MIRA

Multi-Cluster/Sector Initial Assessment Report

IDPs RESPONSE IN IRAQ

PROVINCE OF NINEWAH AND ERBIL

Conducted by PAO

On behalf of

Save the Children

June 17-23rd
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I. Background

THE ASSESSMENT PROCESS

Save the Children (SC) has been working on the humanitarian crisis caused by the influx of Syrian refugees in Iraq since the start of Syrian crisis. The organization has responded to the crisis via support to refugees in Iraq, Jordan, and Lebanon. With the new crisis caused by ISIS in Mosul and Ambar provinces in Iraq, SC has a humanitarian imperative to intensify its response within the country, requiring assistance to internally displaced people (IDP). SC has also partnered with national based organizations to reach off limit places due to security challenges. People Aid Organization (PAO) has conducted the assessment on behalf of Save the Children from June 17th to June 23rd 2014.

PAO organization has been working on responding to the crisis in Syria since September 2013 through “protection and humanitarian aid program”, in which PAO in partnership with international non-governmental organizations and UN agencies which have worked on child protection and humanitarian assistants in both Iraq and Syria.

SCI and PAO have worked jointly during Syria crisis to response to the needs of children in the north of Iraq and north east Syria. Additionally, with the start of recent crisis in Ninawa and other provinces in Iraq, both SCI and PAO have worked closely to identify and respond to the needs of children.

This assessment was carried out in 12 districts and sub districts by three teams who have approached each area based on its accessibility. Each of the 12 locations was considered as a community. Representative samples were taken from each of them and contain:

- **IDPs**
  - Individuals interviewed include children, women, and men
  - 2 focus groups for children between 3-17 years old, 2 focus groups for women, and 2 focus groups for men per location
  - Each focus group is composed of 8-12 people
- **Local authorities/Administrators**
  Certain questions required an in-depth knowledge of the situation which will be hard to answer by IDPs. In that case local authorities were approached in most district/sub district. The district or sub district head were also used as sample individual, eg: sub district mukhtar
- **Medical centers**
  The assessment teams approached health facilities in each location in order to identify the number of IDP families that have access to those facilities, type of medical needs and capability of those facilities to respond to those needs.
  The following sectors were targeted during the assessment:
2. Objectives

The objectives of the assessment were as follows:

- Gather a top level snapshot of the current situation across multiple sectors in order to understand the key needs and priorities in hard to reach areas.
- Inform initial sector plans and program design for the upcoming assumed initial response.

**CP**: Protect children against the exploitation, abuse, and psychological distress through child-friendly spaces, school, and community awareness activities.

**Shelter/NFI**: Individual support to vulnerable children and their families (through NFI's/cash/shelter kits) and establishing and supporting referral mechanisms at the community level to provide a more protective environment for children.

**WASH**: Reinforcing health outcomes for children by ensuring access to sufficient, safe water; better sanitary conditions in camps, collective centers and communities, and provision of hygiene kits.

**FSL**: Enabled access to essential food and NFI's through monthly vouchers redeemable at specified traders; targeted flour distributions to bakeries and communities cash grants to support the trader supply line, and followed up with cash for work and livelihoods building measures.

**Health/Nutrition**: Targeted measles vaccination campaign (with polio and vitamin A); distribution of medication, medical supplies; newborn health kits to women with newborns and women in the last trimester of their pregnancy at household level; and basic/comprehensive emergency maternal obstetric and neonatal care at the clinic and primary health center level.

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**THE IDP CRISIS AND THE HUMANITARIAN SITUATION IN NORTHERN IRAQ**

According to UN latest reports, Iraq is now contending with one of the largest internal population displacements in the world. Over a million have been displaced since January 2014. This is in addition to approximately 1 million people displaced from previous conflicts and over 220,000 Syrian refugees.\(^1\)

As per IOM Displacement Tracking Matrix (DTM) report issued on 25 June, the DTM has identified the locations of 40,157 IDP families (240,942 individuals) in 240 different locations since June 5th. Of the most recent IDPs, the vast majority fled their homes in the governorate of Ninewa (67%) due to the ongoing crisis. Displacement also occurred in the governorates of Salah Al-Din (14%), Diyala (5%), Anbar (4%), Babylon, Kirkuk, and Baghdad.

In general, displacement has occurred within the governorate of origin. As a result, Ninewa currently hosts 27,083 IDP families which accounts for the majority of IDPs displaced since June 5th.

\(^1\) [http://www.unhcr.org/pages/49e486426.html](http://www.unhcr.org/pages/49e486426.html)
Interestingly, Ninewa hosts no IDPs from other governorates. For those families fleeing across governorate borders, the majority have sought refuge in the governorates of the Kurdish Region of Iraq (KRI), Dohuk (5,525 families), Erbil (1,925 families), and Suleimaniya (1,678 families). IDP families, although in smaller numbers, were also identified as far south as Basra, Thi Qar, Missan, Najaf, Qadissiya, and Wassit.

**GEOGRAPHICAL FOCUS OF THE ASSESSMENTS**

PAO in partnership with Save the Children has conducted a multi sector assessment in Nineveh and Erbil provinces in June 2014 which corroborates with analysis from other actors (the UN, IOM) and found significant humanitarian needs in all locations assessed in northern Iraq, across all technical sectors.

**Nineveh Province:** In Nineveh province, IDP’s were interviewed from 9 districts and sub districts: Shekhan district, Bahsheqa sub district, Telkif district, Zumar sub district, Fayda and AlQush sub districts, Makhmur district, Hamdaniyah district, Bartlla sub district, Sinjar district

**Erbil Province:** In Erbil province, 3 districts were used for IDP’s sample selection; Guair sub district, Khabat district, and Khazir camp part of Khabat district.

### 3. Methodology

The assessment was conducted in Nineveh and Erbil provinces due to the existence of a large number of the IDPs in these areas.
Data was both qualitative and quantitative through various methodologies including key informant interviews, focus group discussions, and a medical center survey, followed by data analysis and desk review.

Secondary information – in order to triangulate our findings

Male and female enumerators were hired to conduct the study. Local enumerators were recruited for cultural reasons. An in-depth orientation process of the new enumerators followed the recruitment process on the concept and process of MIRA assessment, tools, security, and other details. Teams from the following PAO offices were selected:

**Nineveh office**: Balsheqa sub district; Telkif district; Zumar sub district; Dahock; Fayda and AlQush sub districts; Shekhan district. The team includes 2 female and 7 male enumerators.

**Erbil office**: Makhmur district; Hamdaniyah district; Bartla sub district; Guair sub district; Khabat district; Khazir camp part of Khabat district. Erbil team includes 11 female and 7 male enumerators.

Data was gathered from the following meetings and visits: Individual interviews with children and adults, focus group discussion with 2 groups of 10 children, 2 groups of 10 male and 2 groups of 10 females. Community’s elderly leaders were consulted for more in-depth interview as well as medical centers managers to assess their health needs.

Key informant interviews:

- Camp Khazer (1 x individual women, 1 x men, 1 x Individual child)
- Bartalih (0)
- Hamdaniya (0)
- Khabat (2 x individual women, 2 x men, 2 x Individual child)
- Kawer (2 x individual women, 2 x men, 2 x Individual child)
- Makhmour (2 x individual women, 2 x men, 2 x Individual child)
- Zammar (2 x individual women, 2 x men, 2 x Individual child)
- Ba’shiqah (1 x individual women, 2 x men, 2 x Individual child)
- Tilkaif (2 x individual women, 1 x men, 1 x Individual child)
- Shikhan (2 x individual women, 2 x men, 2 x Individual child)
- Faydah (2 x individual women, 2 x men, 2 x Individual child)
- Alqoush (2 x individual women, 2 x men, 2 x Individual child)

Focus Group Discussions:

- Camp Khazer (10 women, 10 men, 10 child)
- Bartalih (0 women, 4 men, 0 child)
- Hamdaniya (10 women, 10 men, 10 child)
- Khabat (10 women, 12 men, 9 child)
- Kawer (8 women, 9 men, 7 child)
- Makhmour (9 women, 9 men, 8 child)
- Zammar (6 women, 9 men, 10 child)
- Ba’shiqah (9 women, 9 men, 9 child)
- Tilkaif (8 women, 12 men, 10 child)
- Shikhan (10 women, 10 men, 10 child)
- Faydah (10 women, 10 men, 10 child)
- Alqoush (10 women, 8 men, 11 child)

Local Administrator:
- Kawer (1 x men )
- Makhmour (1 x men )
- Zammar (1 x men )
- Ba'shiqah (1 x men )
- Tilkaif (1 x men )
- Shikhan (1 x men)
- Faydah (1 x men)
- Alqoush (1 x men)

Health facility visits:
- Makhmour - Shuhada neighborhood Health Care Center
- Alqosh Health Care Center
- Zammar Health Care Center
- Shikhan Health Care Center
- Bashiqa Health Care Center

Challenges related to data collection in this complex crisis and operational environment include but not limited to:

- Difficulty in reaching certain area eg: Sinjar district was originally part of the survey area but it was canceled because it was not possible to reach it.
- Security reason eg; In Bartela the sample was reduced because the team came under gun shots from the area. Same scenario in Hamdaniya where gun fights erupted while our enumerators were trying to gather sample. Therefore only individuals sampling were conducted. Since it was not possible to do focus groups
- Technical challenges eg: The medical form was different from the regular questionnaires.
- Difficulties in getting answers for some of the questions like: Overall, what % of the affected population does NOT have access to adequate shelter?
- Areas assessed were limited by accessibility: they had to be safe and places where good local connections existed.

4. Key Findings by Sector

Protection

Child protection concerns are significant: children have been killed, injured, permanently disabled and many show visible signs of psychosocial distress. Children are at daily risk from their immediate environment, and there is particular concern regarding the continuous risk of children and their families being caught up in the conflict as fighting lines move. The specific needs of vulnerable
children are currently not being met; there is an absence of adequate support and referral mechanisms.

**Key needs observed in the sector include:**

- High levels of children’s psychosocial distress. Children are showing visible signs of psychosocial distress.
- Children are at daily risk from their immediate environment, and there is particular concern regarding the continuous risk of children and their families being caught up in the conflict and exposed to remnant of war.
- Children do not have access to basic service and education for their survival and development.
- There are no protective environment, restriction of movement, and lack of communities child protection support, reckless disregard of children’s lives by armed group and armed forces.

**Key Findings**

**Protection concerns**

- During the interviews it was difficult to identify CP concerns. Families or individuals in Khabat, Tekhif, Makmur, Alhamdaniya, and Fayda interviewed mentioned loss of children due to displacement or movement or taking care of child that is not part of their immediate families because. No one among the interviewees knows of a child/children that are living on their own.

**Psychosocial distress**

All of the adults interviewed during the assessment highlighted children’s psychosocial needs as one of the most urgent issues to address.

- Area where children and their caregivers move in has major impact on their wellbeing. For instance, children living in Shikan mentioned kidnapping, sickness, lack of education, fear of being killed, and fear in general.
- From the survey data, it appears that children have experienced a very difficult displacement that has had a big impact on their psychosocial wellbeing. Children behaviour changes were noticed by mostly adults. This includes:
  - Crying, eating disorders
  - Anger/aggressiveness, psychological issues
  - Deep crying followed by isolation/withdrawal
  - Fear in general and fear of police or military personal in particular
  - Lack of sleep
- The types of activities displaced children involve themselves into depend on the location. For instance, children in Makmur, Alquesh, and Kawer are mostly involved in swimming, while children in the rest of location are involved in football.

**Access to basic service**
Whilst the conflict has impoverished displaced population, reduced their purchasing power and the capacity of families to cover all their needs; the situation for displaced Iraqis is particularly bad. Both for the IDPs and in the host community, families are struggling to access food, shoes and clothing for their children, milk and clinical material. The most requested support mentioned by all the interviewees included clinical material, clothes/shoes, milk and food.

### Information & Observation

There are great opportunities for INGO in collaboration with local NGOs, government, people responsible of area to reduce the gap when it comes to child protection issues.

### Recommendation

The immediate priority places than needs CP attention are Alqosh, Tilkef, Hamdaniya, and Khazir camp. Program approaches in the sector, which will help to address the key needs include:

- Provision of psychosocial support for children through CFS, school and home based activities according to the specific context.
- Provide individual support to vulnerable children adopting a holistic approach that may include: children in urgent need of NFI/cash, referral to other services, unaccompanied and separated children.
- Support the community’s capacity to provide a more protective environment for children. This may include: identification of focal points/trusted adults, assessment of existing community mechanisms, development of appropriate support (including training) for these groups of adults.
- Focus on reintegration of IDP children into host community through implementing joint activities and encouraging child participation
- Raise community awareness on child protection risks including: promotion of psychosocial wellbeing, UXO awareness (around Khazier camp), etc.
- All humanitarian interventions have the potential to impact negatively or positively on children and adults’ safety and wellbeing. Humanitarian actors should keep in mind the potential for causing unintentional harm and ensure all interventions are based on the key principle of “do no harm”.

### Key needs observed in the sector include:

In urban areas, families are staying with relatives or renting small apartments. Issues include:

- Overcrowding and lack of privacy
- High cost of rent
- Burden on host families
- High cost of living
- Lack of basic household items including bedding and cooking equipment
- Shelter or cash assistance is needed to address the above issues.

Earlier assessments have indicated the need for a range of basic NFI items such as:

- Hygiene items including sanitary items for women
- Air coolers
- Household items such as bedding and cooking equipment
- Clothing

### Key Findings

- Protection from weather is either poor or very poor in most of the places according to the interviewees except in some few locations (Fayda, Bashiq, Bartela, Alquesh) where IDPs consider to be acceptable.
- Privacy was rated either very poor or poor by almost all interviewees in all locations.
- Personal security and security of belonging are either poor or very poor except in Makmuer. These feelings are felt by either individual or group of adults and children.
- In some areas (Khabat, Shikan, and Zumer), the majority of IDP population do not have adequate shelter while in others, people don’t know how extended is this issue.
- Over 90% of people interviewed in all location mentioned that they sleep either in emergency or temporary shelter type of building (shops, mosques, uncompleted buildings, schools, and overcrowded homes).
- The lack of material and funds to build shelter are by far the biggest obstacle for the population to access to suitable shelter followed by access to land.
- The following items were needed by order of preference by the IDP population:
  - Blanket and bedding
  - Cooking Gas/Fuel
  - Cooking utensil
  - Clothing/shoe
Information & Observation

The least unsuitable shelter places for IDPs is on the roads (around Khazier camp) and inside the camp.

The assessment team noticed that there are families who use the camps only for night time (sleep), whereas, they spend their day time near the checkpoints.

Additionally, there are families who are living in hotels. Our assessment team found over 10 hotels in Erbil city accommodating between 8-10 families. However, hotels are not sustainable accommodation for those families, as they claimed, because they can only afford the expenses for a week or couple weeks at a maximum.

Recommendation

Special focus should be on ensuring that new IDPs and recent camps are provided with adequate basic services in terms of

- Shelter,
- NFI items such as blanket and sleeping items, household materials, generators for electricity

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2 PAO
Water, Sanitation and Hygiene

Key needs observed in the sector include

The following needs are observed in both camp and non-camp areas
- Latrines and bathing facilities are lacking.
- Segregated facilities for males and females are needed.

Key Findings
- Piped water and trucked water are the two main sources of water
- Except for Makmuer, Zumer, and Khabat, people interviewed mentioned that water is being used in a safer way from transportation, storage and drinking and other usage of water.
- Water tanks are by far the preferred method of water storage by people in their homes and institutions.
- Usage of soap is very little because of people not being able to purchase
- Waste collection and landfill followed by Waste collection and incineration are the two preferred methods of disposing solid waste.
- Water supply, clean bathrooms/WC are the most important priorities in term of WASH

Information & Observation

Replenishment of water and distribution of hygiene items should be conducted in health care centers, community centers, and schools.

Recommendation

Program approaches in the sector, which will help to address the key needs include:

- A season tailored strategy ie: climate variations, such as harsh winter or hot summer months, should be taken into consideration when designing our projects. Climate has big impact on the type of requests to expect from people. In summer the weather is hot and in winter the weather is cold. Therefore, it is essential to increase water access - cold drinking water in summer and hot water for washing in winter.
- There is a great need of latrines and their maintenance especially in camps. These latrines should be segregate between man and women to respect the cultural norms.
- Distribution of hygiene items, especially soap since its usage is very little
- An awareness raising sessions on hand washing should be given priority.

Food Security Livelihood

Key needs observed in the sector include:

People are resorting to negative coping mechanisms.
- Food is a priority need especially in Northern Iraq
- Infant formula has also been identified as a need in assessments

**Key Findings**

- Depending on location, some people have some food stock (Bashiqa, Makmuer, Zumer, Shikan) probably due to the presence of INGO such as WFP, UNHCR while other live day by day with no food stock (Fayyah, Alhamdanyia, alquesh, Khabat, Khazier camp, Tilkef).
- There is either no or unknown locally appropriate (energy and nutrient dense) foods available for complementary feeding of children 6-23 months of age.
- The community have physical access to functioning markets except for Khazier camp and Khabat.
- The food priority needs across all location are raw materials (flour, sugar, oil, rice) except for IDPs in Khabat whom mentioned other (Meat, Fish, vegetables, milk and dairy product, fruit, canned food).
- Overall, the amount of food people are consuming is decreasing since the beginning of the emergency probably due to limited or no income.

![Changes in the total amount of food people are eating](image)

**Information & Observation**

The assessment did not gather much primary data on the livelihood situation in the targeted areas, however from observation, many IDPs have left their daily livelihood when they migrated to different locations. The number of IDPs in Khabat is decreasing significantly. Most of the IDPs are either went to Khazier or went back to their homes.

Also, at this stage of the emergency, people are prioritising the food situation over livelihoods especially during the month of Ramadan which is July.

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3 PAO
Recommendation

Program approaches in the sector, which will help to address the key needs include:

- Food distribution that include flour, sugar, oil to household (immediately)
- Complementary feeding program for children 6-23 months of age
- Cash for work in camps
- Monthly food vouchers tied to local traders
- Flour and voucher interventions should go hand in hand where possible for the same beneficiaries, in the same area, in order to meet the whole food basket need for households – energy and dietary diversity.
- Better work coordination between SCI, its partners and other local actors

Health/Nutrition

Key needs observed in the sector include:

- Medication, medical supplies
- Access to medical staff and health care facilities

Key Findings

- Overall, the amount of food consume by people is decreasing since the emergency began
- the community/health staff/ parents/caretakers don’t know of any problems in feeding babies or young children (from birth up to 2 years of age) since the beginning of the emergency
- In regard to food for their babies, the priority for parents and caregivers is by far Milk, followed by other supplements
- Health facilities that can be found depend on the locations and consist of either health centers or health posts
- The health facilities have not been damaged except in Zumar
- The major priorities for health is children’s medication, medical staff, chronic drugs
- Overall, there is an increase flow in the number of patient since the emergency started
- Health personnel over stretched since the beginning of the crisis in most of the location
- Shortage of healthcare personnel in different locations
Information & Observation

The assessment covered all accessible health centers and clinics in the area of the assessment.

- Zumar is the only place that has an exemplary medical center. “Zumar Exemplary Medical Center”
- In Alquesh and Tkef specifically the medical supplies are not enough for the high number of IDPs. PAO team which visited the field recently observed that the supplies do not last by miday. A significant number of IDPs had to leave the clinics with no treatment
- Majority of the health centers and the clinics lack women elements.
- In general the health centers and the clinics lack medical equipment such as Glucose meter, Electrocardiography, distillation, devices, medical sonar imaging devices, blood pressure measuring devices, dental chair, and emergency room instruments.
- Majority of the existing equipment are old and not operational.
- Majority of the health centers and the clinics lack quality and quantity of medication.
- The area of majority of the health centers and the clinics is small and not appropriate.
- In Khazir camp there is an alarming rate of skin allergy, bleeding of ear and nose especially among the children

Recommendation

Program approaches in the sector, which will help to address the key needs include:

Immediate needs

- Stock health centers and clinics with appropriate drugs, medical supply and consumable
- Provide training for medical staff, healthcare worker
- Create referral system to improve access to medical center
- Integrate WASH in health centers

Longer term Needs

- Cooking demonstrations – focusing on improved complementary feeding for children in health centers
- Closed monitoring of illnesses in children ie: diarrhoea, malnutrition, respiratory diseases in coordination with partners in all health centers and clinics since there is an increase risk in children morbidity and mortality following an emergency