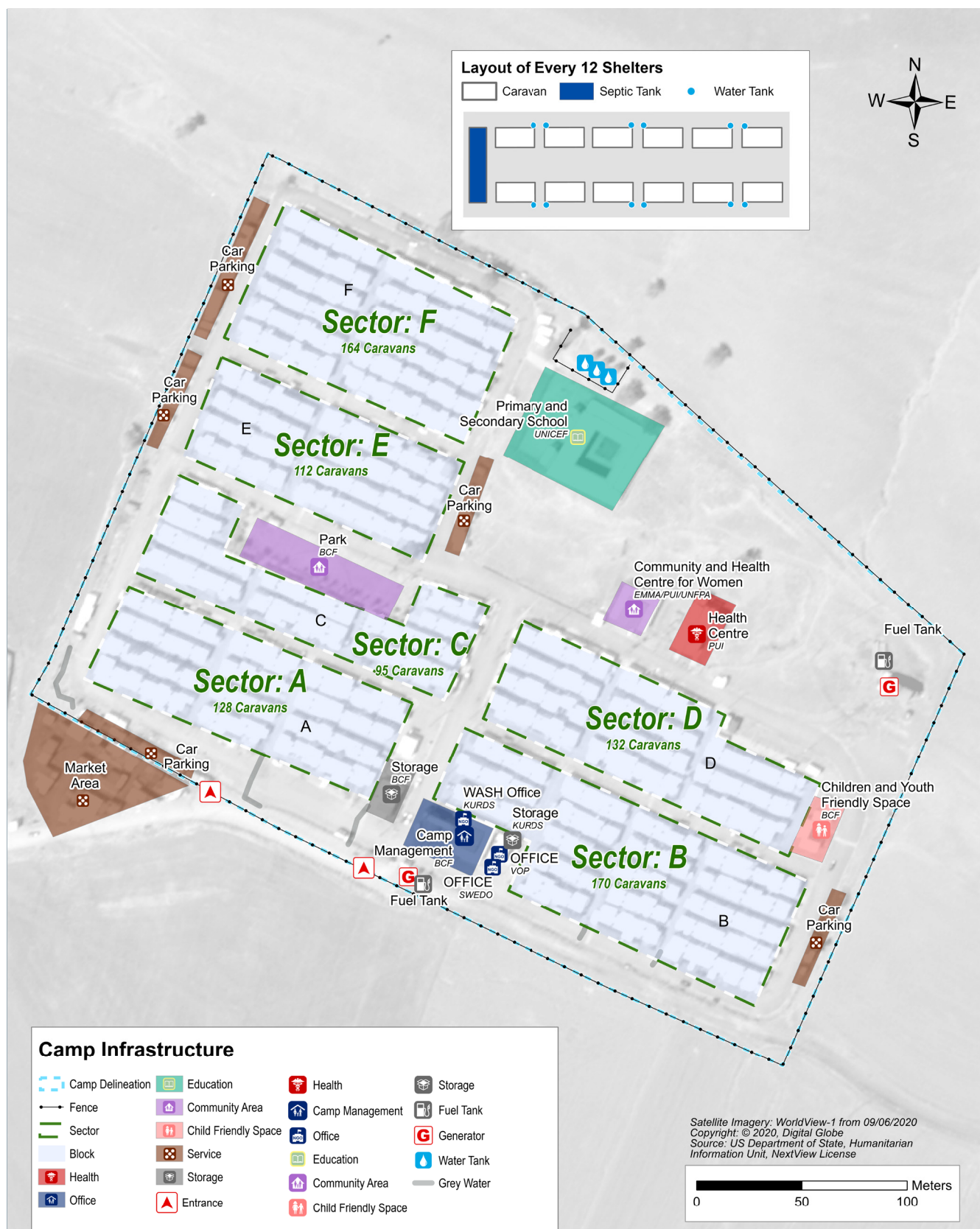
¹¹ 43% reported their shelter did not need improvements





Camp Profile: Darkar

Infrastructure Map: Darkar





Camp Profile: Dawadia

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0801-0001

Summary

This profile provides an overview of conditions in Dawadia camp. Between 18 June and 10 August 2021 REACH collected 82 phone-based household (HH) surveys through purposive sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

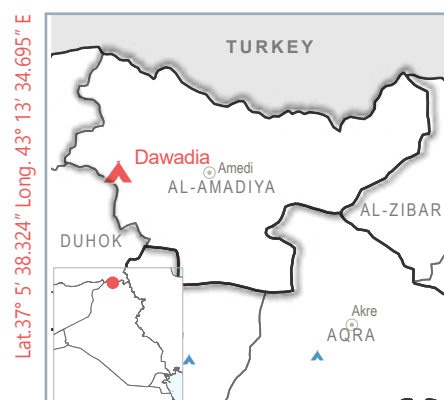
Camp Overview

Number of individuals:	2,518
Number of HHs:	501
Date opened:	Jan-2015
Main shelter type:	Caravans
Planned capacity:	900 plots
Camp area:	123.5km ²

Demographics

	49% Males		51% Females
1%	+60	2%	
24%	18-59	24%	
15%	6-17	18%	
9%	0-5	7%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	86%	94%	●	△
	% of children aged 12-17 attending formal school	100%	85%	87%	●	△
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	94%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	152m ²	177m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	25%	12%	●	△
Shelter	Average covered area per person	min 3.5m ²	4.6m ²	4.6m ²	●	▷
	Average number of individuals per shelter	max. 5	4	4	●	▷
WASH	# of persons per latrine	max. 20	3	3	●	▷
	# of persons per shower	max. 20	3	3	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

	HHs with individuals with disability level 3 ⁵	10%	HHs with pregnant/lactating women	38%
	HHs with chronically ill individuals	51%	Female-headed HHs	7%

Freedom of Movement

	1%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

	12%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Medical Care	63%
	Food	56%
	Shelter Support	20%

Camp Safety

	0%	of HHs reported that there were unsafe areas for women and girls in the camp.
	73%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
	High risk of fire in tents	73%
	Flooding	13%

Movement Intentions (within the next 12 months following data collection)

	93% Remain	5% Don't know/other	2% Return
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Aid Distribution

78%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
48%	of those HHs reported not being satisfied with the assistance received due to: ⁷
	<ul style="list-style-type: none"> Low quality Quantity insufficient

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Dawadia

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



94% Acceptable
6% Borderline
0% Poor

Food Consumption Coping Strategies

83% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **72%**
Reducing household expenses **38%**
Selling household assets **4%**

HH Income and Expenditure

Median reported monthly HH income: **398,585 (279 USD)⁸**
Median reported monthly expenditure per HH: **592,805 (415 USD)⁸**
Median reported debt value per HH: **1,767,866 IQD (1,238 USD)⁸**

84% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **56%**
Loans, debts **37%**
Regular employment (private or public sector) **26%**

Proportion of main monthly HH expenditures:



Food **54%**
Healthcare **38%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **43%**
Protect from climatic conditions **37%**
Improve privacy and dignity **23%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **51%**
Leaks with heavy rain **35%**
Leaks with light rain **18%**

Top three most commonly reported NFI needs:^{6, 12}



Cooking utensils **38%**
Fuel (Cooking / Heating) **23%**
Mattresses/sleeping mats **22%**

Education

Reported regular school attendance by age and gender:

↑ **89% Boys** | **Girls 91%** ↓

88% 12 - 17 **86%**
90% 6 - 11 **97%**

Of the **11%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Health condition of child
- Unable to enrol child to school
- Unable to afford expenses

Health

Of the **85%** of HHs who required healthcare services in the three months prior to data collection, **33%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **90%**
Long distance **34%**
Fear of COVID-19 **10%**

Average travel time to a functional hospital facility:



5% Less than 15 minutes
6% Between 16-30 minutes
85% Between 31-60 minutes
4% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **94%**
Bottled water **6%**

82% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

65% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

10% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 51% reported not having enclosure issues.

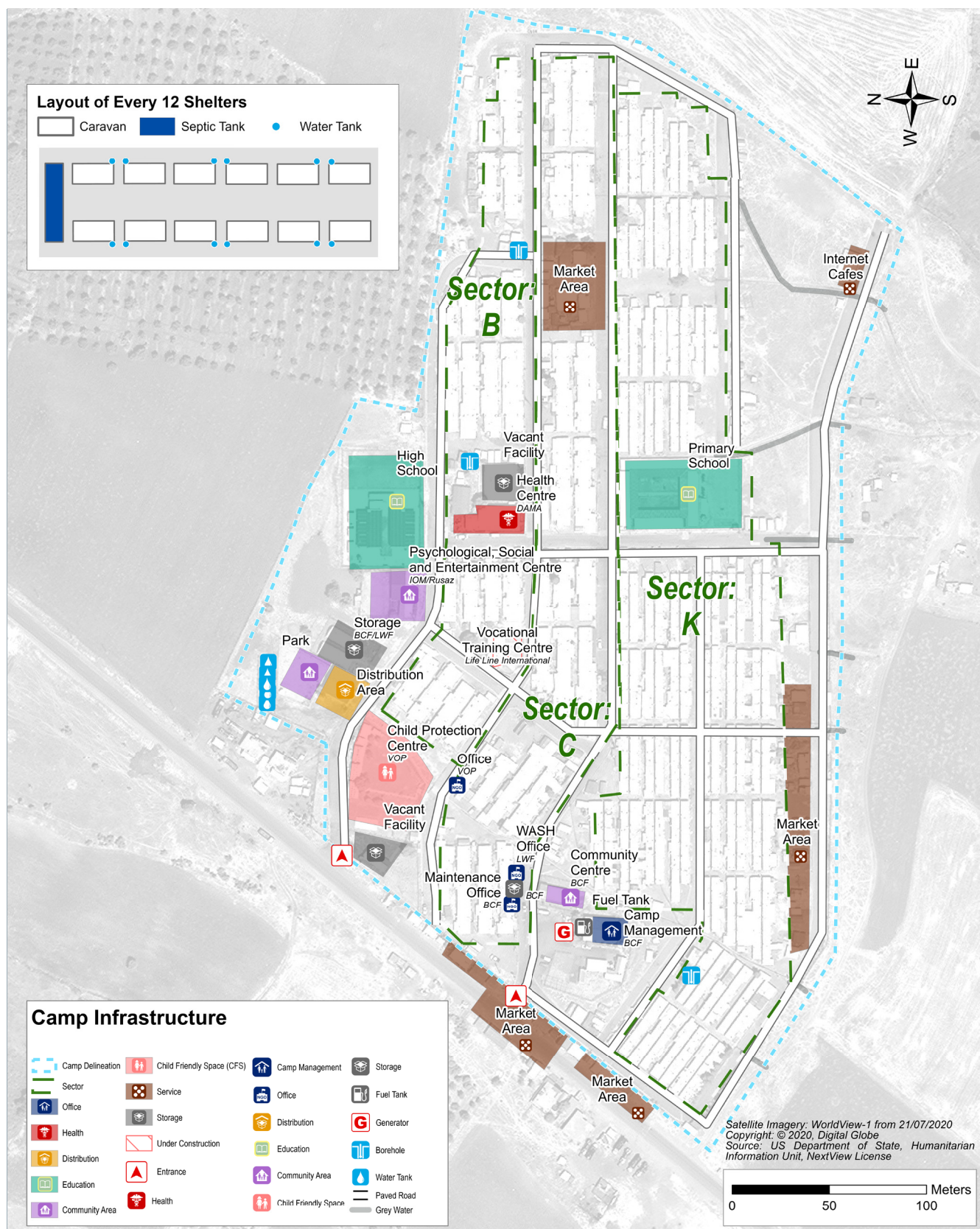
¹¹ 43% reported their shelter did not need improvements





Camp Profile: Dawadia

Infrastructure Map: Dawadia



Key Informant (KI) reports

- The KI reported that the teaching staff in the camp was insufficient to cover their education needs. The KI reported the need for more medicines.





Camp Profile: Essian

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1506-0001

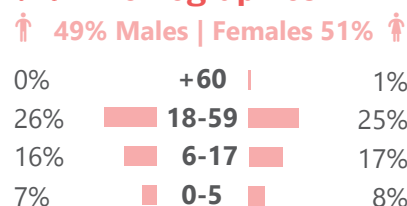
Summary

This profile provides an overview of conditions in Essian camp. Between 18 June and 10 August 2021 REACH collected 95 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

Camp Overview

Number of individuals:	12,933
Number of HHs:	2,516
Date opened:	Dec-2012
Main shelter type:	Tents
Planned capacity:	3,003 plots
Camp area:	534.4km ²

Demographics



Location Map



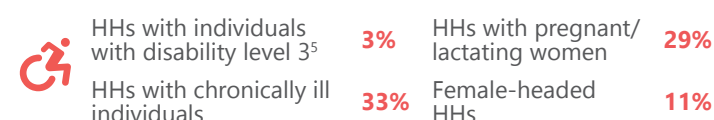
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	94%	96%	●	△
	% of children aged 12-17 attending formal school	100%	82%	91%	●	△
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	94%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	573m ²	172m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	43%	19%	●	△
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	5	4	●	▷
WASH	# of persons per latrine	max. 20	5	4	●	▷
	# of persons per shower	max. 20	5	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

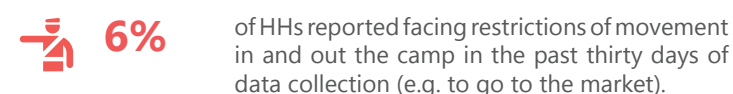
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

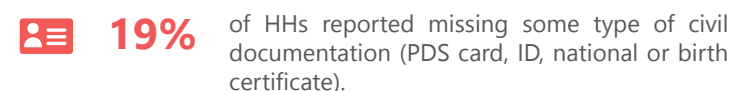
Proportion of Vulnerable Groups



Freedom of Movement



Documentation

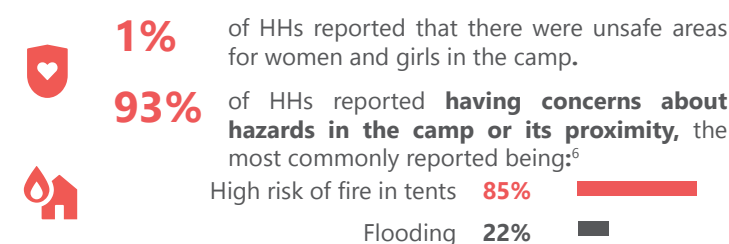


Priority Needs

Top three most commonly reported priority needs:⁶



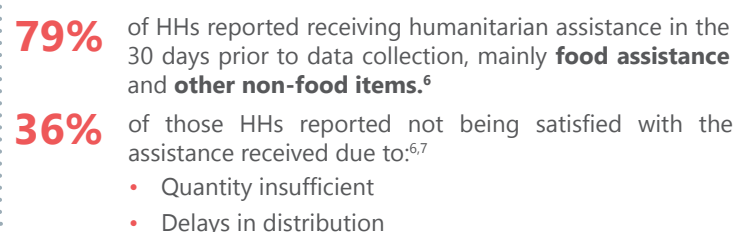
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Essian

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



94% Acceptable
6% Borderline
0% Poor

Food Consumption Coping Strategies

80% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **68%**
Reducing household expenses **39%**
Children dropout from school **17%**

HH Income and Expenditure

Median reported monthly HH income: **437,583 (306 USD)⁸**
Median reported monthly expenditure per HH: **528,526 (370 USD)⁸**
Median reported debt value per HH: **849,495 IQD (595 USD)⁸**

76% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **52%**
Loans, debts **45%**
NGO or charity assistance **35%**

Proportion of main monthly HH expenditures:



Food **59%**
Healthcare **23%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **99%**
Prefab/caravan/RHU **1%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **60%**
Improve privacy and dignity **55%**
Improve safety and security **24%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **63%**
Limited ventilation **51%**
Lack of insulation **28%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **46%**
Cooking utensils **40%**
Bedding items **27%**

Education

Reported regular school attendance by age and gender:

↑ **93% Boys** | **Girls 93%** ↓

90% 12 - 17 **93%**
98% 6 - 11 **94%**

Of the **7%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child
- Parental refusal to send children to school

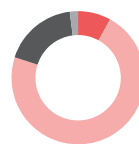
Health

Of the **56%** of HHs who required healthcare services in the three months prior to data collection, **27%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **75%**
Treatment unavailable **30%**
Long distance **17%**

Average travel time to a functional hospital facility:



8% Less than 15 minutes
72% Between 16-30 minutes
18% Between 31-60 minutes
2% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **100%**

29%

of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

81% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

6% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

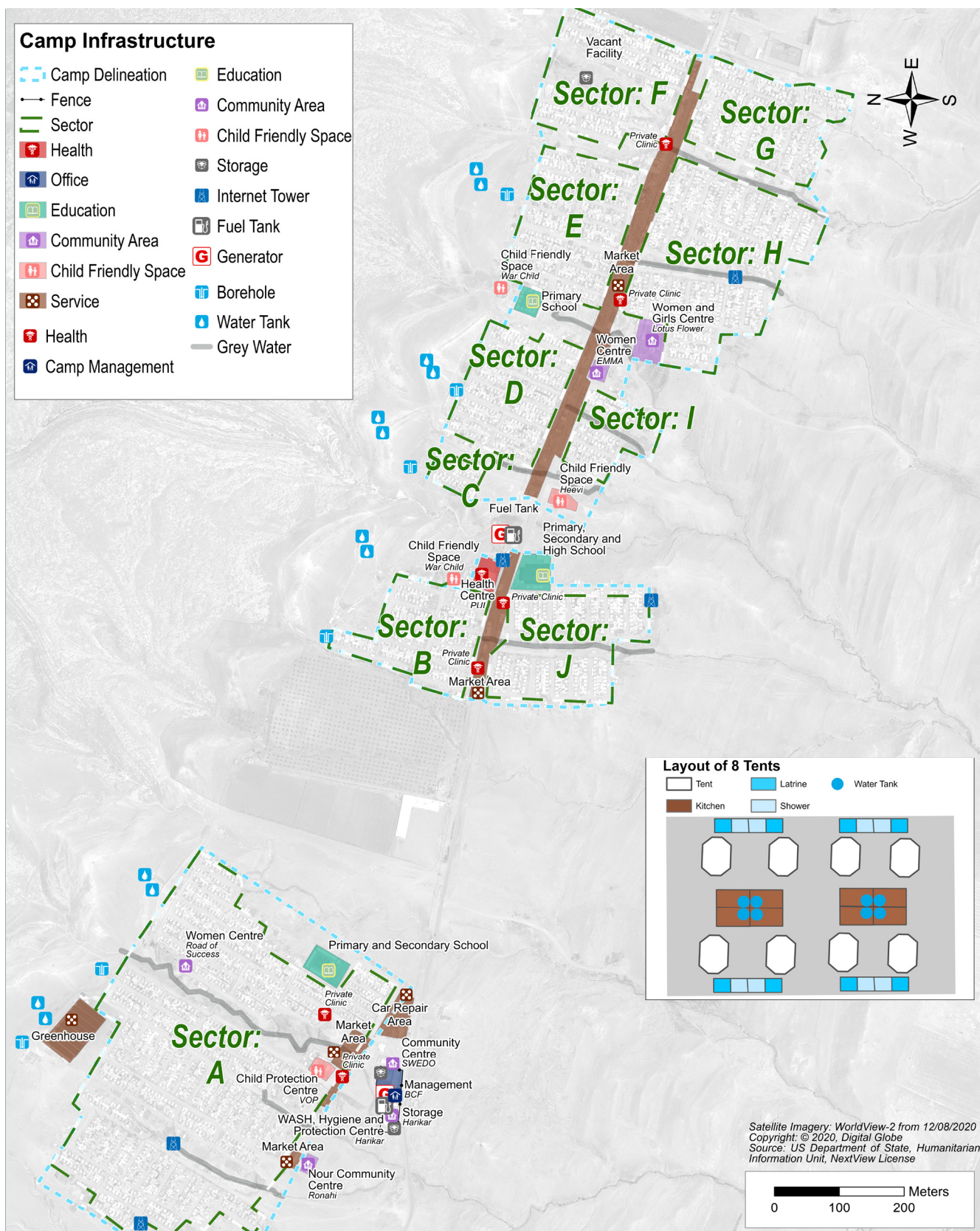
¹⁰ 18% reported not having enclosure issues.

¹¹ 12% reported their shelter did not need improvements





Infrastructure Map: Essian



Key Informant (KI) reports

- No issues were reported.



Camp Profile: Kabarto 1

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0803-0002

Summary

This profile provides an overview of conditions in Kabarto 1 camp. Between 18 June and 10 August 2021 REACH collected 95 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

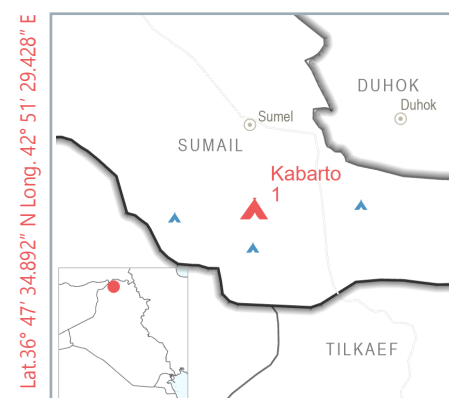
Camp Overview

Number of individuals:	11,667
Number of HHs:	2,323
Date opened:	Nov-2014
Main shelter type:	Tents and makeshift
Planned capacity:	shelters
Camp area:	3,000 plots 427.3km ²

Demographics

	51% Males		Females 49%
2%	+60	2%	
24%	18-59	25%	
18%	6-17	15%	
7%	0-5	7%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	90%	87%	●	▽
	% of children aged 12-17 attending formal school	100%	72%	78%	●	△
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	89%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	118m ²	134m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	52%	24%	●	△
Shelter	Average covered area per person	min 3.5m ²	4.6m ²	4.6m ²	●	▷
	Average number of individuals per shelter	max. 5	4	4	●	▷
WASH	# of persons per latrine	max. 20	4	4	●	▷
	# of persons per shower	max. 20	4	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

	HHs with individuals with disability level 3 ⁵	12%	HHs with pregnant/lactating women	30%
	HHs with chronically ill individuals	32%	Female-headed HHs	6%

Freedom of Movement

	1%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

	24%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Livelihood Opportunities	58%
	Medical Care	47%
	Food	42%

Camp Safety

	5%	of HHs reported that there were unsafe areas for women and girls in the camp.
	78%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
	High risk of fire in tents	74%
	Flooding	24%

Movement Intentions (within the next 12 months following data collection)

	99% Remain	0% Don't know/other	1% Return
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Aid Distribution

83%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
16%	of those HHs reported not being satisfied with the assistance received due to: ⁷
	• Quantity insufficient
	• Low quality

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Kabarto 1

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



89% Acceptable
11% Borderline
0% Poor

Food Consumption Coping Strategies

87% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **69%**
Reducing household expenses **44%**
Underage children work **10%**

HH Income and Expenditure

Median reported monthly HH income: **439,737 (308 USD)⁸**
Median reported monthly expenditure per HH: **651,421 (456 USD)⁸**
Median reported debt value per HH: **3,334,684 IQD (2,334 USD)⁸**

79% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Loans, debts **48%**

MODM cash assistance **42%**

Irregular employment (daily wage earning) **39%**

Proportion of main monthly HH expenditures:



Food **45%**

Healthcare **43%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **96%**
Unfinished building **4%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **46%**
Improve privacy and dignity **31%**
Protection from hazards **26%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **44%**
No enclosure issues **37%**
Leaks with light rain **17%**

Top three most commonly reported NFI:^{6, 12}



Cooking utensils **35%**
Bedding items **20%**
Mattresses/sleeping mats **16%**

Education

Reported regular school attendance by age and gender:

79% Boys | Girls 86%

76% 12 - 17 **80%**
82% 6 - 11 **95%**

Of the **9%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Child is working
- Health condition of child

Health

Of the **81%** of HHs who required healthcare services in the three months prior to data collection, **34%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **90%**
Long distance **21%**
No medicines available **9%**

Average travel time to a functional hospital facility:



0% Less than 15 minutes
50% Between 16-30 minutes
41% Between 31-60 minutes
9% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **80%**
Piped water connected to public tap **20%**

41% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

61% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

19% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

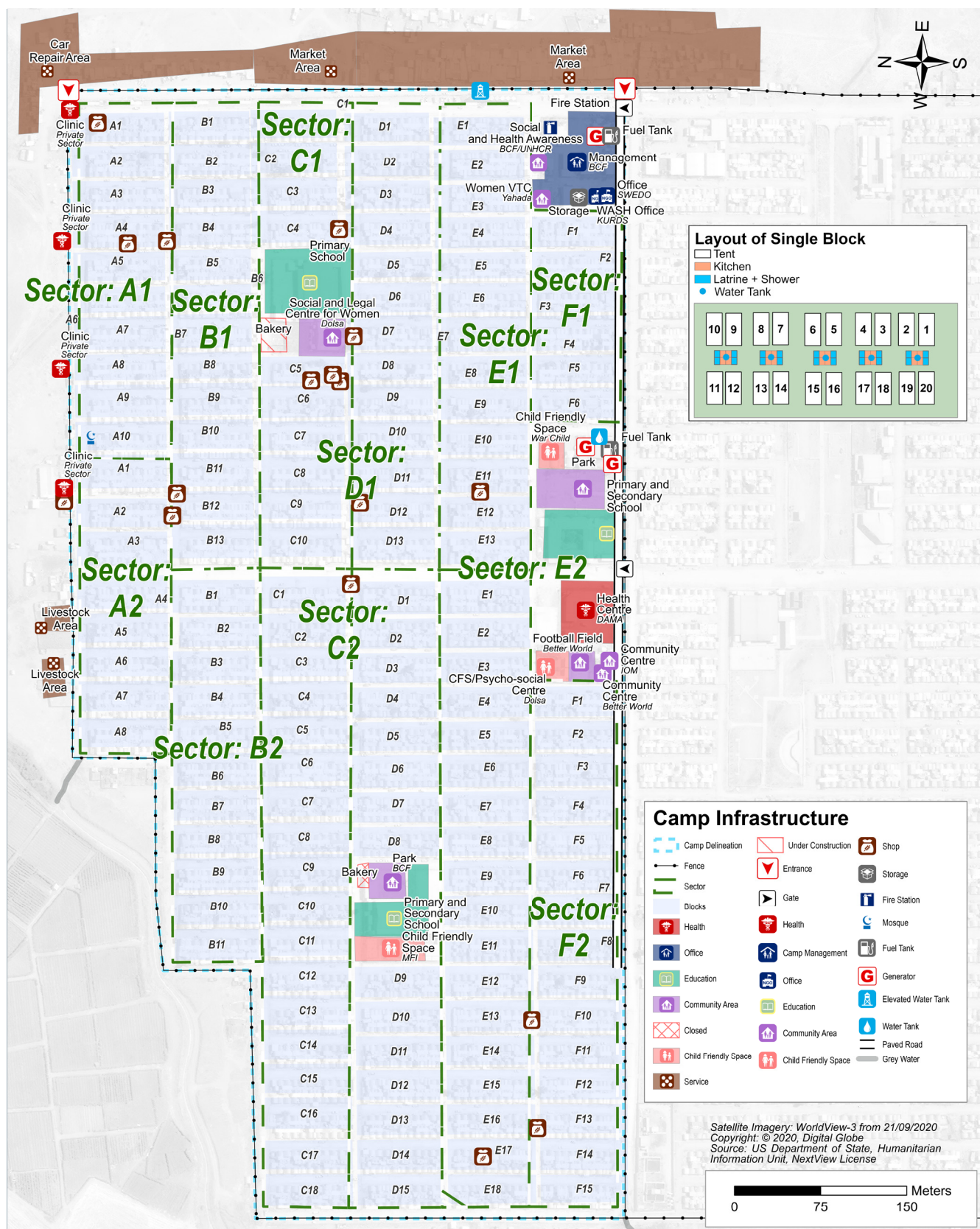
⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 37% reported not having enclosure issues.

¹¹ 15% reported their shelter did not need improvements



Infrastructure Map: Kabarto 1



Key Informant (KI) reports

- The KI reported the need for more specialised medical staff and doctors in general. The KI reported that the waste collection services were insufficient.



Camp Profile: Kabarto 2

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0803-0003

Summary

This profile provides an overview of conditions in Kabarto 2 camp. Between 18 June and 10 August 2021 REACH collected 97 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

Camp Overview

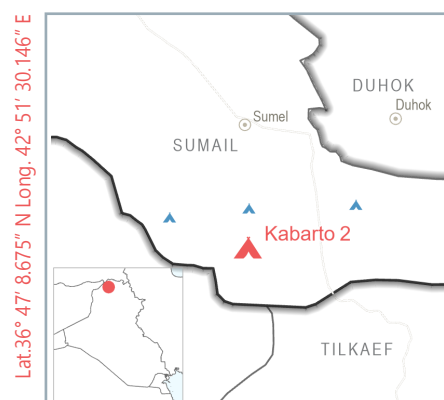
Number of individuals: 11,315
Number of HHs: 2,264
Date opened: Nov-2014
Main shelter type: Tents and semi-permanent structure
Planned capacity: 3,000 plots
Camp area: 479.1km²

Demographics

51% Males | Females 49%

3% **+60** 3%
24% **18-59** 26%
17% **6-17** 14%
7% **0-5** 6%

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	80%	77%	●	▽
	% of children aged 12-17 attending formal school	100%	83%	72%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	86%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	130m ²	158m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	50%	36%	●	△
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	4	4	●	▷
WASH	# of persons per latrine	max. 20	4	4	●	▷
	# of persons per shower	max. 20	4	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

15% HHs with individuals with disability level 3⁵
41% HHs with chronically ill individuals
28% HHs with pregnant/lactating women
8% Female-headed HHs

Freedom of Movement

0% of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).

Documentation

36% of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).

Priority Needs

Top three most commonly reported priority needs:⁶

67% Livelihood Opportunities
47% Medical Care
45% Shelter Support

Camp Safety

0% of HHs reported that there were unsafe areas for women and girls in the camp.
97% of HHs reported **having concerns about hazards in the camp or its proximity**, the most commonly reported being:⁶
High risk of fire in tents **92%**
Flooding **25%**

Movement Intentions (within the next 12 months following data collection)

96% Remain **2% Don't know/other** **2% Return**

Aid Distribution

82% of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly **food assistance** and **other non-food items**.⁶
15% of those HHs reported not being satisfied with the assistance received due to:⁷
• Quantity insufficient
• Delays in distribution

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Kabarto 2

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



86% Acceptable
14% Borderline
0% Poor

Food Consumption Coping Strategies

92% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **81%**
Reducing household expenses **34%**
Children dropout from school **25%**

HH Income and Expenditure

Median reported monthly HH income: **389,278 (272 USD)⁸**
Median reported monthly expenditure per HH: **554,153 (388 USD)⁸**
Median reported debt value per HH: **1,307,680 IQD (915 USD)⁸**

85% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Loans, debts **51%**

Irregular employment (daily wage earning) **45%**

Regular employment (private or public sector) **37%**

Proportion of main monthly HH expenditures:



Food **54%**

Healthcare **29%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **99%**
Prefab/caravan/RHU **1%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protection from hazards **44%**
Protect from climatic conditions **36%**
Improve privacy and dignity **33%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **44%**
No enclosure issues **36%**
Limited ventilation **34%**

Top three most commonly reported NFI needs:^{6, 12}



Cooking utensils **33%**
Mattresses/sleeping mats **28%**
Bedding items **21%**

Education

Reported regular school attendance by age and gender:

77% Boys | Girls 72%

74% 12 - 17 **71%**
80% 6 - 11 **73%**

Of the **15%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Unable to afford expenses
- Child is working

Health

Of the **81%** of HHs who required healthcare services in the three months prior to data collection, **33%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **95%**
Long distance **18%**
No medicines available **13%**

Average travel time to a functional hospital facility:



16% Less than 15 minutes
27% Between 16-30 minutes
46% Between 31-60 minutes
11% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **68%**
Piped water connected to public tap **26%**

97% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

69% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

9% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 36% reported not having enclosure issues.

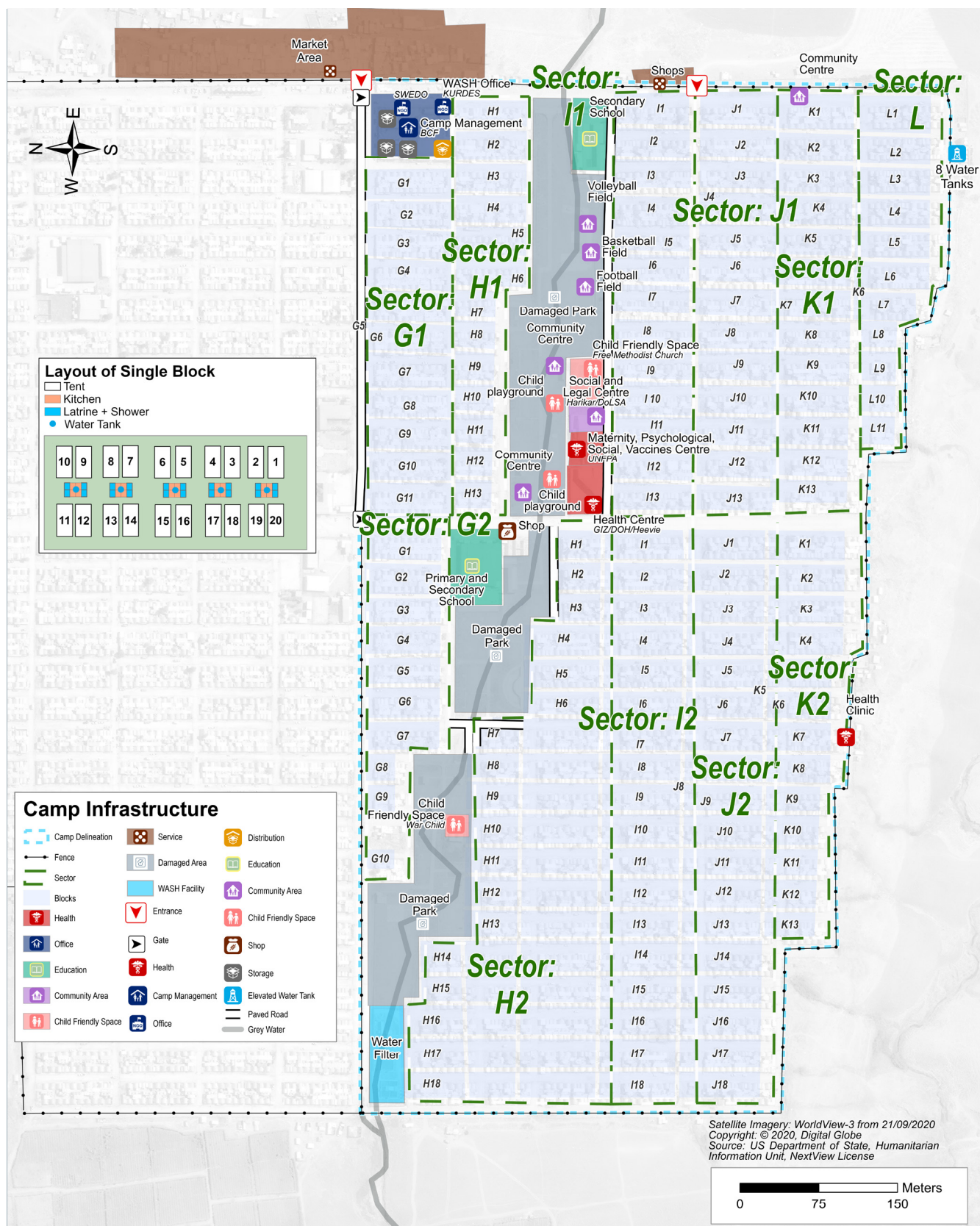
¹¹ 14% reported their shelter did not need improvements





Camp Profile: Kabarto 2

Infrastructure Map: Kabarto 2



Key Informant (KI) reports

- The KI reported the need for medical equipment (sonar), and childbirth services. The KI reported lack of water and that waste collection services were insufficient.





Camp Profile: Khanke

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0803-0005

Summary

This profile provides an overview of conditions in Khanke camp. Between 18 June and 10 August 2021 REACH collected 97 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

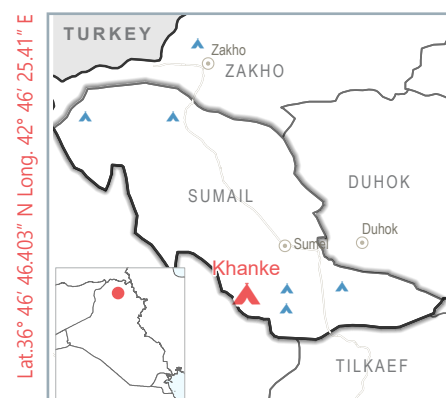
Camp Overview

Number of individuals:	14,083
Number of HHs:	2,692
Date opened:	Aug-2014
Main shelter type:	Tents and semi-permanent
Planned capacity:	structure
Camp area:	3,120 plots

Demographics

	48% Males		52% Females
2%	+60	3%	
25%	18-59	28%	
16%	6-17	15%	
5%	0-5	6%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	87%	76%	●	▽
	% of children aged 12-17 attending formal school	100%	69%	72%	●	△
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	86%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	213m ²	219m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	44%	33%	●	△
Shelter	Average covered area per person	min 3.5m ²	5.4m ²	5.4m ²	●	▷
	Average number of individuals per shelter	max. 5	5	5	●	▷
WASH	# of persons per latrine	max. 20	10	5	●	▷
	# of persons per shower	max. 20	17	5	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.

● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

	HHs with individuals with disability level 3 ⁵	24%	HHs with pregnant/lactating women	25%
	HHs with chronically ill individuals	44%	Female-headed HHs	13%

Freedom of Movement

	1%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

	33%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Livelihood Opportunities	76%
	Medical Care	54%
	Food	41%

Camp Safety

	1%	of HHs reported that there were unsafe areas for women and girls in the camp.
	99%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
	High risk of fire in tents	95%
	Poor infrastructure	28%

Movement Intentions (within the next 12 months following data collection)

	98% Remain	2% Don't know/other	0% return
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Aid Distribution

82%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
16%	of those HHs reported not being satisfied with the assistance received due to: ^{6,7}
	• Quantity insufficient
	• Delays in distribution

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Khanke

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



86% Acceptable
14% Borderline
0% Poor

Food Consumption Coping Strategies

91%

of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **73%**
Reducing household expenses **39%**
Selling household assets **8%**

HH Income and Expenditure

Median reported monthly HH income: **396,649 (278 USD)⁸**
Median reported monthly expenditure per HH: **616,959 (432 USD)⁸**
Median reported debt value per HH: **2,044,876 IQD (1,431 USD)⁸**

77%

of HHs reported being in debt, mostly to afford basic needs.⁹

Top three most commonly reported HH income sources:⁶

Loans, debts **49%**
Irregular employment (daily wage earning) **48%**
MODM cash assistance **37%**

Proportion of main monthly HH expenditures:



Food **53%**
Healthcare **33%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Unfinished building **47%**
Tent **41%**
Makeshift shelter **11%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protection from hazards **48%**
Protect from climatic conditions **45%**
No improvements needed **15%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **46%**
Limited ventilation **29%**
No enclosure issues **27%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **39%**
Cooking utensils **28%**
Bedding items **18%**

Education

Reported regular school attendance by age and gender:

↑ **72% Boys** | **Girls 76%** ↓

68% **12 - 17** **75%**
76% **6 - 11** **77%**

Of the **13%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child
- Unable to afford expenses

Health

Of the **84%** of HHs who required healthcare services in the three months prior to data collection, **34%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **95%**
Long distance **21%**
Lack of qualified staff **11%**

Average travel time to a functional hospital facility:



14% Less than 15 minutes
35% Between 16-30 minutes
45% Between 31-60 minutes
6% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **87%**
Piped water connected to public tap **12%**

52%

of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

73%

of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

16%

of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

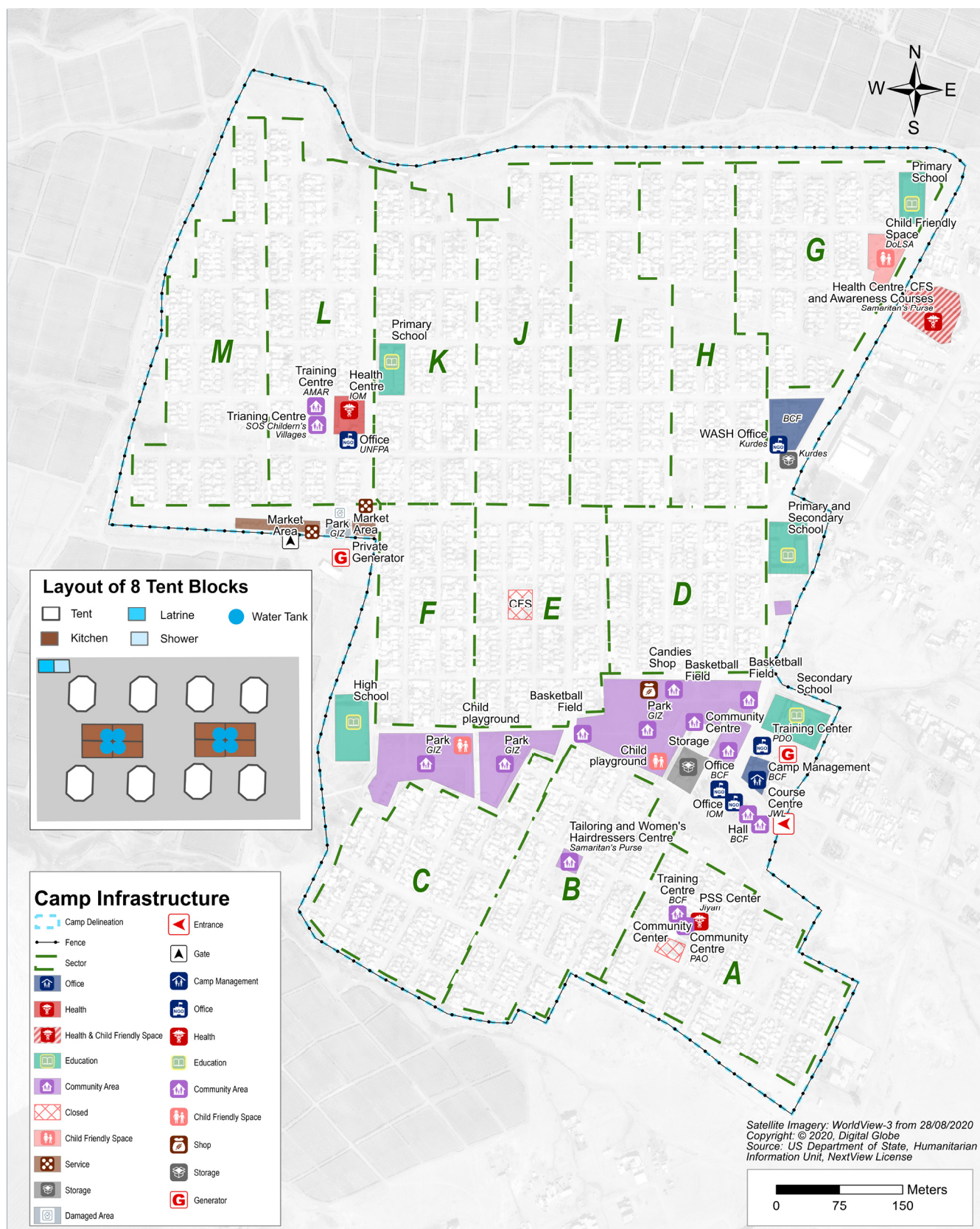
¹⁰ 27% reported not having enclosure issues.

¹¹ 15% reported their shelter did not need improvements





Infrastructure Map: Khanke



Key Informant (KI) reports

- The KI reported the need for specialised treatment for chronic diseases and childbirth services in the camp. The KI reported that water was insufficient for the camp needs.



Camp Profile: Mamilian

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1501-0002

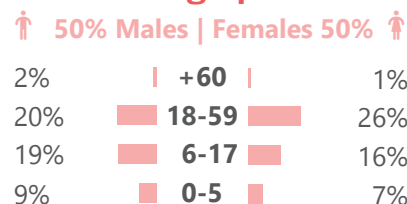
Summary

This profile provides an overview of conditions in Mamilian camp. Between 18 June and 10 August 2021 REACH collected 62 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

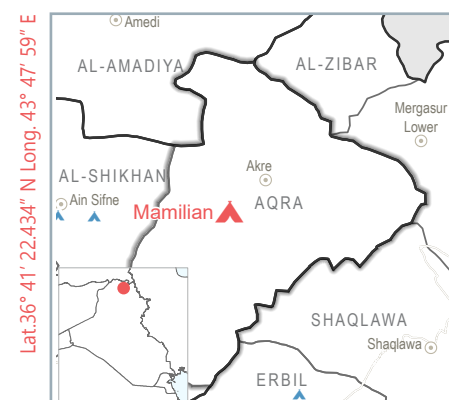
Camp Overview

Number of individuals:	864
Number of HHs:	171
Date opened:	Aug-2014
Main shelter type:	Tents
Planned capacity:	350 plots
Camp area:	536.8km ²

Demographics



Location Map



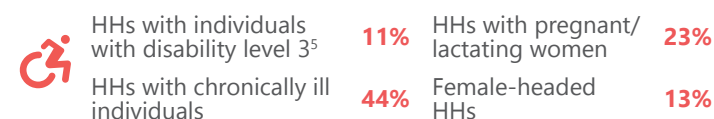
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	93%	83%	●	▽
	% of children aged 12-17 attending formal school	100%	68%	53%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	98%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	2,791m ²	3077m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	68%	29%	●	△
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	4	3	●	▷
WASH	# of persons per latrine	max. 20	1	2	●	▷
	# of persons per shower	max. 20	1	2	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

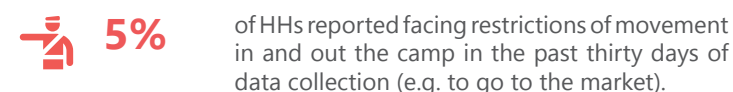
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

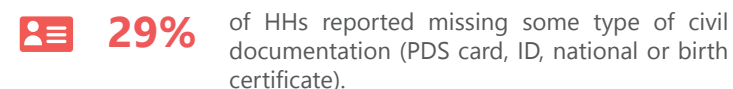
Proportion of Vulnerable Groups



Freedom of Movement



Documentation

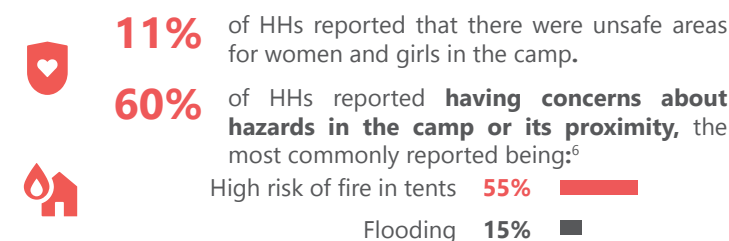


Priority Needs

Top three most commonly reported priority needs:⁶



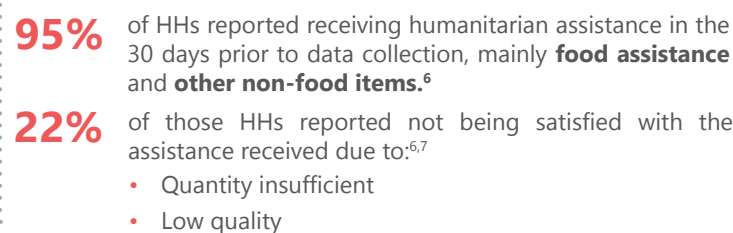
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Mamillian

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



98% Acceptable
0% Borderline
2% Poor

Food Consumption Coping Strategies

82% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **74%**
Reducing household expenses **40%**
Children dropout from school **40%**

HH Income and Expenditure

Median reported monthly HH income: **306,871 (215 USD)⁸**
Median reported monthly expenditure per HH: **402,403 (282 USD)⁸**
Median reported debt value per HH: **1,344,259 IQD (941 USD)⁸**

87% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Loans, debts **60%**
Irregular employment (daily wage earning) **39%**
NGO or charity assistance **35%**

Proportion of main monthly HH expenditures:



Food **55%**
Healthcare **23%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Improve privacy and dignity **44%**
Protect from climatic conditions **44%**
Improve safety and security **32%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **61%**
Lack of insulation from cold **34%**
Limited ventilation **32%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **52%**
Blankets **37%**
Cooking utensils **26%**

Education

Reported regular school attendance by age and gender:

71% Boys | Girls 67%

57% 12 - 17 **45%**
86% 6 - 11 **80%**

Of the **25%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Child is working
- Lack of interest of child
- Physical limitations to access school (e.g. no transport, no fuel)

Health

Of the **66%** of HHs who required healthcare services in the three months prior to data collection, **27%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **48%**
No issues **40%**
Treatment unavailable **15%**

Average travel time to a functional hospital facility:



27% Less than 15 minutes
54% Between 16-30 minutes
11% Between 31-60 minutes
8% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **68%**
Protected well **29%**

15% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

85% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

5% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

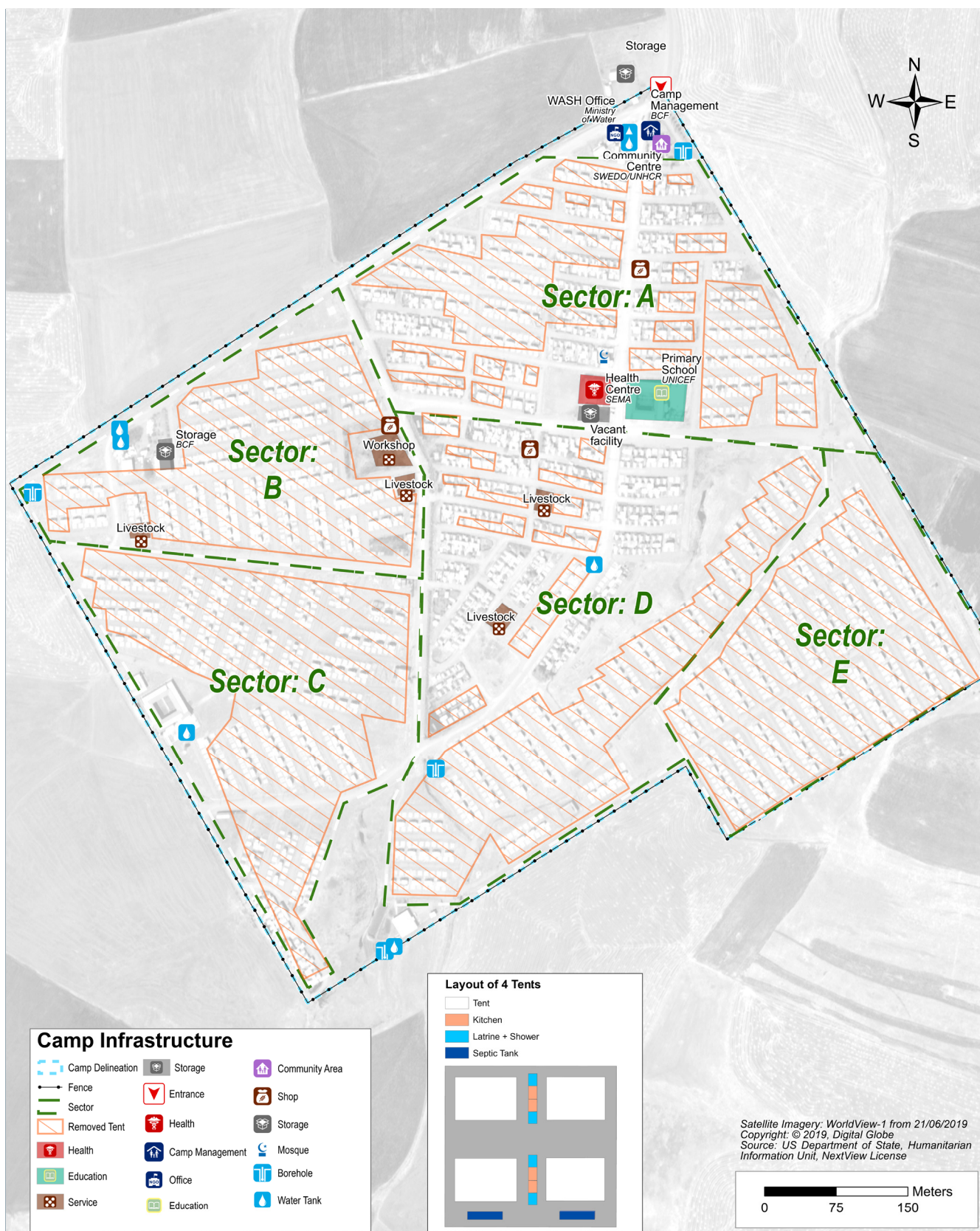
¹⁰ 18% reported not having enclosure issues.

¹¹ 18% reported their shelter did not need improvements





Infrastructure Map: Mamilian



Key Informant (KI) reports

- The KI reported that the camp was not prepared to cope with the COVID-19 crisis. The KI reported that the teaching staff in the camp was insufficient to cover their education needs.



Camp Profile: Mamrashan

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1506-0003

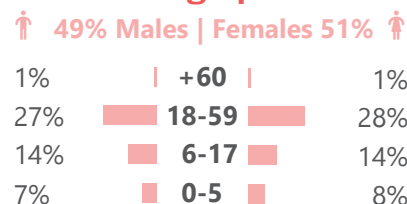
Summary

This profile provides an overview of conditions in Mamrashan camp. Between 18 June and 10 August 2021 REACH collected 95 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

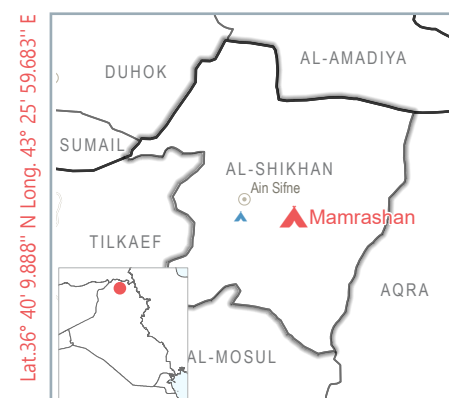
Camp Overview

Number of individuals:	7,306
Number of HHs:	1,515
Date opened:	Oct-2015
Main shelter type:	Caravans
Planned capacity:	1,835 plots
Camp area:	513.9km ²

Demographics



Location Map



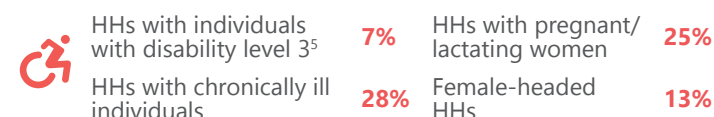
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	91%	91%	●	▷
	% of children aged 12-17 attending formal school	100%	82%	83%	●	△
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	98%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	261m ²	281m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	34%	27%	●	△
Shelter	Average covered area per person	min 3.5m ²	5.4m ²	5.4m ²	●	▷
	Average number of individuals per shelter	max. 5	5	4	●	▷
WASH	# of persons per latrine	max. 20	4	4	●	▷
	# of persons per shower	max. 20	4	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

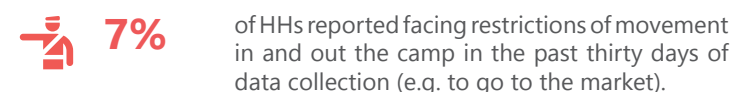
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

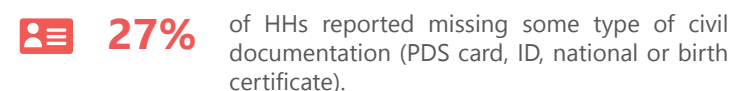
Proportion of Vulnerable Groups



Freedom of Movement



Documentation

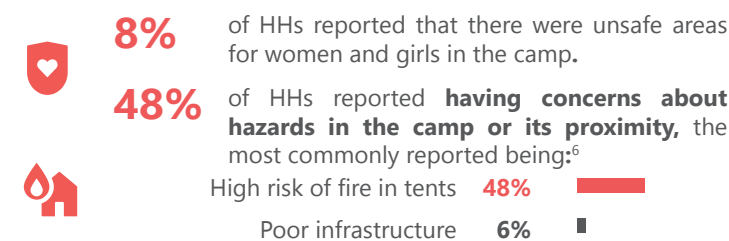


Priority Needs

Top three most commonly reported priority needs:⁶



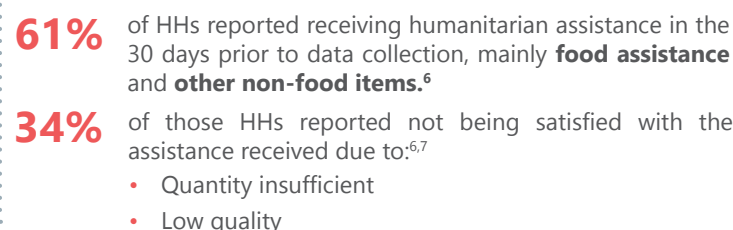
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.





Camp Profile: Mamrashan

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



98% Acceptable
2% Borderline
0% Poor

Food Consumption Coping Strategies

78% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **61%**
Reducing household expenses **36%**
Selling household assets **9%**

HH Income and Expenditure

Median reported monthly HH income: **436,375 (305 USD)⁸**
Median reported monthly expenditure per HH: **500,316 (350 USD)⁸**
Median reported debt value per HH: **1,078,853 IQD (755 USD)⁸**

64% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **44%**
Loans, debts **39%**
NGO or charity assistance **38%**

Proportion of main monthly HH expenditures:



Food **60%**
Healthcare **25%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **93%**
Tent **7%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **49%**
Improve privacy and dignity **32%**
Protect from climatic conditions **27%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **45%**
Leaks with heavy rain **38%**
Lack of insulation **22%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **54%**
Blankets **46%**
Bedding items **22%**

Education

Reported regular school attendance by age and gender:

↑ **84% Boys** | **Girls 89%** ↓

79% **12 - 17** **87%**
91% **6 - 11** **91%**

Of the **12%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child **27%**
- School stopped functioning **13%**
- Health condition of child **13%**

Health

Of the **64%** of HHs who required healthcare services in the three months prior to data collection, **26%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **61%**
Treatment unavailable **27%**
No issues **22%**

Average travel time to a functional hospital facility:



7% Less than 15 minutes
71% Between 16-30 minutes
22% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **93%**
Protected well **7%**

22% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

82% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

8% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 47% reported not having enclosure issues.

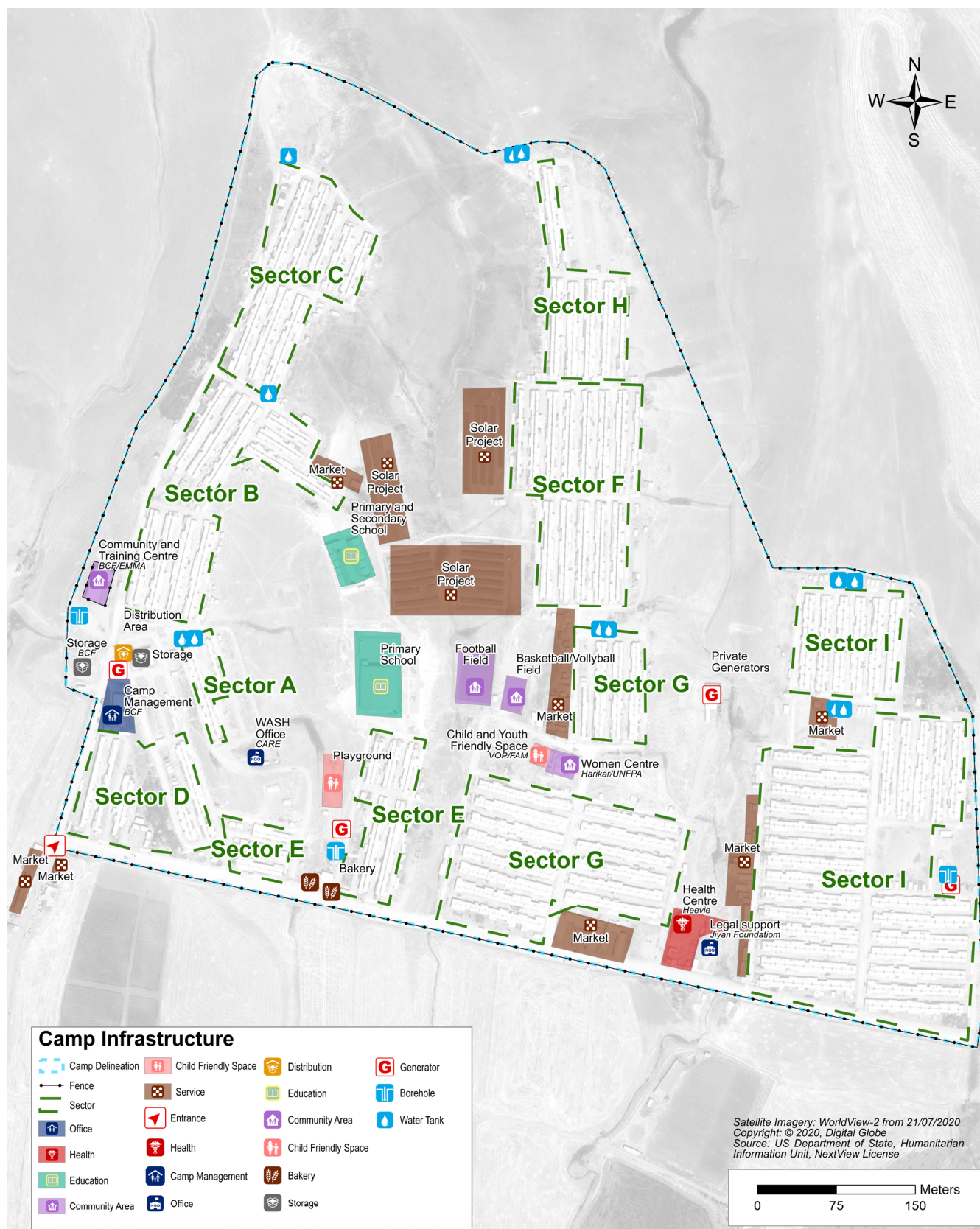
¹¹ 49% reported their shelter did not need improvements





Camp Profile: Mamrashan

Infrastructure Map: Mamrashan



Key Informant (KI) reports

- No issues were reported.





Camp Profile: Rwanga Community

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0803-0004

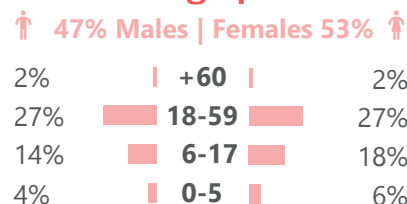
Summary

This profile provides an overview of conditions in Rwanga Community camp. Between 18 June and 10 August 2021 REACH collected 96 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

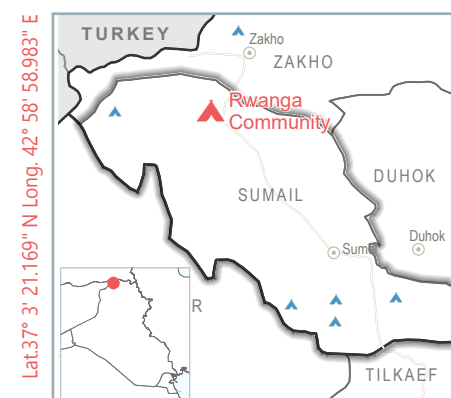
Camp Overview

Number of individuals:	12,482
Number of HHs:	2,452
Date opened:	Dec-2014
Main shelter type:	Caravans
Planned capacity:	3,000 plots
Camp area:	395.1km ²

Demographics



Location Map



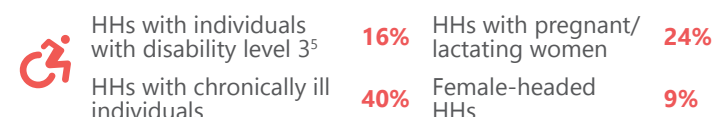
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	92%	76%	●	▽
	% of children aged 12-17 attending formal school	100%	90%	81%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	94%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	113m ²	118m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	47%	24%	●	△
Shelter	Average covered area per person	min 3.5m ²	4.6m ²	4.6m ²	●	▷
	Average number of individuals per shelter	max. 5	5	4	●	▷
WASH	# of persons per latrine	max. 20	5	4	●	▷
	# of persons per shower	max. 20	5	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

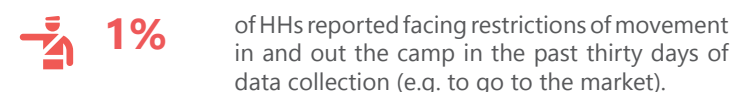
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

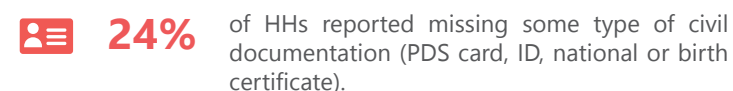
Proportion of Vulnerable Groups



Freedom of Movement



Documentation

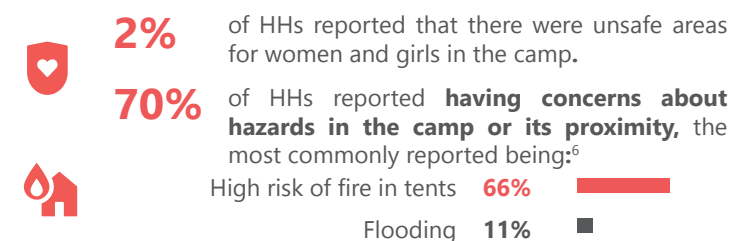


Priority Needs

Top three most commonly reported priority needs:⁶



Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.





Camp Profile: Rwanga Community

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



94% Acceptable
4% Borderline
2% Poor

Food Consumption Coping Strategies

80% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **63%**
Children dropout from school **60%**
Reducing household expenses **32%**

HH Income and Expenditure

Median reported monthly HH income: **443,375 (310 USD)⁸**
Median reported monthly expenditure per HH: **573,281 (401 USD)⁸**
Median reported debt value per HH: **1,613,958 IQD (1,130 USD)⁸**

77% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **47%**

Loans, debts **39%**

Regular employment (private or public sector) **31%**

Proportion of main monthly HH expenditures:



Food **52%**

Healthcare **34%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **97%**
Unfinished building **3%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **40%**
No improvements needed **39%**
Protection from hazards **23%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **43%**
Leaks with heavy rain **34%**
Leaks with light rain **20%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **35%**
Blankets **21%**
Cooking utensils **19%**

Education

Reported regular school attendance by age and gender:

↑ **75% Boys** | **Girls 81%** ↓

74% **12 - 17** 85%
75% **6 - 11** 76%

Of the **13%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child
- Unable to enrol child to school

Health

Of the **77%** of HHs who required healthcare services in the three months prior to data collection, **40%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **77%**
Long distance **26%**
No medicines available **16%**

Average travel time to a functional hospital facility:



11% Less than 15 minutes
55% Between 16-30 minutes
34% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **82%**
Piped water connected to public tap **10%**

74% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

70% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

7% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 43% reported not having enclosure issues.

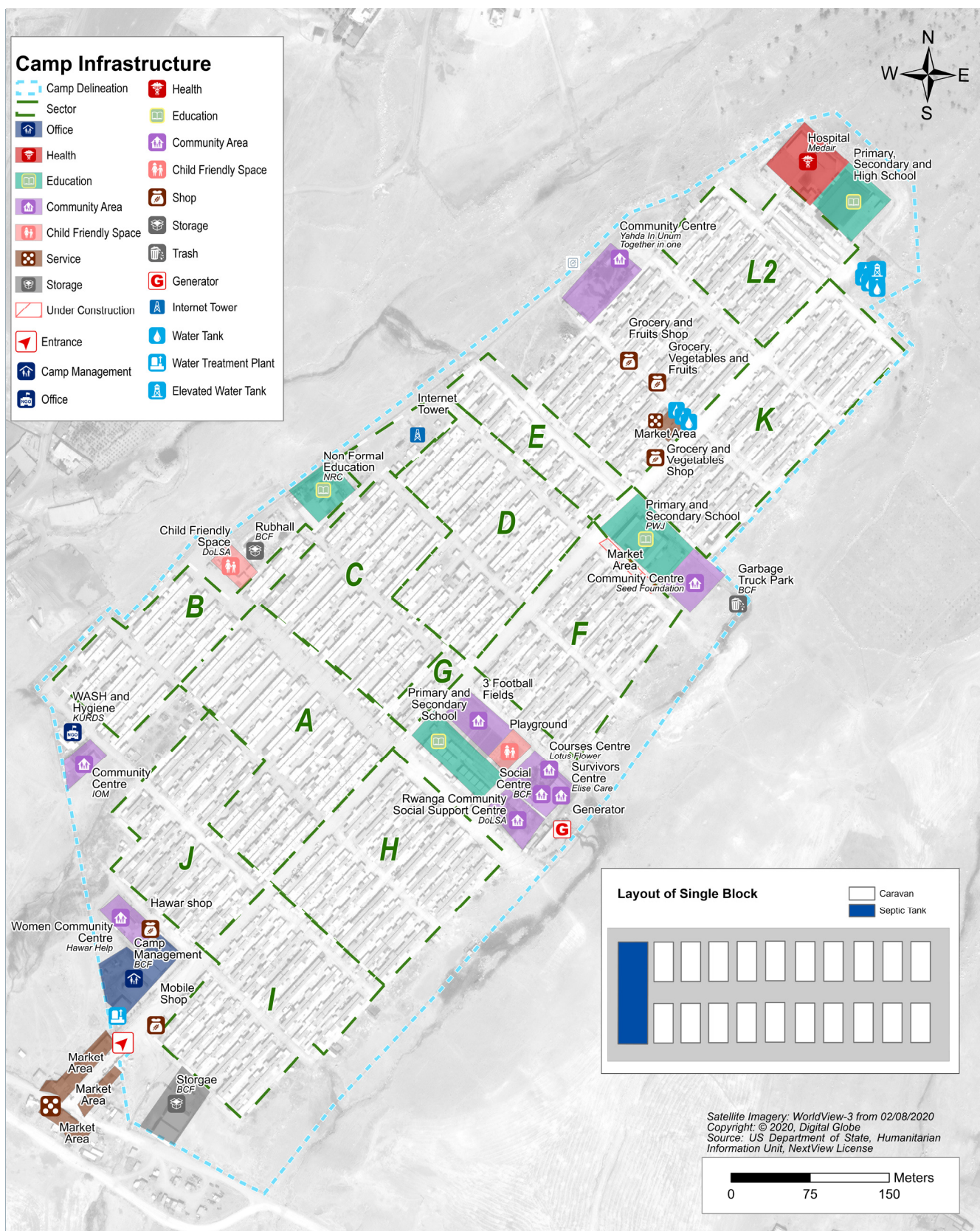
¹¹ 39% reported their shelter did not need improvements





Camp Profile: Rwanga Community

Infrastructure Map: Rwanga Community



Key Informant (KI) reports

- The KI reported that the teaching staff in the camp was insufficient to cover their education needs. The KI reported the need for COVID-19 testing services. The KI reported that waste collection services were insufficient.





Camp Profile: Shariya

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ0803-0006

Summary

This profile provides an overview of conditions in Shariya camp. Between 18 June and 10 August 2021 REACH collected 98 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

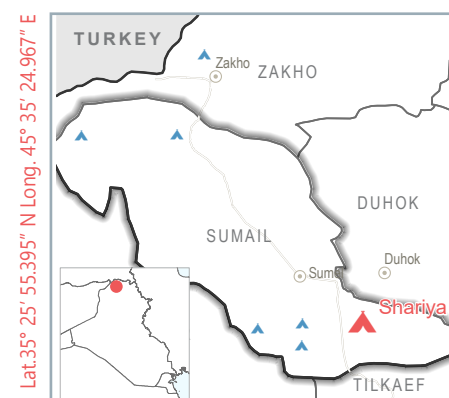
Camp Overview

Number of individuals:	12,110
Number of HHs:	2,302
Date opened:	Nov-2014
Main shelter type:	Tents and semi-permanent
Planned capacity:	structure
Camp area:	4,000 plots

Demographics

	49% Males		51% Females
1%	+60	1%	
23%	18-59	26%	
18%	6-17	17%	
7%	0-5	7%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	92%	86%	●	▽
	% of children aged 12-17 attending formal school	100%	88%	76%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	91%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	108m ²	140m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	38%	37%	●	△
Shelter	Average covered area per person	min 3.5m ²	5.4m ²	5.4m ²	●	▷
	Average number of individuals per shelter	max. 5	4	3	●	▷
WASH	# of persons per latrine	max. 20	16	14	●	▷
	# of persons per shower	max. 20	16	16	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

	HHs with individuals with disability level 3 ⁵	24%	HHs with pregnant/lactating women	25%
	HHs with chronically ill individuals	46%	Female-headed HHs	14%

Freedom of Movement

	0%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

	37%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Livelihood Opportunities	71%
	Medical Care	57%
	Shelter Support	56%

Camp Safety

	17%	of HHs reported that there were unsafe areas for women and girls in the camp.
	100%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
	High risk of fire in tents	97%
	Poor infrastructure	30%

Movement Intentions (within the next 12 months following data collection)

	95% Remain	5% Don't know/other	0% Return
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Aid Distribution

84%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
21%	of those HHs reported not being satisfied with the assistance received due to: ^{6,7}
	• Quantity insufficient
	• Low quality

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Shariya

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



91% Acceptable
9% Borderline
0% Poor

Food Consumption Coping Strategies

87% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **65%**
Reducing household expenses **41%**
Children dropout from school **33%**

HH Income and Expenditure

Median reported monthly HH income: **341,684 (239 USD)⁸**
Median reported monthly expenditure per HH: **527,755 (369 USD)⁸**
Median reported debt value per HH: **2,467,092 IQD (1,727 USD)⁸**

78% of HHs reported being in debt, mostly to afford basic needs.⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **55%**
Loans, debts **50%**
NGO or charity assistance **41%**

Proportion of main monthly HH expenditures:



Food **59%**
Healthcare **29%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **99%**
Makeshift shelter **1%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **49%**
Protection from hazards **46%**
Improve privacy and dignity **30%**

Top three most commonly reported enclosure issues:^{6, 10}



Limited ventilation **50%**
Leaks with heavy rain **40%**
No enclosure issues **29%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **37%**
Cooking utensils **31%**
Bedding items **30%**

Education

Reported regular school attendance by age and gender:

81% Boys | Girls 80%

73% 12 - 17 **80%**
92% 6 - 11 **80%**

Of the **13%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child
- Unable to afford expenses

Health

Of the **85%** of HHs who required healthcare services in the three months prior to data collection, **33%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **92%**
Long distance **28%**
Lack of qualified staff **14%**

Average travel time to a functional hospital facility:



7% Less than 15 minutes
51% Between 16-30 minutes
38% Between 31-60 minutes
4% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Unofficial connection to piped network **67%**
Piped water connected to public tap **19%**

29% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

64% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

12% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 29% reported not having enclosure issues.

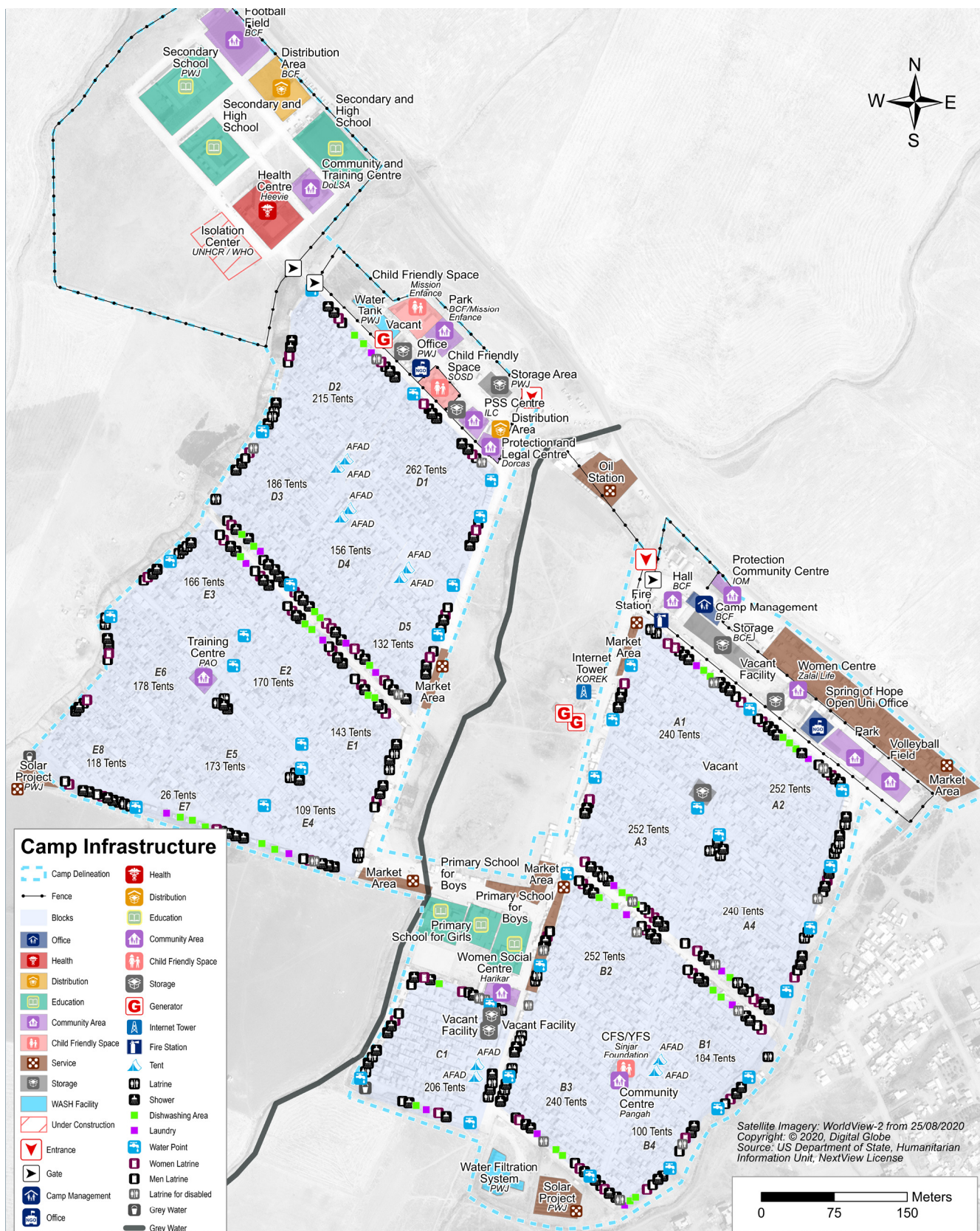
¹¹ 15% reported their shelter did not need improvements





Camp Profile: Shariya

Infrastructure Map: Shariya



Key Informant (KI) reports

- The KI reported that the teaching staff in the camp was insufficient to cover their education needs. The KI reported needing childbirth services and a childbirth hall.





Camp Profile: Sheikhan

Duhok, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1506-0002

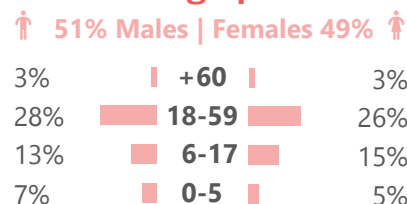
Summary

This profile provides an overview of conditions in Sheikhan camp. Between 18 June and 10 August 2021 REACH collected 89 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

Camp Overview

Number of individuals:	3,199
Number of HHs:	632
Date opened:	Apr-2017
Main shelter type:	Tents
Planned capacity:	1,004 plots
Camp area:	248.6km ²

Demographics



Location Map



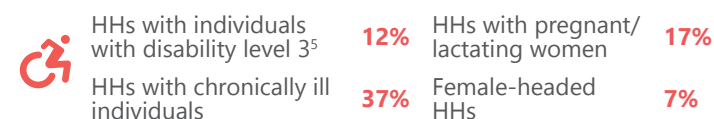
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	95%	99%	●	△
	% of children aged 12-17 attending formal school	100%	84%	85%	●	△
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	93%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	275m ²	327m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	44%	15%	●	△
Shelter	Average covered area per person	min 3.5m ²	3.2m ²	3.2m ²	●	▷
	Average number of individuals per shelter	max. 5	4	4	●	▷
WASH	# of persons per latrine	max. 20	4	3	●	▷
	# of persons per shower	max. 20	4	3	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

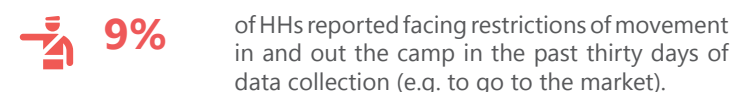
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

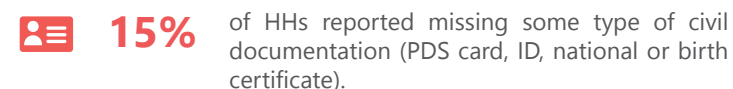
Proportion of Vulnerable Groups



Freedom of Movement

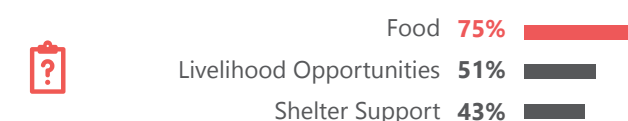


Documentation

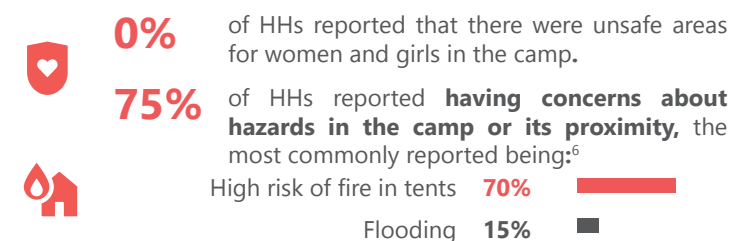


Priority Needs

Top three most commonly reported priority needs:⁶



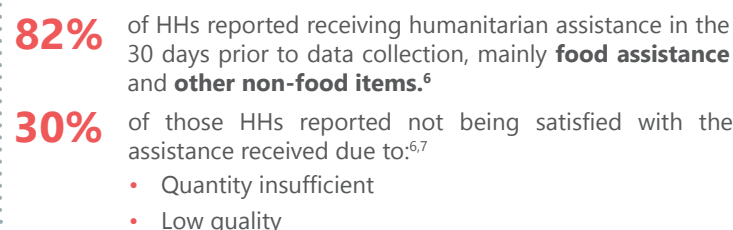
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.





Camp Profile: Sheikhan

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



93% Acceptable
7% Borderline
0% Poor

Food Consumption Coping Strategies

75%

of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **62%**
Reducing household expenses **31%**
Selling household assets **4%**

HH Income and Expenditure

Median reported monthly HH income: **335,382 (235 USD)⁸**
Median reported monthly expenditure per HH: **467,129 (327 USD)⁸**
Median reported debt value per HH: **1,398,315 IQD (979 USD)⁸**

75%

of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **61%**

Loans, debts **43%**

NGO or charity assistance **34%**

Proportion of main monthly HH expenditures:



Food **58%**

Healthcare **27%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **99%**
Prefab/caravan/RHU **1%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **52%**
Improve privacy and dignity **46%**
No improvements needed **20%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **53%**
Limited ventilation **40%**
Lack of insulation **35%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **47%**
Cooking utensils **42%**
Blankets **31%**

Education

Reported regular school attendance by age and gender:

↑ **93% Boys** | **Girls 90%** ↓

87% **100%** **12 - 17** **6 - 11** **83%** **97%**

Of the **9%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Child is working
- Health condition of child

Health

Of the **62%** of HHs who required healthcare services in the three months prior to data collection, **24%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **69%**
No issues **22%**
Treatment unavailable **20%**

Average travel time to a functional hospital facility:



73% Less than 15 minutes
19% Between 16-30 minutes
8% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **100%**

93%

of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

87%

of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

2%

of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 26% reported not having enclosure issues.

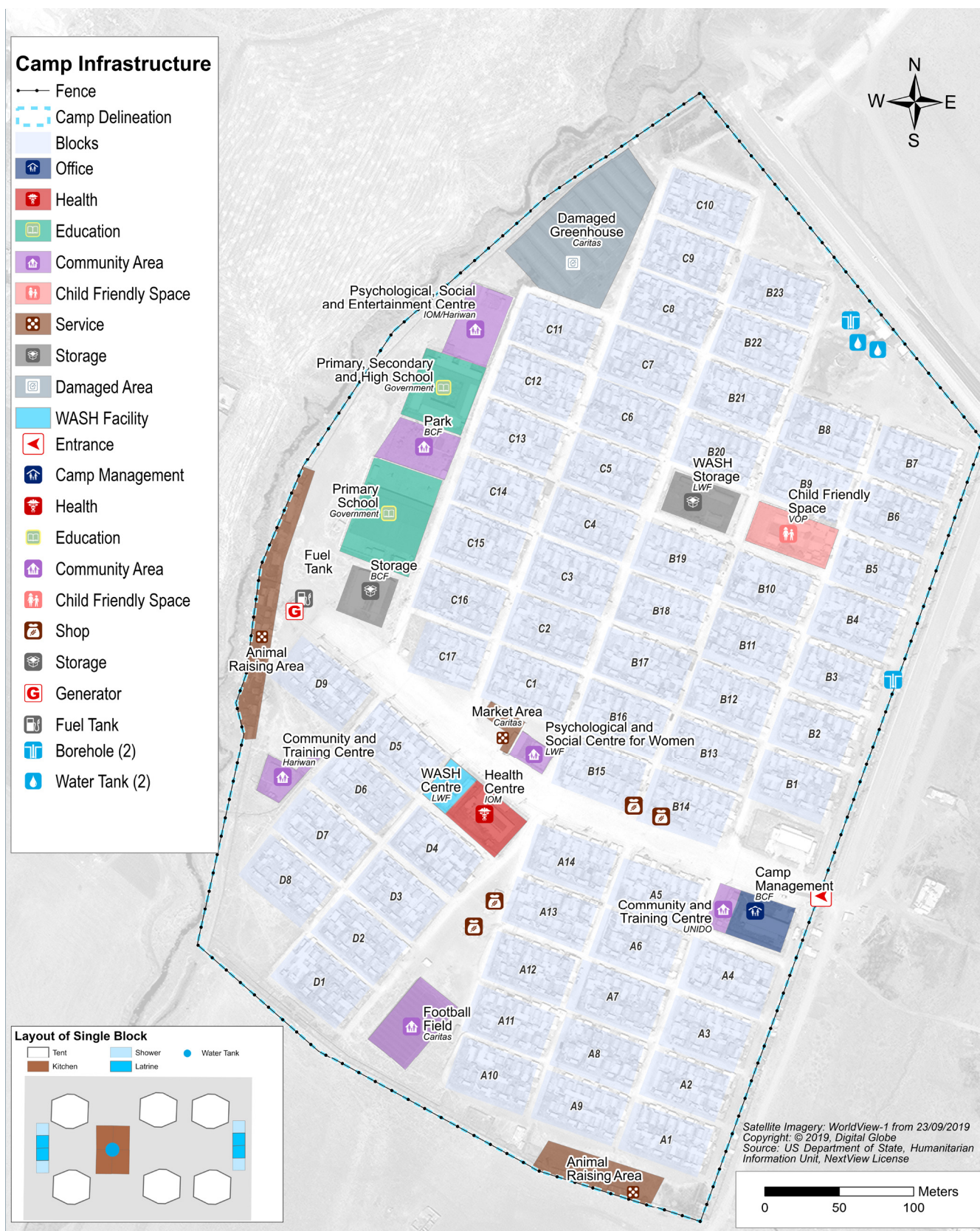
¹¹ 20% reported their shelter did not need improvements





Camp Profile: Sheikhan

Infrastructure Map: Sheikhan



Key Informant (KI) reports

- The KI reported that the camp was not prepared to cope with the COVID-19 crisis.





Camp Profile: Baharka

Erbil, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1102-0001

Summary

This profile provides an overview of conditions in Baharka camp. Between 18 June and 10 August 2021 REACH collected 89 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

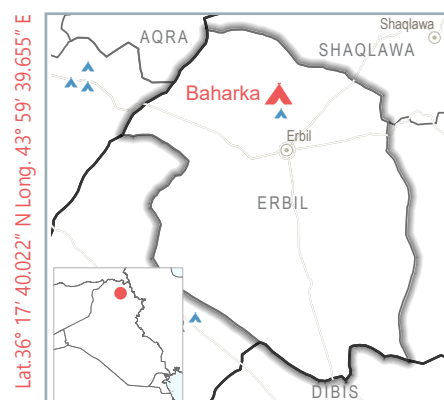
Camp Overview

Number of individuals:	4,633
Number of HHs:	942
Date opened:	Aug-2014
Main shelter type:	Tents, caravans and other
Planned capacity:	1,184 plots
Camp area:	307.3km ²

Demographics

49% Males Females 51%	
1% +60 1%	
23% 18-59 22%	
17% 6-17 20%	
8% 0-5 8%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	98%	89%	●	▽
	% of children aged 12-17 attending formal school	100%	88%	76%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	82%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	No	●	▽
CCCM	Average open area per household	min. 30m ²	248m ²	246m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	83%	30%	●	△
Shelter	Average covered area per person	min 3.5m ²	6m ²	6m ²	●	▷
	Average number of individuals per shelter	max. 5	4	4	●	▷
WASH	# of persons per latrine	max. 20	4	4	●	▷
	# of persons per shower	max. 20	4	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

HHs with individuals with disability level 3 ⁵	8%	HHs with pregnant/lactating women	35%
HHs with chronically ill individuals	39%	Female-headed HHs	9%

Freedom of Movement

10%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

30%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Food	65%
	Livelihood Opportunities	49%
	Medical Care	48%

Camp Safety

1%	of HHs reported that there were unsafe areas for women and girls in the camp.
72%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
	High risk of fire in tents 72%
	Poor infrastructure 21%

Movement Intentions (within the next 12 months following data collection)

	80% Remain	19% Don't know/other	1% Return
--	------------	----------------------	-----------

Aid Distribution

85%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
41%	of those HHs reported not being satisfied with the assistance received due to: ⁷
	• Quantity insufficient
	• Low quality

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Baharka

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



82% Acceptable
17% Borderline
1% Poor

Food Consumption Coping Strategies

78%

of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Underage children work **70%**
Reducing household expenses **29%**
Selling household assets **8%**

HH Income and Expenditure

Median reported monthly HH income: **296,236 (207 USD)⁸**
Median reported monthly expenditure per HH: **420,393 (294 USD)⁸**
Median reported debt value per HH: **1,751,935 IQD (1,226 USD)⁸**

80%

of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **56%**
Loans, debts **48%**
NGO or charity assistance **40%**

Proportion of main monthly HH expenditures:



Food **65%**
Healthcare **22%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **70%**
Tent **30%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **38%**
Protect from climatic conditions **34%**
Improve privacy and dignity **31%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **48%**
Leaks with heavy rain **42%**
Limited ventilation **25%**

Top three most commonly reported NFI needs:^{6, 12}



Cooking utensils **44%**
Mattresses/sleeping mats **39%**
Blankets **29%**

Education

Reported regular school attendance by age and gender:

↑ **86% Boys** | **Girls 79%** ↓

79% **12 - 17** **73%**
95% **6 - 11** **84%**

Of the **17%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child
- Child is working

Health

Of the **55%** of HHs who required healthcare services in the three months prior to data collection, **42%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **86%**
Treatment unavailable **22%**
No issues **12%**

Average travel time to a functional hospital facility:



21% Less than 15 minutes
58% Between 16-30 minutes
20% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **99%**
Bottled water **1%**

18%

of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

90%

of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

4%

of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 48% reported not having enclosure issues.

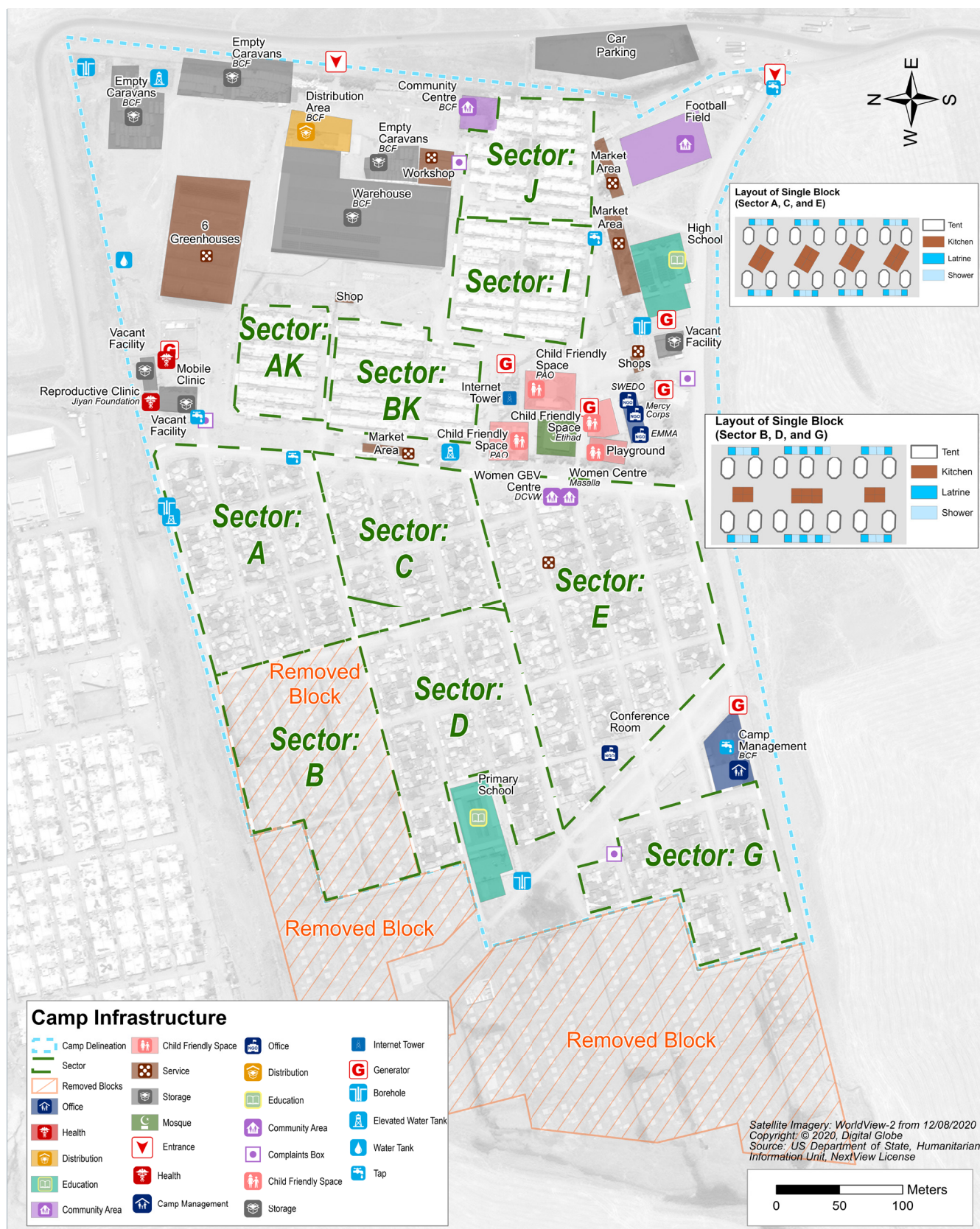
¹¹ 38% reported their shelter did not need improvements





Camp Profile: Baharka

Infrastructure Map: Baharka





Camp Profile: Debaga 1

Erbil, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1107-0007

Summary

This profile provides an overview of conditions in Debaga 1 camp. Between 18 June and 10 August 2021 REACH collected 93 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

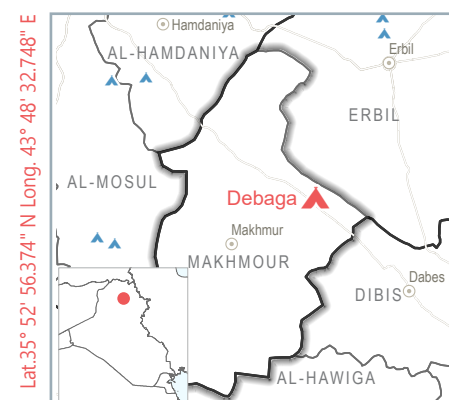
Camp Overview

Number of individuals:	7,449
Number of HHs:	1,431
Date opened:	Oct-2010
Main shelter type:	Semi-permanent structure
Planned capacity:	1,800 plots
Camp area:	284.5km ²

Demographics

49% Males Females 51%	
1% +60 1%	
20% 18-59 22%	
17% 6-17 20%	
11% 0-5 8%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	96%	91%	●	▽
	% of children aged 12-17 attending formal school	100%	88%	79%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	85%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	143m ²	145m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	85%	31%	●	△
Shelter	Average covered area per person	min 3.5m ²	5.6m ²	5.6m ²	●	▷
	Average number of individuals per shelter	max. 5	5	4	●	▷
WASH	# of persons per latrine	max. 20	4	4	●	▷
	# of persons per shower	max. 20	4	4	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

HHs with individuals with disability level 3 ⁵	6%	HHs with pregnant/lactating women	37%
HHs with chronically ill individuals	38%	Female-headed HHs	12%

Freedom of Movement

18%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

31%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

Food	77%
Livelihood Opportunities	62%
Medical Care	35%

Camp Safety

0%	of HHs reported that there were unsafe areas for women and girls in the camp.
66%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
High risk of fire in tents	56%
Poor infrastructure	27%

Movement Intentions (within the next 12 months following data collection)

76% Remain	24% Don't know/other	0% Return
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Aid Distribution

94%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
37%	of those HHs reported not being satisfied with the assistance received due to: ⁷
	• Low quality
	• Quantity insufficient

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



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Camp Profile: Debaga 1

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



85% Acceptable
12% Borderline
3% Poor

Food Consumption Coping Strategies

81% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **76%**
Reducing household expenses **28%**
Children dropout from school **9%**

HH Income and Expenditure

Median reported monthly HH income: **264,086 (185 USD)⁸**
Median reported monthly expenditure per HH: **401,935 (281 USD)⁸**
Median reported debt value per HH: **1,209,960 IQD (847 USD)⁸**

90% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **59%**
Loans, debts **59%**
NGO or charity assistance **45%**

Proportion of main monthly HH expenditures:



Food **63%**
Healthcare **19%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **96%**
Tent **3%**
Unfinished building **1%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



No improvements needed **68%**
Protect from climatic conditions **18%**
Improve privacy and dignity **15%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **72%**
Leaks with heavy rain **16%**
Lack of insulation **13%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **44%**
Cooking utensils **43%**
Bedding items **28%**

Education

Reported regular school attendance by age and gender:

↑ **87% Boys** | **Girls 85%** ↓

84% 12 - 17 **74%**
88% 6 - 11 **93%**

Of the **13%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Child is working
- Health condition of child

Health

Of the **49%** of HHs who required healthcare services in the three months prior to data collection, **41%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **85%**
Treatment unavailable **22%**
No issues **13%**

Average travel time to a functional hospital facility:



9% Less than 15 minutes
14% Between 16-30 minutes
66% Between 31-60 minutes
11% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **100%**

48%

of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

97%

of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

1%

of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 72% reported not having enclosure issues.

¹¹ 68% reported their shelter did not need improvements





Key Informant (KI) reports

- No issues were reported.



Camp Profile: Harshm

Erbil, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1102-0002

Summary

This profile provides an overview of conditions in Harshm camp. Between 18 June and 10 August 2021 REACH collected 77 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

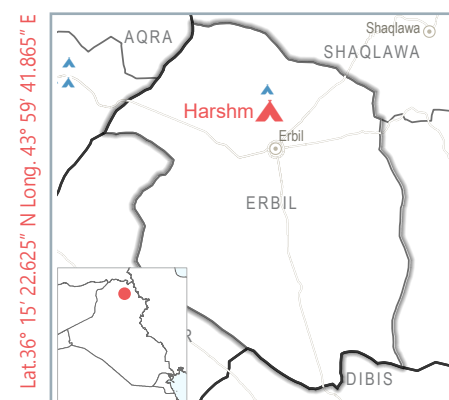
Camp Overview

Number of individuals:	1,440
Number of HHs:	290
Date opened:	Nov-2014
Main shelter type:	Caravans
Planned capacity:	301 plots
Camp area:	63.6km ²

Demographics

	55% Males		Females 45%
1%	+60	1%	
22%	18-59	20%	
22%	6-17	18%	
10%	0-5	6%	

Location Map



Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	92%	97%		
	% of children aged 12-17 attending formal school	100%	67%	82%		
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	82%		
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	No		
CCCM	Average open area per household	min. 30m ²	178m ²	177m ²		
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	31%	30%		
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²		
	Average number of individuals per shelter	max. 5	5	5		
WASH	# of persons per latrine	max. 20	5	5		
	# of persons per shower	max. 20	5	5		
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes		

Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 • Minimum standard reached, • 50-99% of minimum standard reached, • Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: there was an improvement according to the minimum standards, there was a worsening of the situation, there were no changes or changes did not affect the minimum standards.

Protection and Intentions

Proportion of Vulnerable Groups

	HHs with individuals with disability level 3 ⁵	16%	HHs with pregnant/lactating women	29%
	HHs with chronically ill individuals	39%	Female-headed HHs	8%

Freedom of Movement

	5%	of HHs reported facing restrictions of movement in and out the camp in the past thirty days of data collection (e.g. to go to the market).
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Documentation

	30%	of HHs reported missing some type of civil documentation (PDS card, ID, national or birth certificate).
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Priority Needs

Top three most commonly reported priority needs:⁶

	Food	79%
	Livelihood Opportunities	57%
	Medical Care	35%

Camp Safety

	0%	of HHs reported that there were unsafe areas for women and girls in the camp.
	74%	of HHs reported having concerns about hazards in the camp or its proximity , the most commonly reported being: ⁶
	High risk of fire in tents	73%
	Poor infrastructure	21%

Movement Intentions (within the next 12 months following data collection)

	77% Remain	23% Don't know/other	0% Return
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Aid Distribution

90%	of HHs reported receiving humanitarian assistance in the 30 days prior to data collection, mainly food assistance and other non-food items . ⁶
48%	of those HHs reported not being satisfied with the assistance received due to: ⁷
	• Quantity insufficient
	• Low quality

¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



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Camp Profile: Harshm

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



82% Acceptable
14% Borderline
4% Poor

Food Consumption Coping Strategies

87%

of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **77%**
Reducing household expenses **36%**
Selling household assets **13%**

HH Income and Expenditure

Median reported monthly HH income: **330,740 (232 USD)⁸**
Median reported monthly expenditure per HH: **413,052 (289 USD)⁸**
Median reported debt value per HH: **1,258,442 IQD (881 USD)⁸**

88%

of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Loans, debts **57%**

Irregular employment (daily wage earning) **56%**

NGO or charity assistance **36%**

Proportion of main monthly HH expenditures:



Food **67%**

Healthcare **17%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Prefab/caravan/RHU **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **52%**
Improve privacy and dignity **26%**
No improvements needed **22%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **58%**

No enclosure issues **31%**

Limited ventilation **21%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **43%**

Cooking utensils **43%**

Bedding items **35%**

Education

Reported regular school attendance by age and gender:

↑ 89% Boys | Girls 88% ↓

80% 12 - 17 84%
100% 6 - 11 94%

Of the **10%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Child is working
- Physical limitations to access school

Health

Of the **53%** of HHs who required healthcare services in the three months prior to data collection, **40%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **83%**
Treatment unavailable **24%**
No issues **17%**

Average travel time to a functional hospital facility:



25% Less than 15 minutes
56% Between 16-30 minutes
19% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Piped water into compound **100%**

17%

of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

91%

of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

6%

of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 31% reported not having enclosure issues.

¹¹ 22% reported their shelter did not need improvements





Camp Profile: Harshm

Infrastructure Map: Harshm



Key Informant (KI) reports

- The KI reported that the camp was not prepared to cope with the COVID-19 crisis.





Camp Profile: Hasansham U2

Erbil, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1503-0024

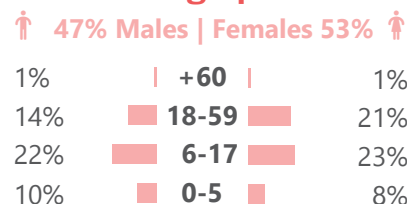
Summary

This profile provides an overview of conditions in Hasansham U2 camp. Between 18 June and 10 August 2021 REACH collected 100 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

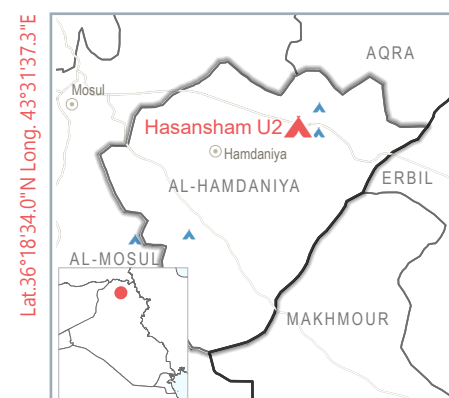
Camp Overview

Number of individuals:	3,870
Number of HHs:	837
Date opened:	May-2017
Main shelter type:	Tents
Planned capacity:	1560 plots
Camp area:	416.5km ²

Demographics



Location Map



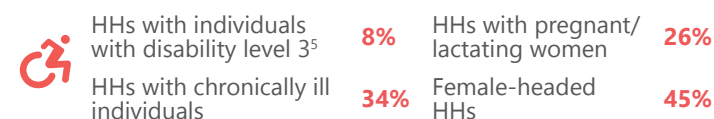
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	85%	66%	●	▽
	% of children aged 12-17 attending formal school	100%	74%	38%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	79%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	380m ²	422m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	88%	39%	●	△
Shelter	Average covered area per person	min 3.5m ²	5.4m ²	5.4m ²	●	▷
	Average number of individuals per shelter	max. 5	3	4	●	▷
WASH	# of persons per latrine	max. 20	12	10	●	▷
	# of persons per shower	max. 20	12	10	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

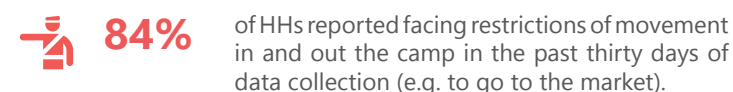
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

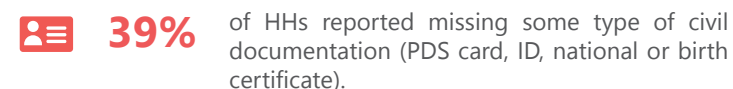
Proportion of Vulnerable Groups



Freedom of Movement

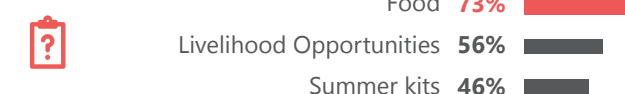


Documentation



Priority Needs

Top three most commonly reported priority needs:⁶



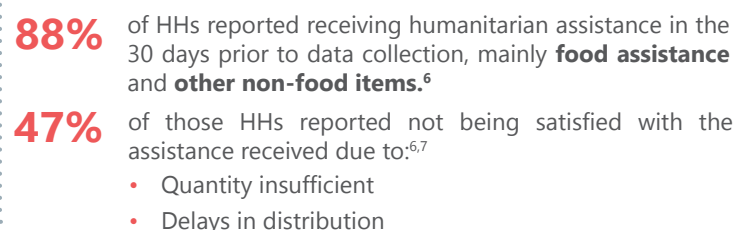
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.





Camp Profile: Hasansham U2

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



79% Acceptable
20% Borderline
1% Poor

Food Consumption Coping Strategies

92% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **88%**
Reducing household expenses **36%**
Selling household assets **27%**

HH Income and Expenditure

Median reported monthly HH income: **111,670 (78 USD)⁸**
Median reported monthly expenditure per HH: **247,700 (173 USD)⁸**
Median reported debt value per HH: **612,477 IQD (429 USD)⁸**

91% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Loans, debts **62%**
NGO or charity assistance **59%**
MODM cash assistance **35%**

Proportion of main monthly HH expenditures:



Food **70%**
Healthcare **16%**

Shelter and Non-food Items (NFI)

Top three most commonly reported shelter types:⁶



Tent **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **89%**
Improve privacy and dignity **57%**
Improve safety and security **45%**

Top three most commonly reported enclosure issues:^{6, 10}



Limited ventilation **59%**
Leaks with heavy rain **55%**
Lack of insulation **17%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **60%**
Cooking utensils **46%**
Bedding items **36%**

Education

Reported regular school attendance by age and gender:

↑ **54% Boys** | **Girls 51%** ↓

45% **12 - 17** **29%**
62% **6 - 11** **68%**

Of the **47%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Unable to enrol child to school
- Unable to afford expenses

Health

Of the **45%** of HHs who required healthcare services in the three months prior to data collection, **46%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **87%**
Treatment unavailable **31%**
Long distance **13%**

Average travel time to a functional hospital facility:



4% Less than 15 minutes
84% Between 16-30 minutes
12% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Water Trucking **93%**
Piped water into compound **4%**

35% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Manage-

84% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

8% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 16% reported not having enclosure issues.

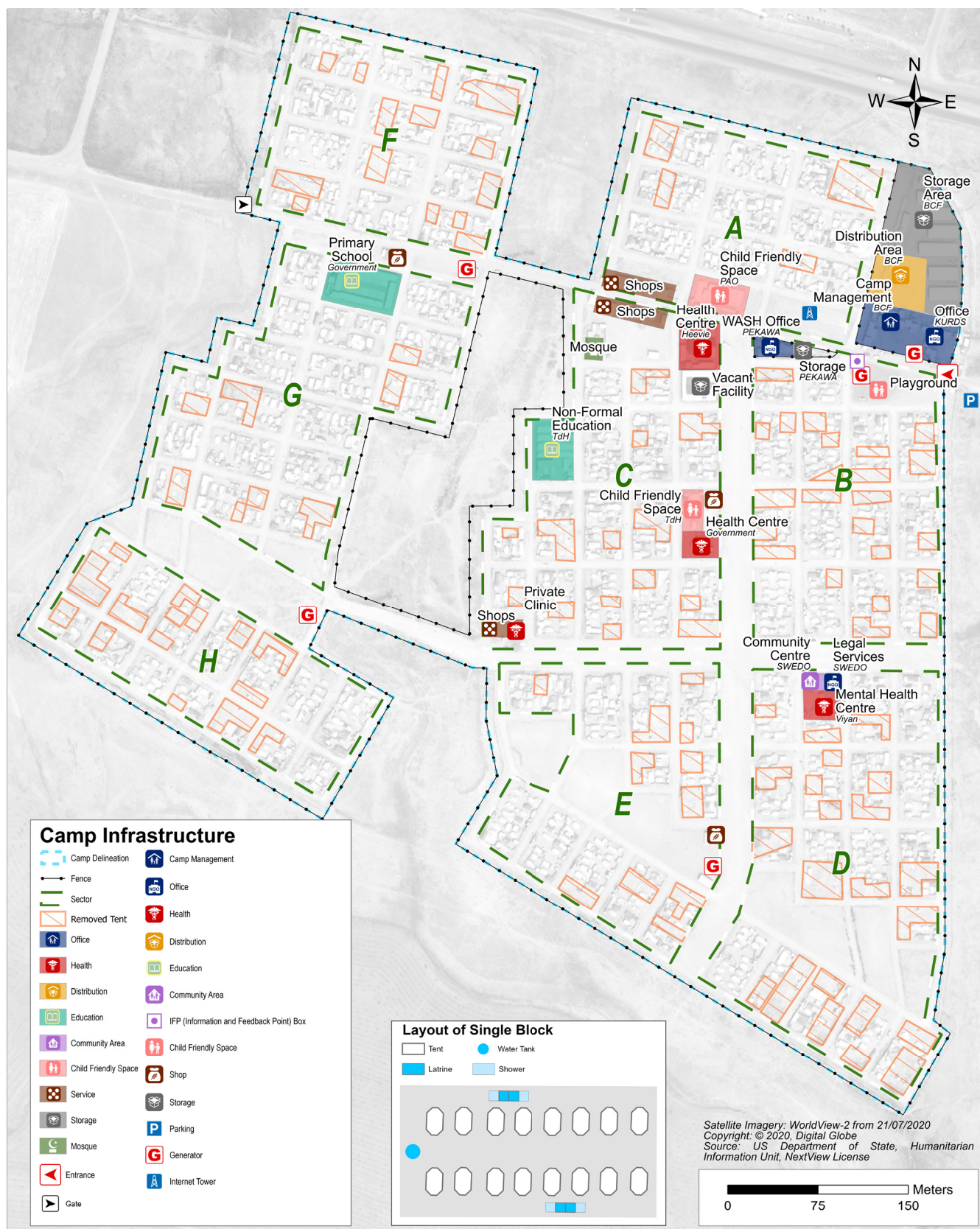
¹¹ 11% reported their shelter did not need improvements





Camp Profile: Hasansham U2

Infrastructure Map: Hasansham U2



Key Informant (KI) reports

- The KI reported that the camp was not prepared to cope with the COVID-19 crisis. The KI reported that the teaching staff in the camp was insufficient to cover their education needs. Secondary education was unavailable in the camp.





Camp Profile: Hasansham U3

Erbil, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1503-0030

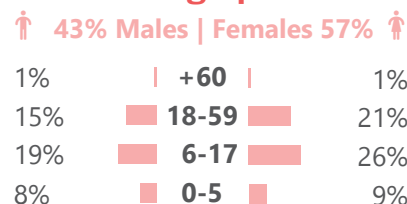
Summary

This profile provides an overview of conditions in Hasansham U3 camp. Between 18 June and 10 August 2021 REACH collected 93 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

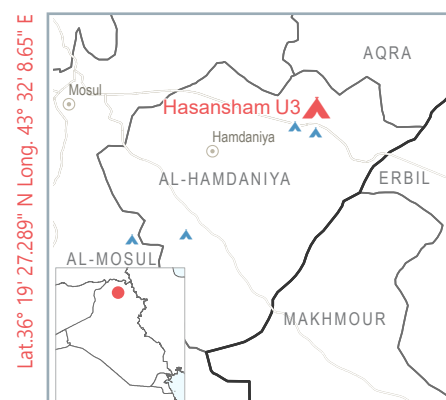
Camp Overview

Number of individuals:	5,917
Number of HHs:	1,300
Date opened:	Nov-2011
Main shelter type:	Tents
Planned capacity:	1,633 plots
Camp area:	478.3km ²

Demographics



Location Map



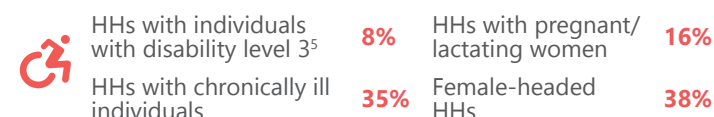
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	97%	83%	●	▽
	% of children aged 12-17 attending formal school	100%	78%	48%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	74%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	334m ²	317m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	82%	38%	●	△
Shelter	Average covered area per person	min 3.5m ²	3.7m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	4	4	●	▷
WASH	# of persons per latrine	max. 20	14	15	●	▷
	# of persons per shower	max. 20	14	15	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

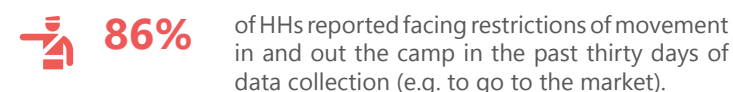
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

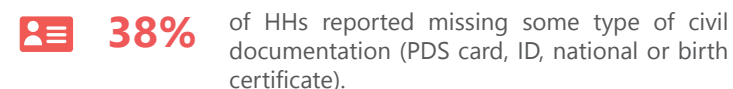
Proportion of Vulnerable Groups



Freedom of Movement



Documentation



Camp Safety

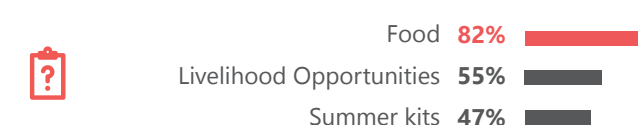


Movement Intentions (within the next 12 months following data collection)

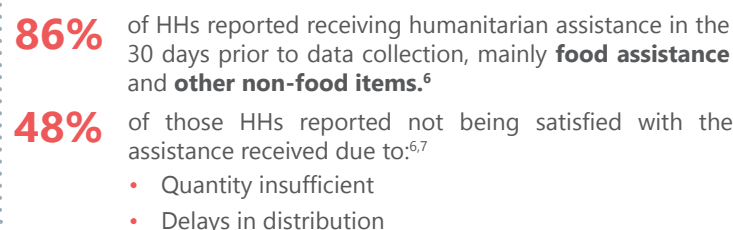


Priority Needs

Top three most commonly reported priority needs:⁶



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Hasansham U3

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



74% Acceptable
24% Borderline
2% Poor

Food Consumption Coping Strategies

94% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **87%**
Reducing household expenses **41%**
Selling household assets **22%**

HH Income and Expenditure

Median reported monthly HH income: **74,785 (52 USD)⁸**
Median reported monthly expenditure per HH: **306,129 (214 USD)⁸**
Median reported debt value per HH: **868,978 IQD (608 USD)⁸**

95% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Loans, debts **69%**
NGO or charity assistance **67%**
MODM cash assistance **38%**

Proportion of main monthly HH expenditures:



Food **57%**
Healthcare **30%**

Shelter and Non-food Items (NFI)

Top three most commonly reported shelter types:⁶



Tent **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **57%**
Improve privacy and dignity **45%**
Improve safety and security **27%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **61%**
Limited ventilation **58%**
Leaks with light rain **26%**

Top three most commonly reported NFI needs:^{6, 12}



Cooking utensils **47%**
Mattresses/sleeping mats **45%**
Bedding items **30%**

Education

Reported regular school attendance by age and gender:

↑ **65% Boys** | **Girls 72%** ↓

36% **12 - 17** 56%
82% **6 - 11** 83%

Of the **31%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Unable to enrol child to school
- Health condition of child

Health

Of the **48%** of HHs who required healthcare services in the three months prior to data collection, **48%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **84%**
Treatment unavailable **31%**
No issues **13%**

Average travel time to a functional hospital facility:



1% Less than 15 minutes
1% Between 16-30 minutes
88% Between 31-60 minutes
10% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Water Trucking **97%**
Piped water into compound **3%**

55% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

78% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

8% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 14% reported not having enclosure issues.

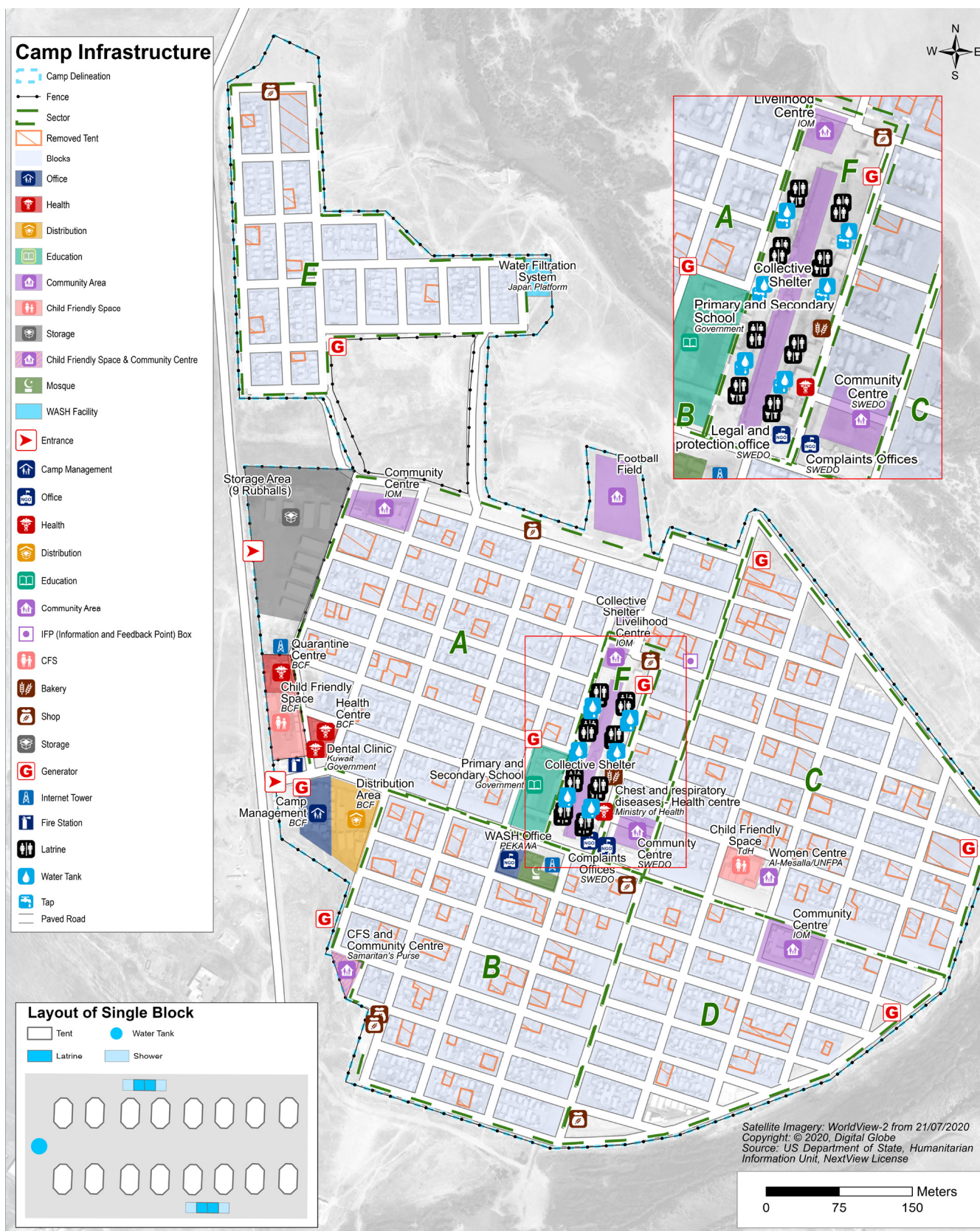
¹¹ 13% reported their shelter did not need improvements





Camp Profile: Hasansham U3

Infrastructure Map: Hasansham U3



Key Informant (KI) reports

- The KI reported that the teaching staff in the camp was insufficient to cover their education needs.





Camp Profile: Khazer M1

Erbil, Iraq
June-August 2021

Management agency: BCF
SSID: IQ1503-0010

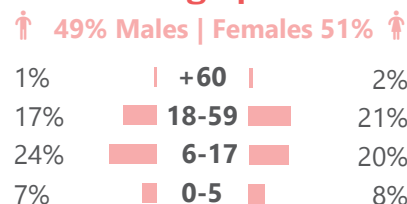
Summary

This profile provides an overview of conditions in Khazer M1 camp. Between 18 June and 10 August 2021 REACH collected 92 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

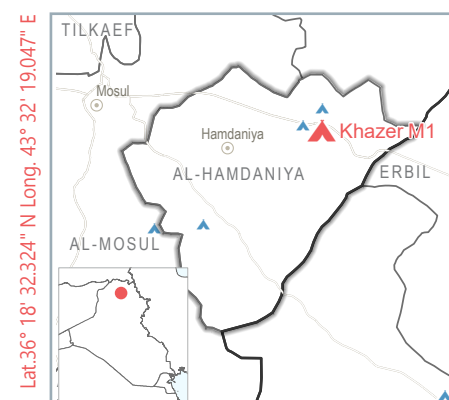
Camp Overview

Number of individuals:	5,419
Number of HHs:	1,043
Date opened:	Oct-2016
Main shelter type:	Tents
Planned capacity:	1,442 plots
Camp area:	1176km ²

Demographics



Location Map



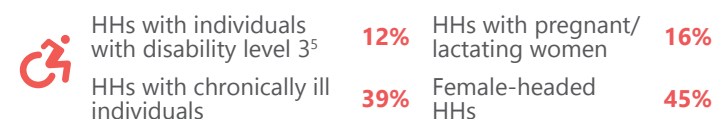
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	86%	72%	●	▽
	% of children aged 12-17 attending formal school	100%	76%	46%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	68%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	1,013m ²	1,060m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	84%	34%	●	△
Shelter	Average covered area per person	min 3.5m ²	4.6m ²	4.6m ²	●	▷
	Average number of individuals per shelter	max. 5	4	4	●	▷
WASH	# of persons per latrine	max. 20	18	9	●	▷
	# of persons per shower	max. 20	18	9	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

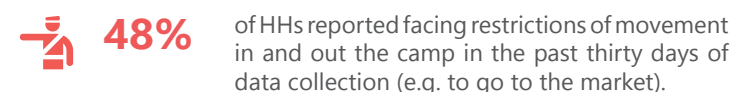
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

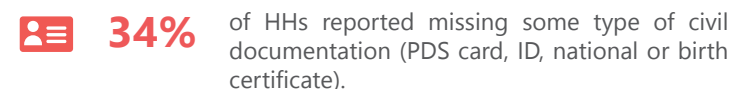
Proportion of Vulnerable Groups



Freedom of Movement

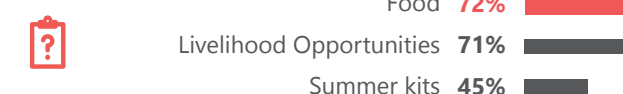


Documentation

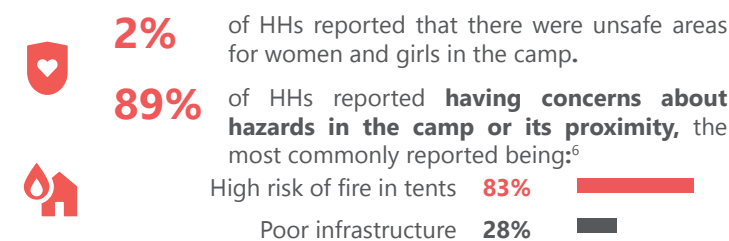


Priority Needs

Top three most commonly reported priority needs:⁶



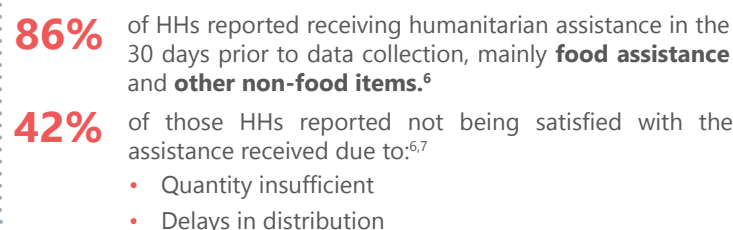
Camp Safety



Movement Intentions (within the next 12 months following data collection)



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Khazer M1

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



68% Acceptable
27% Borderline
5% Poor

Food Consumption Coping Strategies

93%

of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **89%**
Reducing household expenses **34%**
Selling household assets **18%**

HH Income and Expenditure

Median reported monthly HH income: **121,902 (85 USD)⁸**
Median reported monthly expenditure per HH: **251,630 (176 USD)⁸**
Median reported debt value per HH: **15,257,840 IQD (10,680 USD)⁸**

97%

of HHs reported being in debt, mostly to afford basic needs.⁹

Top three most commonly reported HH income sources:⁶

Loans, debts **77%**
NGO or charity assistance **50%**
MODM cash assistance **33%**

Proportion of main monthly HH expenditures:



Food **71%**
Healthcare **11%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **100%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Protect from climatic conditions **68%**
Improve privacy and dignity **54%**
Improve safety and security **21%**

Top three most commonly reported enclosure issues:^{6, 10}



Leaks with heavy rain **52%**
Limited ventilation **51%**
Lack of insulation **22%**

Top three most commonly reported NFI needs:^{6, 12}



Mattresses/sleeping mats **59%**
Cooking utensils **48%**
Bedding items **29%**

Education

Reported regular school attendance by age and gender:

↑ **60% Boys** | **Girls 59%** ↓

51% **12 - 17** **41%**
68% **6 - 11** **78%**

Of the **39%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Lack of interest of child
- Health condition of child
- Parental refusal to send children to school

Health

Of the **43%** of HHs who required healthcare services in the three months prior to data collection, **48%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **88%**
Treatment unavailable **25%**
Long distance **15%**

Average travel time to a functional hospital facility:



1% Less than 15 minutes
5% Between 16-30 minutes
82% Between 31-60 minutes
12% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Water Trucking **80%**
Piped water into compound **11%**

30%

of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

82%

of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

5%

of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 15% reported not having enclosure issues.

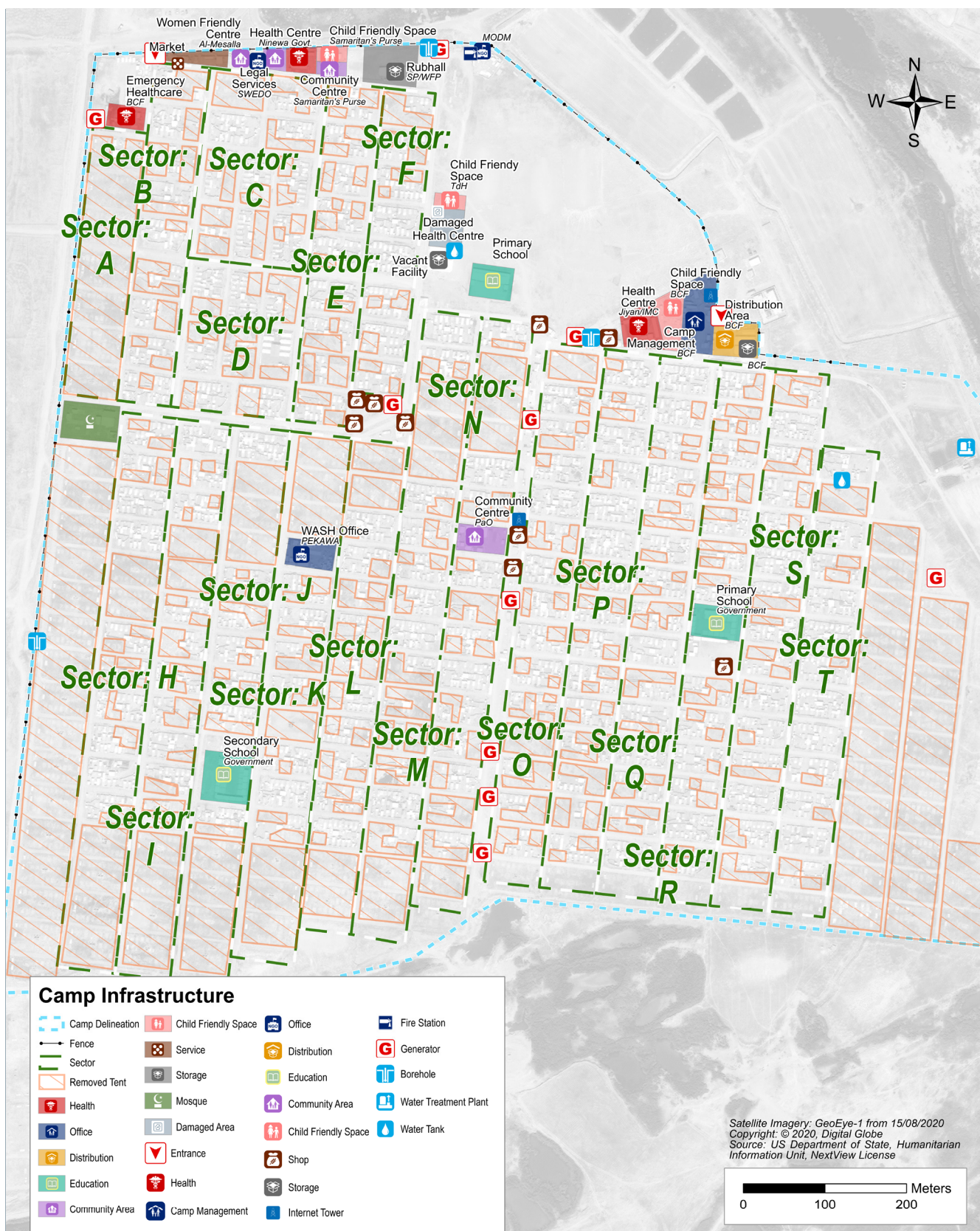
¹¹ 8% reported their shelter did not need improvements





Camp Profile: Khazer M1

Infrastructure Map: Khazer M1



Key Informant (KI) reports

- The KI reported that the camp was not prepared to cope with the COVID-19 crisis. The KI reported that the teaching staff in the camp was insufficient to cover their education needs.





Camp Profile: Qayyarah Jad'ah 5

Ninewa, Iraq
June-August 2021

Management agency: IOM
SSID: IQ1505-0010-004

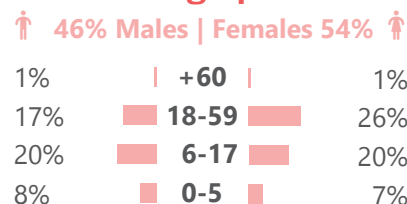
Summary

This profile provides an overview of conditions in Qayyarah Jad'ah 5 camp. Between 18 June and 10 August 2021 REACH collected 89 face-to-face household (HH) surveys through random sampling.¹ Key informant (KI) interviews with the camp managers were conducted to support findings.

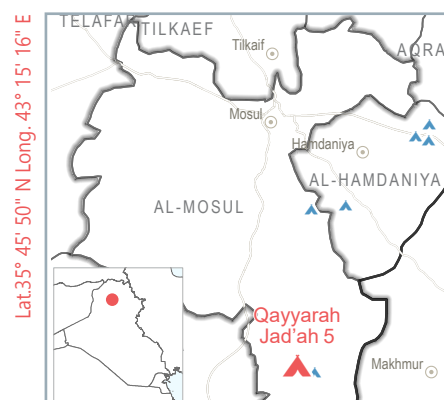
Camp Overview

Number of individuals:	5,737
Number of HHs:	1,229
Date opened:	Jun-2017
Main shelter type:	Tents
Planned capacity:	1,603 plots
Camp area:	459.4km ²

Demographics



Location Map



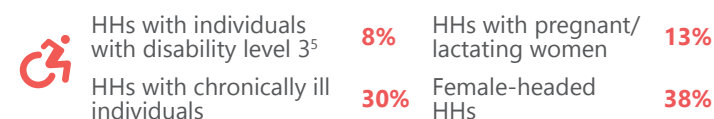
Sectoral Minimum Standards

		Target	Previous Round ²	Current round	Target Reached	Change
Education	% of children aged 6-11 attending formal school	100%	71%	97%	●	▽
	% of children aged 12-17 attending formal school	100%	64%	89%	●	▽
Food	% of HHs with an acceptable Food Consumption Score (FCS) ³	100%	100%	76%	●	▽
Health	Health services are available on-site or within walking distance (less than 5km)	Yes	Yes	Yes	●	▷
CCCM	Average open area per household	min. 30m ²	773m ²	332m ²	●	▷
Protection	% of HHs reporting that at least one member is missing some type of civil documentation ⁴	0%	35%	20%	●	△
Shelter	Average covered area per person	min 3.5m ²	4.6m ²	3.7m ²	●	▷
	Average number of individuals per shelter	max. 5	3	4	●	▷
WASH	# of persons per latrine	max. 20	12	13	●	▷
	# of persons per shower	max. 20	10	21	●	▷
	Frequency of solid waste disposal (at least weekly)	min. weekly	Yes	Yes	●	▷

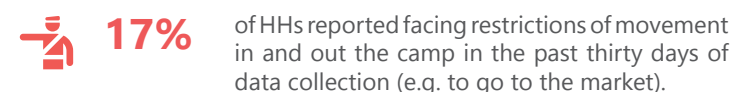
Targets based on minimum standards agreed with the CCCM Cluster, Iraq. Findings based on household-level data, enumerator field observations, and camp management documentation.
 ● Minimum standard reached, ● 50-99% of minimum standard reached, ● Less than 50% of minimum standard reached or not at all. The change column refers to the changes between rounds, and the arrows indicate: △ there was an improvement according to the minimum standards, ▽ there was a worsening of the situation, ▷ there were no changes or changes did not affect the minimum standards.

Protection and Intentions

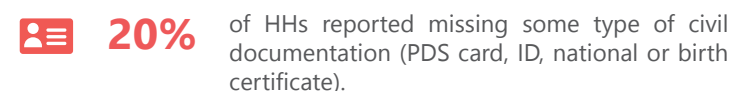
Proportion of Vulnerable Groups



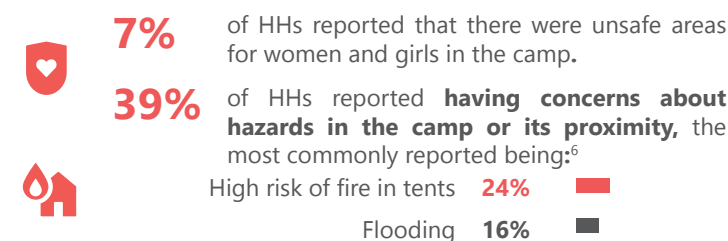
Freedom of Movement



Documentation



Camp Safety

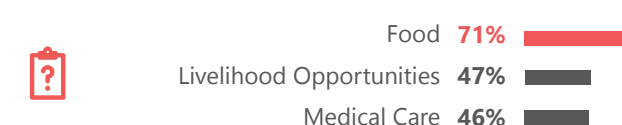


Movement Intentions (within the next 12 months following data collection)

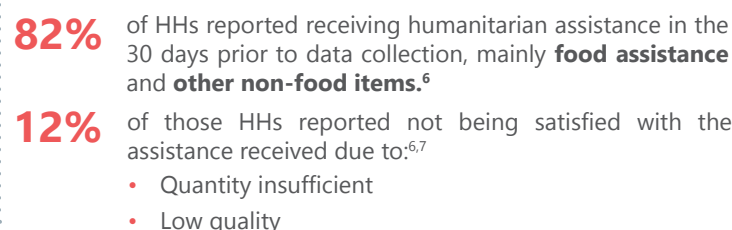


Priority Needs

Top three most commonly reported priority needs:⁶



Aid Distribution



¹ For more information on the methodology, see the Terms of Reference available [here](#).

² Previous rounds used different methodology, hence changes between rounds should be considered indicative. This data corresponds to the Camp Profiling round XIV from August 2020.

³ Food consumption score is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁴ Public Distribution System (PDS) card, civil individual identity (ID), national certificate, and child's birth certificate.

⁵ REACH used the [Washington Disability Group](#) definition and methodology to calculate the [disability level](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES



Camp Profile: Qayyarah Jad'ah 5

Food Security and Livelihoods

HH Food Consumption Score (FCS)³



76% Acceptable
15% Borderline
9% Poor

Food Consumption Coping Strategies

61% of HHs reported using some form of food consumption-based coping strategy in the 30 days prior to data collection. The most commonly reported were:⁶



Buying food on credit **47%**
Reducing household expenses **33%**
Selling household assets **16%**

HH Income and Expenditure

Median reported monthly HH income: **178,034 (125 USD)⁸**
Median reported monthly expenditure per HH: **187,809 (131 USD)⁸**
Median reported debt value per HH: **854,584 IQD (598 USD)⁸**

62% of HHs reported being in debt, mostly to afford basic needs⁹

Top three most commonly reported HH income sources:⁶

Irregular employment (daily wage earning) **44%**

Selling assistance received **20%**

Savings **19%**

Proportion of main monthly HH expenditures:



Food **78%**

Healthcare **14%**

Shelter and Non-food Items (NFIs)

Top three most commonly reported shelter types:⁶



Tent **99%**
Prefab/caravan/RHU **1%**

Top three most commonly reported priority needs to improve their shelter:^{6, 11}



Improve privacy and dignity **33%**
Protection from hazards **29%**
Protect from climatic conditions **25%**

Top three most commonly reported enclosure issues:^{6, 10}



No enclosure issues **42%**
Leaks with heavy rain **34%**
Lack of insulation **25%**

Top three most commonly reported NFI needs:^{6, 12}



Bedding items **63%**
Cooking utensils **47%**
Mattresses/sleeping mats **26%**

Education

Reported regular school attendance by age and gender:

44% Boys | Girls 29%

41% 12 - 17 **18%**
47% 6 - 11 **39%**

Of the **56%** of HHs who reported **at least one school-aged child not attending school regularly** in the 2020-2021 school year while schools were open, the most commonly reported barriers included:^{6, 7}

- Unable to afford expenses
- Lack of interest of child
- School stopped functioning and closed

Health

Of the **33%** of HHs who required healthcare services in the three months prior to data collection, **34%** reported facing barriers to access, with the top three most commonly reported barriers including:^{6, 7}



High cost of healthcare **59%**
No issues **31%**
No medicines available **10%**

Average travel time to a functional hospital facility:



3% Less than 15 minutes
11% Between 16-30 minutes
86% Between 31-60 minutes
0% Between 1-2 hours

Water, Sanitation and Hygiene (WASH)

Top primary reported sources of drinking water over the 7 days prior to data collection:⁶



Water Trucking **48%**
Piped water into compound **46%**

25% of HHs reported issues with the quality of the water.

Camp Coordination and Camp Management

73% of HHs reported knowing how to contact the camp management or administration team if they had any complaints or feedback.

16% of HHs reported feeling hesitant to raise concerns to the camp management/aid workers.

³ Food consumption score calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available [here](#).

⁶ Respondents could select multiple options. Therefore, results may exceed 100%.

⁷ Findings are based on a small subset or sample of the camp population, and are therefore considered indicative.

⁸ Exchange rate of 1 USD: 1,430 IQD, sourced from xe.com at 6/10/2021.

⁹ Basic needs include: basic household expenditure (utilities), healthcare, education, NFIs, and shelter repairs.

¹⁰ 42% reported not having enclosure issues.

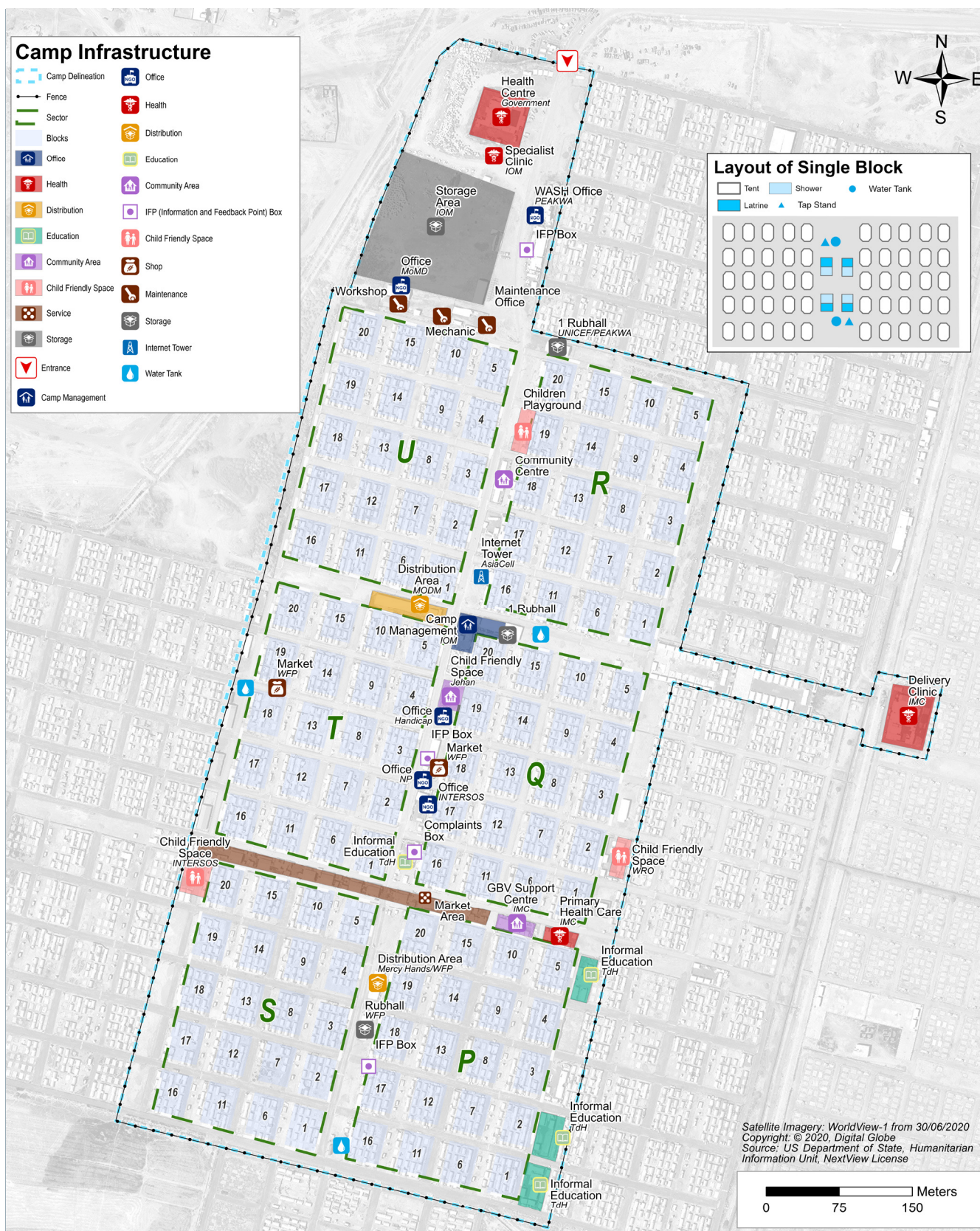
¹¹ 18% reported their shelter did not need improvements





Camp Profile: Qayyarah Jad'ah 5

Infrastructure Map: Qayyarah Jad'ah 5



Key Informant (KI) reports

- The KI reported that the camp was not prepared to cope with the COVID-19 crisis. There were no education services within the camp (neither primary nor secondary education).

