I. Context/Introduction

Iraq is experiencing the worst human displacement of its history, with almost 2.2 million persons displaced within its borders and an additional two million who have fled the country to the surrounding region. This mass displacement is fast becoming a regional and ultimately international crisis.

Iraq has a protracted history of displacement, with hundreds of thousands of people displaced over the past four decades by war and the policies carried out by the former regime. After the 2003 overthrow of Saddam Hussein, population displacements primarily occurred due to military operations, crime, and generalized insecurity. Between 2003 and 2005, many of the displaced were moving temporarily to avoid war zones.

However, on 22 February 2006, the bombing of the Samarra Al-Askari Mosque triggered escalating sectarian violence that drastically changed the dynamics of Iraqi displacement. Since then, populations have primarily fled violence targeting their religious and ethnic identities, in addition to generalized crime and continued military offensives. The scale of displacement also changed: between 2003 and the end of 2005, 402,000 persons were displaced; since February 2006, almost one million additional persons have been displaced. An average of 60,000 people have been displaced per month in 2007.

Displacement due to sectarian violence generally saw Internally Displaced Persons (IDPs) moving from religious and ethnically mixed communities to homogenous ones. Shias tended to move from the center to the south, while Sunnis tended to move from the south to the upper-center, especially to Anbar. In large cities like Baghdad and Baquba, both Sunnis and Shias were displaced within the city to homogenous neighborhoods. Christians primarily fled to Nineveh and the northern three governorates, and Kurds were usually displaced within Diyala and Kirkuk and to the northern three governorates.

However, displacement is not limited to sectarian violence; many IDPs are fleeing their homes due to lawlessness experienced throughout the country that is creating an environment of fear in which criminals, militia, and insurgents thrive. In addition, humanitarian agencies are finding it difficult, if not impossible, to provide assistance to those most in need.

These large movements of people will have long-lasting political, social, and economic impacts in Iraq, and the increasingly protracted nature of displacement in the past year and a half may well be entrenching communal divisions. The stability that was anticipated as a result of various security plans has not materialized, and as the violence continues in Iraq, so will the displacement.

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1 This figure includes an estimated 200,000 people displaced by military operations in Falluja in November 2004; most of these IDPs have since returned. Displacement due to military operations is underreported and difficult to determine due to the challenge in accessing areas under siege.
II. IDP OVERVIEW

Since February 2006, 994,770\(^2\) Iraqis have been displaced. Of these, IOM’s assessments cover 100,472 families in the central and southern 15 governorates. The average family size in Iraq is at least six persons, yielding an estimated total of 603,000 individuals covered by IOM’s assessments.

Places of Origin and Reasons for Displacement

In 2007 the largest displacements continue to originate from Baghdad, which is the place of origin for the majority (69\%) of post-February 2006 IDPs. Much of Iraq’s worst sectarian, political, and criminal violence has occurred within Baghdad’s neighborhoods, forcing people to either flee the governorate or displace within it to more religiously homogenous areas. In addition, IDPs continue to be displaced from and within Anbar, Baghdad and Diyala due to ongoing MNF-I/IF military operations and clashes among various armed groups.

The majority (63\%) of those assessed reported that they fled direct threats to life, and over a quarter said that they had been forcibly displaced from their property. When asked why they were targeted, 89\% said it was due to their religious/sectarian identity.

At the end of 2006, an estimated 84,000 Iraqis had fled from the center and south of Iraq to the three northern governorates. As of July 2007, this number has increased to over 150,000\(^3\). These new arrivals in the north are increasingly settling in camps or camp-like settlements, as is the case throughout Iraq\(^4\).

Religion and Ethnicity

While IDP ethnicity is predominately Arab, increasingly minorities are specifically targeted:

- Arab 93\%
- Assyrian 4\%
- Kurd 1\%
- Turkmen 1\%
- Other 1\%

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\(^2\) According to Cluster F, the UN Country Team cluster for IDPs and Refugees, of which IOM is Deputy Cluster Coordinator. See Cluster F IDP Update, June 24.

\(^3\) Ibid.

\(^4\) See IOM’s Assessment of IDP Camps, June/July 2007, at [www.iom-iraq.net/idp.html](http://www.iom-iraq.net/idp.html).
Displacement reflects the overall religious makeup of the country, with Shias being the largest religious group to be displaced, Sunnis representing over 30% of the displaced, and other religious minorities less than 5%:

<table>
<thead>
<tr>
<th>Religious Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shia Muslim</td>
<td>64%</td>
</tr>
<tr>
<td>Yazidi</td>
<td>0.01%</td>
</tr>
<tr>
<td>Sunni Muslim</td>
<td>32%</td>
</tr>
<tr>
<td>Sabean Mandeans</td>
<td>0.002%</td>
</tr>
<tr>
<td>Christian</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Intentions**

One of the most important and politically charged questions regarding displacement is whether IDPs will stay in their current location (thus crystallizing the polarization of communities), move to a third location, or return home (resulting in potential mass returns). Overall, over half of the assessed intend to return home. However, IDPs who fled to other governorates are much more likely to try to integrate in their place of displacement when compared with IDPs who are displaced within a governorate. Many families who fled in 2006 hoped to return but have now been displaced for over a year. As insecurity in their places of origin shows no sign of abating, they are forced to accept prolonged displacement.

<table>
<thead>
<tr>
<th>Intentions</th>
<th>Of total assessed</th>
<th>Of those displaced to another governorate</th>
<th>Of those displaced within governorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to place of origin</td>
<td>55%</td>
<td>44%</td>
<td>81%</td>
</tr>
<tr>
<td>Integrate in current location</td>
<td>23%</td>
<td>31%</td>
<td>5%</td>
</tr>
<tr>
<td>Resettle in a third location</td>
<td>19%</td>
<td>22%</td>
<td>13%</td>
</tr>
<tr>
<td>Undecided</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**III. THE NEEDS: HUMANITARIAN ASSESSMENT**

**Security/Protection**

Insecurity throughout Iraq is generating displacement and complicating humanitarian assessment and assistance.

Instability due to sectarian violence, military operations, and targeted attacks was worst in Anbar, Diyala, Salah al-Din, Baghdad, Ninewa, Basrah, and Kirkuk. In Anbar, military coordination between MNF-I/IF and local tribes shifted displacement dynamics, stabilizing some areas and destabilizing others. Major MNF-I/IF operations in Diyala produced new displacement mid-2007. On 13 June 2007, the Samarra Al-Askari Mosque was bombed again, further escalating sectarian tension. So far, no significant increase in displacement has been observed due to this second bombing.

Displacement entails particular challenges for women, children, and those with vulnerabilities such as illness, pregnancy, or advanced age. Specialized health care (e.g. gynecology, pediatrics, or geriatrics) is often unavailable. Female IDPs are experiencing difficulty adjusting to increasing religious conservatism in places of displacement. In insecure areas, women and children must stay home because they are especially vulnerable to insurgents’ intimidation, abduction, and rape. Since sectarian violence often targets males, many families are displaced due to the murder of their husband and/or sons. These female-headed households have difficulty protecting and supporting their families. Health clinics and IDPs report a rise in unattended births, abortion requests, and even prostitution, all indicators of the deteriorating situation for vulnerable IDPs.
Displacement is also disrupting education and often requires children to work to support the family. Beyond this is the massive psychological trauma that violence and displacement inflicts on all IDPs, but especially on young children. Many children have seen family members brutally murdered. Few IDPs have access to any kind of mental health care.

Restrictions on IDP Entry into Governorates

Increased displacement has strained local capacities, particularly in the saturated southern governorates which in 2006 welcomed IDPs fleeing sectarian violence. In 2007, governorates began to restrict IDP entry due to economic and security reasons. Often IDPs from unstable regions are suspected of cooperating with insurgents. Some governorates will only grant residence to IDPs who can prove that they originate from the governorate. In addition, local authorities have ordered that the Ministry of Migration and Development (MoDM) cease registration in some governorates, so IDPs are therefore ineligible for assistance. IDPs entering the three northern governorates must be sponsored by someone who lives there, preventing many IDPs from entering. Increased restrictions on entry will force more and more Iraqis to seek refuge outside of the country.

Shelter

Shelter consistently remains a top priority need listed by IDPs. The majority (59%) of IDPs assessed live in rented shelter, often without basic services, which is not sustainable for the many IDPs who do not have income and whose displacement has become protracted. An additional 19% stay with relatives or host families, causing overcrowded conditions and placing a burden on their hosts. Seven percent (7%) live in collective settlements, and another 7% are staying in public buildings. The remaining 8% live in other types of arrangements, such as tents in camps, tents near hosts’ homes, or former military camps. All of these alternative settlements frequently lack basic services such as running water, electricity, and sanitation facilities, and conditions become unbearable during the extremities of Iraq’s cold winters and hot summers.

Food/Public Distribution System (PDS)

Food is also a top priority assistance need requested by IDPs. It is estimated that between 25% and 40% of Iraqis are highly dependent upon PDS rations, and this figure is even higher among the displaced populations. There is, however, a widespread lack of access to the PDS among displaced populations. Overall, 22% of IDPs assessed have no access to PDS food rations and only 17% reported consistent access. Inability to access PDS rations is worst in Basrah (60% with no access), Kirkuk (47%), and Babylon (44%).

The most frequently reported obstacle to PDS access is insecurity along food transportation routes, including both intra-governorate distribution and countrywide movement of food. The other major obstacle is transferring the PDS registration, which often requires deregistration in the place of origin, a near impossibility for IDPs who fled violence and direct threats to life. In areas where sectarian tensions are high, IDPs reported discrimination within the bureaucracy that processes these transfers or local distributors who refused to provide them with food. Close to one-half (46%) of IDPs assessed reported receiving food aid from other sources besides the PDS. The majority of this was provided by religious charities and humanitarian organizations.

Health Care

The 2007 IDP health care situation continued in the same trends observed during 2006. Overall, 11% of those IDPs assessed to date cannot access health care. The situation is worst in Kirkuk

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5 As of June 2007, 10 of 15 governorates are restricting IDP entry: Sulaymaniyah, Erbil, Dahuk, Babylon, Basrah, Kerbala, Kirkuk, Muthanna, Najaf, and Qadissiya.
(44% without access), followed by Muthanna (26%), and Diyala (25%). Absence of facilities, insecurity, distance, and financial constraints were the most cited reasons for lack of access.

Specialized health care (e.g. surgery or gynecology) is increasingly scarce, as many specialist physicians have fled the country. IDPs consistently reported shortages of medication, qualified staff, and equipment. One-third (34%) reported that they cannot access medications they need, compared with 37% in 2006.

Inadequate shelter and lack of sanitation, potable water, and proper nutrition all contribute to disease. These conditions are often found together in the most vulnerable IDP communities, such as in overcrowded neighborhoods or remote locations that are distant from essential services.

IV. THE RESPONSE: HUMANITARIAN ASSISTANCE

Iraq arguably could be considered the most dangerous place in the world for humanitarian agencies to work. Most international organizations relocated their main offices to neighboring countries after the bombing of the Canal Hotel in 2003. They now operate with an increasingly limited number of national and international staff on the ground, primarily working through Iraqi non-governmental organizations (NGOs) or smaller, low-profile international NGOs.

Recent violence, the targeting of humanitarian aid workers, and the blurring of roles between military and humanitarian actors create a hostile environment that requires many humanitarian agencies to work with extreme caution. Those who work in the central part of Iraq, the most volatile, cannot reveal that they are funded by international bodies. Sometimes they cannot even say they are working as humanitarian assistance providers. In areas that are closely controlled by militias or insurgents, humanitarian organizations are rarely present, and it is those very armed groups who are providing humanitarian assistance to the people in their territory.

In the south and north the situation is somewhat better, as humanitarian agencies can reveal their identity. However, it is still necessary to work closely with local religious leaders, police, authorities, and sometimes even militias or insurgents to make sure that aid workers and their supplies can reach the displaced populations.

In 2006, 71% of IDPs assessed reported receiving some form of humanitarian aid. In 2007 that figure decreased to 68%. A third of those assessed had received assistance from the host community, which plays a major role throughout Iraq in meeting IDPs’ humanitarian needs. Many host communities share food, water, and electricity sources with IDPs.

MoDM and the Iraqi Red Crescent Society have each reached 30% of IDPs assessed. Only 18% of IDPs reported receiving assistance from other NGOs or humanitarian agencies.

The top three most frequently reported priority needs for both 2006 and 2007 are food (74%), shelter (73%), and employment (63%). Need for food reflects the widespread lack of access to the PDS system and should be addressed with emergency aid. Inadequate shelter or the inability to continue to pay rising rent also place IDPs in an increasingly desperate situation. Employment would help IDPs remedy their problems, providing them with an income to buy food, afford better shelter, pay for health care, and access other necessary services.

Despite the deteriorating security situation and increased risk to humanitarian agencies, IOM continues to provide life-sustaining assistance to IDPs and host communities. IOM has assisted

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*Most of this aid was food (66%) or non-food items (51%); only 13% received health assistance, and less than 2% received sanitation assistance.*
five million displaced individuals and host community members since 2003 by providing emergency food and water distributions and implementing community assistance projects in the sectors of health, education, sanitation, income generation and legal assistance. However, despite the crisis reaching astounding proportions and an increasing awareness by the international community, donors have been slow to respond. IOM has received less than 18% of its 2007-2008 funding appeal, allowing the organization to reach only a fraction of the most vulnerable population.

V. CONCLUSION

The trends that were observed at the end of 2006 – major displacement; increased strains on host communities and heightened competition for limited resources; deterioration in the sectors of health, education, water and sanitation; increased vulnerabilities; and augmented needs of basic items essential to human survival – are still evident and increasing six months later.

The spike in displacement due to sectarian violence immediately after the bombing of the Shia shrine in February 2006 has not abated, and an environment of lawlessness and instability continues to force people form their homes. In 2007, more and more families are fleeing from a combination of sectarian violence, crime, military operations, and terror inflicted by various armed groups.

Displacement in Iraq is likely to continue as it did in 2006 and early 2007. The humanitarian crisis may well intensify as new IDPs are increasingly turned away from safe areas and already-displaced populations exhaust their meager finances. Iraqis with the ability to leave the country will continue to do so. Insecurity will remain the primary driver of displacement and the main obstacle to effective humanitarian aid.

In this environment of continuing insecurity, humanitarian agencies must meet the short-term emergency needs of extremely vulnerable IDP groups, while implementing durable solutions projects that assist IDPs in rebuilding their lives. Failure to do so will exacerbate the humanitarian dimension of a massive displacement crisis that is already guaranteed to have economic, social, and political reverberations in Iraq and the region for years to come.

VI. APPENDIX A: IOM ASSESSMENT METHODOLOGY

IOM coordinates with implementing partners to carry out needs assessments for post-February 2006 IDPs in the 15 central and southern governorates of Iraq. These assessments complement the registration work conducted by other entities, such as MoDM.

Monitors use IDP Rapid Assessment questionnaires developed in coordination with other stakeholders. These are completed during interviews with MoDM, IDP tribal and community leaders, local NGOs, local government authorities, and individual IDP families. Information is entered into a database as it is gathered on a continuous basis.

Based on its in-depth displacement data collection and analysis, IOM has published and disseminated over 50 displacement update reports, 15 Governorate Profiles, and the 2006 Iraq Displacement in Review (available at www.iom-iraq.net/idp.html ). IOM also assists the displaced through emergency food and water distributions and community assistance projects.

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