

Iraq

Multi-Sector Needs Assessment (MSNA) VI

Summary Report

March 2022

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IMPACT Initiatives is a leading Geneva-based think-and-do tank that shapes humanitarian practices, influences policies and impacts the lives of humanitarian aid beneficiaries through information, partnerships and capacity building programmes. IMPACT's teams are present in over 20 countries across the Middle East, Latin America, Africa, Europe and Asia, and work in contexts ranging from conflict and disasters to regions affected by displacement and migration. The work of IMPACT is carried out through its two initiatives- REACH & AGORA and through the provision of direct support to partners regarding Project Assessments and Appraisals (PANDA).



UNHCR
The UN Refugee Agency

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Geographic Classifications

| | |
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| Centre-South | All of Iraq excluding the governorates of KR-I. For the purpose of this MSNA, references to “Centre-South” only pertain to Anbar, Baghdad, Kirkuk, and Ninewa given the concentration of Syrian refugee households in these governorates |
| KR-I | Kurdistan Region of Iraq, a devolved federal entity in the north of Iraq |
| Governorate | The highest administrative boundary below the national level. KR-I has three governorates: Duhok, Erbil, and Al-Sulaymaniyah |
| District | Governorates are divided into districts |
| Host community | Communities in their area of origin accommodating displaced persons |
| Refugee group | Group of refugee households according to country or territory of origin (including Turkish, Syrian, Palestinian, and Iranian) |

Abbreviations and Acronyms

| | |
|--------------|---|
| 3RP | Regional Refugee & Resilience Plan |
| CARI | The Consolidated Approach for Reporting Indicators of Food Security |
| FCS | Food Consumption Score |
| FSI | Food Security Index |
| IDP | Internally Displaced Person |
| IQD | Iraqi Dinar |
| KR-I | Kurdistan Region of Iraq |
| MCNA | Multi-Cluster Needs Assessment |
| MHPSS | Mental health and psychosocial support |
| MSNA | Multi-Sector Needs Assessment |
| ODK | Open Data Kit |
| PPS | Probability Proportionate to Size |
| GBV | Gender-based violence |
| UNDP | United Nations Development Program |
| UNHCR | United Nations High Commissioner for Refugees |
| USD | United States Dollar |
| WASH | Water, Sanitation, and Hygiene |
| WFP | World Food Program |
| WHO | World Health Organisation |



Executive Summary

The outbreak of violence in Syria in 2011 has resulted in large numbers of displaced Syrians seeking refuge in neighbouring countries, including in Iraq. This ongoing Syrian crisis is situated in a broader regional context characterised by internal displacement within Centre-South and the Kurdish Region of Iraq (KR-I), as well as refugees having arrived in Iraq from other countries prior to the Syrian crisis. More than 253,000 Syrian refugees reside in the KR-I and Centre-South, as of November 2021.¹

In addition, the onset of COVID-19 in the first quarter of 2020, and the subsequent health and economic crises have increased economic vulnerability in Iraq. As reported by the United Nations Development Program (UNDP)'s macroeconomic COVID-19 impact analysis of October 2020, Iraq faced a “twin shock” of a significant decrease in oil prices coupled with restrictions on social and economic activity due to COVID-19.² Furthermore, the January 2021 devaluation of the Iraqi Dinar has had a negative impact on consumer purchasing power, resulting in increased financial pressures for the most economically vulnerable sections of society in Iraq.³ In light of this, understanding the needs and vulnerabilities of Syrian refugee households through comprehensive evidence-based analysis is necessary to facilitate a targeted response and effective delivery of basic services.

To respond to this information need, IMPACT Initiatives (IMPACT), in coordination with the United Nations High Commissioner for Refugees (UNHCR), conducted a sixth round of the multi-sectoral needs assessment (MSNA), in which a total of 945 Syrian refugees and 439 host community households were interviewed to provide a comprehensive understanding of multi-sectoral needs in Iraq. A random sample of households was asked questions through a household survey related to eight sectors – livelihoods (including basic needs), protection (including GBV and child protection), education, food security, health, shelter, and water, sanitation, and hygiene (WASH) – as well as multi-sectoral questions about household demographics and movement intentions. The full MSNA 2021 dataset, analysed by indicator, sector, geographic strata and nationality, is also accessible on the interactive [MSNA Dashboard](#).⁴

Findings in this report are disaggregated across population groups (Syrian refugee and host community households). Findings for both population groups are also disaggregated across governorates (Syrian refugee and host community households living in Duhok, Erbil, and Al-Sulaymaniyah, as well as Syrian refugee households in Al Anbar, Baghdad, Kirkuk, and Ninewa). Host community households were only surveyed in KR-I, given the high concentration of Syrian refugees specifically in KR-I. Lastly, Syrian refugee households are also disaggregated by accommodation type (households living either in or out-of-camp). Households were randomly sampled from UNHCR-provided anonymised data to ensure that findings are representative at a 95% confidence level and 5% margin of error at the population group and KR-I level, and 95% confidence level and 10% margin of error at the governorate level.

The main findings focus on sectoral vulnerabilities:

- **Most Syrian refugee households nationwide (93%) reported experiencing a reduction in income from employment compared to pre-COVID-19** (before March 2020). In addition, 88% of Syrian refugee households nationwide reported having fewer daily labour opportunities than pre-COVID-19.
- **Syrian refugee households in KR-I reported having a higher total expenditure (average IQD 420,000) than total income (average IQD 324,000)** within the 30 days prior to data collection (as opposed to host community households who reported having received more than they spend), and lower average expenses towards debt-repayment (IQD 6,000) than host community households in KR-I (IQD 38,000).
- Syrian refugee households nationwide reported having a high income-to-debt ratio (1:4). Although this ratio among Syrian refugee households in KR-I was comparable to host community households in KR-I (1:4 for both), these **Syrian refugee households more often reported relying on debt than host community households** (83% compared to 58%). The most commonly reported reason to take on additional debt for

¹ UNHCR, [Operational Data Portal – Syrian Refugee Response](#). Accessed December 13, 2021.

² UNDP, [Impact of COVID-19 on the Iraqi Economy](#) (October 2020). Accessed March 14, 2021.

³ Associated Press, [Iraq's Central Bank devalues dinar by 22%](#) (December 2020). Accessed November 2021.

⁴ Strata are the specific groups for which the MSNA created samples, including population group, geographical location, and accommodation type e.g., Syrian refugee households living in-camp in Duhok.



Syrian refugee households in KR-I was food (76%), compared to basic household expenditures (52%) among host community households in KR-I.

- Based on MSNA 2020 and 2021 data, according to the [WFP CARI method](#) of assessing household food security, **Syrian refugee households' food security has reduced since 2020, as indicated by an increase in reported use of coping strategies since data collection for the MSNA 2020.** Among Syrian refugee households nationwide in MSNA 2020, 61% of households were qualified as being Food Secure (the highest bracket of food security), compared to only 34% of households in MSNA 2021.
- Only 6% of Syrian refugee households nationwide reported intending to move from their location within three months following data collection, compared to 4% in 2020. This 6% of Syrian refugee households nationwide predominantly expressed intention to move to a third country (37%), to or within KR-I outside a formal camp (35%), or to or within KR-I to a formal camp (15%). Intended movements were motivated primarily by economic considerations pertaining to high cost of living and lack of livelihoods opportunities in their place of residence.



Introduction

Since 2011, Iraq has taken in large numbers of Syrian refugees. According to the United Nations High Commissioner for Refugees (UNHCR), 253,000 Syrian refugees (comprising 76,000 households) were registered in Iraq as of 31 November 2021.⁵ Iraq itself still faces large-scale displacement, as a projected 1.2 million IDPs and 5 million returnees remain affected by being or having been displaced due to conflict, which arose in 2014.⁶ The increase in vulnerable populations in Iraq has, in general, resulted in a corresponding increase in demand for municipal services in the most-affected areas. To improve public services and aid to the refugee population, local authorities and international and local aid agencies offer a range of assistance. However, despite this support, there are still considerable vulnerabilities and needs reported among refugee households.

In addition to needs caused by displacement, vulnerable populations including refugee households in Iraq have been heavily impacted by the COVID-19 pandemic and associated public health measures. In February 2020, Iraq reported its first confirmed case of the coronavirus, the virus that causes COVID-19.⁷ By December 2021, 2 million confirmed cases had been logged next to 24,000 deaths according to the World Health Organization (WHO).⁸ Refugee households residing in camps across Iraq are considered to face heightened and unique threats from the virus, owing to their circumstances as displaced, poor healthcare infrastructure in and near camps, less access to medical services, and smaller dwellings⁹. Due to the sporadic introduction of movement restrictions across the country, the daily lives of refugee households in and out-of-camp have been interrupted since early 2020. Access to livelihoods and essential services – which had already been established as priority needs in the [MSNA 2018 Findings Report](#) – continued to be affected by the real and perceived impact of COVID-19 as established in the [MSNA 2020 Findings Report](#).

Within this context, IMPACT, in collaboration with UNHCR, conducted a sixth round of the MSNA of refugees in Iraq who live in and out of formal camps. The aim of the MSNA 2021 is to provide a household-level analysis of sector-specific needs and vulnerabilities of Syrian refugee and host community households. The MSNA 2021 sampling consists of samples of Syrian refugees in KR-I (where most Syrian refugees live), but also Anbar, Baghdad, Kirkuk and Ninewa (referred to as Centre-South, where most Syrian refugee households outside of KR-I live), as well as host community households in KR-I given the high concentration of Syrian refugees in KR-I. Host communities were sampled to offer comparison and to include host communities in 3RP planning on the basis of identified needs and vulnerabilities by the MSNA. This assessment and its findings aim to support the prioritization across and within different sectors and is to be used as a basis for developing the 3RP Regional Refugee & Resilience Plan (3RP) 2022. This research sought to respond to the information need on multi-sectoral needs, movement intentions and the impact of COVID-19 on refugees' lives, thus assisting humanitarian actors in organizing their response to protracted displacement of Syrian refugees across Iraq in the time of COVID-19.

IMPACT led the design of the indicators and questionnaire, in close consultation with UNHCR focal points and leads and co-leads of the outlined sectors. Previous rounds of the MSNA, as well as those of the Multi-Cluster Needs Assessment for IDP and returnee populations (MCNA) constituted the foundation of discussions for the development of the MSNA 2021 questionnaire. Under this assessment, IMPACT collected data on household demographics, encompassing all currently active sectors and accompanying themes, specifically: livelihoods (including basic needs), food security, protection (including GBV and child protection), health, education, shelter, Water, Sanitation and Hygiene (WASH), and mobility and movement intentions.

This report provides a sector-specific breakdown of key findings related to the most central indicators per sector. The comprehensive MSNA 2021 dataset, presented by indicators, sectors, geographic strata and nationalities, is also available on the interactive multi-year [MSNA Dashboard](#).

⁵ UNHCR, [Operational Data Portal](#) (November 2021). Accessed 13 December 2021.

⁶ IOM, [Displacement Tracking Matrix](#) (September 2021). Accessed 13 December 2021.

⁷ Garda World News, [Iraq: Officials in Najaf confirm first coronavirus case February](#) (February 2020). Accessed March 14, 2021.

⁸ World Health Organization (WHO), [COVID-19 Iraq Situation Overview](#). Accessed 13 December 2021.

⁹ UNHCR, [3RP Iraq Country Chapter 2021-2022](#) (March 2021). Accessed 2 January 2022.



Methodology

This assessment was implemented through a quantitative approach, in which primary data was collected through a structured, multi-sectoral survey which included questions pertaining to both the individual and household level for all surveyed households. The questionnaire was designed in cooperation with UNHCR and sectoral leads, and the survey was conducted using random representative samples of active UNHCR-registered cases¹⁰ for the Syrian strata, and randomly selected households for the host community strata. Data collection took place between 18 August and 17 October 2021. The assessment covered a total of 945 refugee households in KR-I and other governorates in Iraq with higher concentrations of Syrian refugees, as well as 439 host community households in KR-I to account for the host communities in the areas where most Syrian refugees in Iraq live.

Objective

The 2020 MSNA provided a comprehensive, evidence-based understanding of the multi-sectoral needs of refugees living in and out of formal camps in KR-I and Centre-South to inform UNHCR and partners' Regional Refugee & Resilience Plan (3RP) for 2022. To achieve this, the following research questions guided the research design:

1. What are the needs across different sectors for Syrian refugee and host community households living in Iraq?
2. How have the needs of Syrian refugee and host community households living in Iraq changed due to COVID-19?
3. What are the movement intentions of Syrian refugee households living in Iraq?
4. What are key vulnerable subsets of Syrian refugee and host community households living in Iraq?
5. What are gaps in programming and service delivery for Syrian refugee households living in Iraq?

Sampling

This assessment employed a stratified random sampling methodology for Syrian refugee households and a multi-stage cluster sampling for host community households in KR-I, disaggregated by living situation for refugee households (in/out-of-camp). Both Syrian refugee and host community households were disaggregated by governorate of residence (host communities exclusively in Duhok, Erbil and Al-Sulaymaniyah), with Anbar, Baghdad, Kirkuk and Ninewa (**henceforth 'Centre-South'**) as additional strata for Syrian refugee households, given that the four Centre-South governorates had the highest concentration of Syrian refugee households outside of KR-I. Syrian refugee households were also disaggregated by in/out-of-camp. The sampling frame for Syrian refugee households was produced using UNHCR proGres data specifying the number of registered cases (i.e., households) at selected disaggregation levels (Table 1) and which had been 'active' in proGres since 22 July 2020, in order to reduce the non-response rate for data collection.

Based on IMPACT's experience conducting similar assessments, an additional 200% buffer of cases was added to the call list, to mitigate for non-response and ensure that field teams were able to interview the required minimum number of cases per group.

For the host community cluster geo-sampling (Table 2), all three KR-I Governorates were divided into hexagons of 2km² and filtered to contain at least 500 persons per hexagon (on the basis of population concentration figures

Findings are representative:

1. At **regional (KR-I or Centre-South)** level: with a minimum **95%** confidence level and **5%** margin of error.
2. At the **governorate and/or location** (in or out-of-camp) level: with a minimum **95%** confidence level and **10%** margin of error.

¹⁰ A "case" is a singular UNHCR-registered Registration Group consisting of multiple individuals, whereas one "household" may consist of multiple UNHCR Registration Groups (e.g., to share household costs). In order to avoid having multiple surveys from the same multi-case household from our data collection, our questionnaire included targeted screening questions limiting this possibility. 'Active' here refers to refugees for whom contact details were known to be correct within the 12 months prior to data collection, due to having been in contact with UNHCR during this time period.



applicable down to the sub-district level) to ensure sufficient host community households for data collection, as a means to filter out empty, industrial, or inaccessible hexagons from selection.¹¹ Remaining hexagons were then randomly sampled using an in-house IMPACT sampling tool incorporating Probability Proportionate to Size (PPS)¹² in indexing hexagons' likelihood of selection on the basis of their population size. Subsequently, 10 target coordinates were randomly generated along with 10 substitute coordinates in case the original coordinates were inaccessible or too far away from a host community residence. These initial coordinates (targets) were visited by IMPACT enumerators, who chose the first residence in sight to start the interview.

Table 1: Sampling frame/results for Syrian refugee households¹³

| Stratification | Syrian refugee cases | Minimum required sample | Achieved sample |
|-----------------------------|----------------------|-------------------------|-----------------|
| Erbil Out-of-Camp | 29,869 | 96 | 102 |
| Erbil Camp | 6,901 | 96 | 100 |
| Duhok Out-of-Camp | 8,819 | 96 | 114 |
| Duhok Camp | 14,283 | 96 | 101 |
| Al-Sulaymaniyah Out-of-Camp | 7,525 | 96 | 101 |
| Al-Sulaymaniyah Camp | 2,163 | 96 | 103 |
| Al-Anbar | 410 | 78 | 80 |
| Baghdad | 731 | 88 | 95 |
| Kirkuk | 227 | 67 | 70 |
| Ninewa | 346 | 76 | 79 |
| Total | 71,274 | 885 | 945 |

Table 2: Sampling frame/results for host community households in KR-I¹⁴

| Stratification | Estimated number of host community households (5 persons average) | Minimum required sample at 95/5 (KR-I-level) | Achieved sample |
|-----------------|---|--|-----------------|
| Erbil | 329,722 | 128 | 140 |
| Duhok | 450,884 | 128 | 130 |
| Al-Sulaymaniyah | 430,519 | 128 | 169 |
| KR-I | 1,211,125 | 384 | 439 |

Data Collection

Quantitative data collection consisted of a multi-sectoral household-level survey, with relevancies adapted to fit both refugee and host community responses. All interviews were conducted at the household level (featuring individual loop questions per household member), although Syrian refugee household sampling was specifically conducted at the case-level using a statistically representative, randomly sampled household call-list, stratified by governorate of residence, and location of residence (in- or out-of-camp). Findings are representative of the target population at the national and regional KR-I and Centre-South level (at least 95% level of confidence and 5% margin of error)¹⁵ and at the governorate level and residency (in and out-of-camp) for Syrian refugees residing in the three KR-I governorates (Al-Sulaymaniyah, Duhok, Erbil; at 95% level of confidence and 10% margin of error)

¹¹ Geographic population concentration figures were extracted from worldpop.org, as per previous assessments incorporating host community geo-sampling. Other datasets were considered but did not meet our needs in terms of the reliability of population distribution.

¹² Probability Proportional to Size (PPS) is a method to increase the likelihood of the sampling of an eligible sampling unit based on the size of the population attached to that unit. If an eligible sampling unit has a high population attached to it, it is more likely to be sampled.

¹³ Figures are from the UNHCR ProGres database on 22 July 2021.

¹⁴ Figures are from the Kurdistan Region Office of Statistics. Accessed 15 June 2021.

¹⁵ Any findings aggregated to KR-I or Centre-South level are also representative at a minimum of 95% level of confidence and maximum 5% margin of error.



and for Syrians residing out-of-camp in the rest of the Iraqi governorates combined (also at 95% level of confidence and 10% margin of error).

Enumerators interviewed the head of the contacted case or, if unavailable, a case member who was 18 years of age or above. The case member was asked questions to reflect the entire household, which in the case of refugee households included answering on behalf of any non-case (registration group) members or members of other cases living in the same household (including any family members and others under the case member's guardianship or responsibility, e.g., separated children, elderly, or disabled relatives). This practice was adopted due to frequent resource and expenditure sharing between cases living in the same household, such as pooling funds to buy food or pay rent. To avoid duplication of information at the Syrian refugee household level, the questionnaire included screening questions on the number of cases living in one household and identifying criteria (UNHCR registration number and phone number). For certain indicators, data was collected at the individual level (such as demographics, school attendance, disabilities and chronic illnesses, and employment status), by means of asking the respondent on behalf of all other household members. For the analysis, these indicators were largely aggregated at the household level.

Telephone-based data collection was employed nationwide, with Baghdad-based enumerators digitally recording interview responses using KoBo Toolbox, a mobile data collection application. Enumerators collected refugee household data while operating from home for IMPACT to properly apply do no harm principles towards IMPACT staff and the assessed refugee population considering the risks of COVID-19.¹⁶ Enumerators charged with collecting data by visiting host community households (wearing masks and socially distanced during the interviews) were supervised by a team of IMPACT Field Officers, with overall management and oversight of data collection provided by the Operations Coordinator and Assessment Officer. All data collected through ODK was uploaded to a UNHCR-owned Kobo server, to which IMPACT has access.

Analysis

Data collection and data cleaning were carried out daily by the Baghdad Field Officer and Database Officer. Issues such as logic checks, interview lengths and outliers were flagged and addressed with the field teams on a daily basis.¹⁷ For this purpose, a Google Spreadsheet tracker recording the daily interviews conducted was shared with Field Officers and an R-based script was used to pull spurious or inconsistent data from the raw datasets for cleaning. The number of completed interviews was tracked daily. In case of a high non-response rate, additional contacts were requested from UNHCR. Data that was deemed inconsistent was highlighted and shared with the relevant Field Officer for clarification/rectification. These inquiries were logged in an additional Google Spreadsheet in which focal points for each base provided clarifying responses. All changes were then implemented and logged by IMPACT assessment staff.

Upon completing data collection and processing the data, preliminary analysis was performed using R in accordance with the Data Analysis Plan which clearly links overarching research questions with the relevant indicators and interview questions, and which lists all variables used for aggregation and disaggregation of findings. This report serves as a selective deep dive into some of the findings and main indicators per sector and complements the [MSNA Dashboard](#) which will feature a selection of additional indicators across all sectors and strata.

Methodological Changes from MSNA 2020 to MSNA 2021

- MSNA 2021 features a host community sample in KR-I, while not including refugees of other nationalities as in the MSNA 2020. The decision to include host communities was taken in order to offer a wider spectrum through which to assess and compare need and vulnerabilities of the entire population in KR-I, given its high concentration of Syrian refugee households. Analysing the needs of host communities was also the intention of MSNA 2020 but was postponed due to constraints related to COVID-19 and capacity issues. Refugee households of other nationalities, some of which were included in MSNA 2020 in line with UNHCR's One

¹⁶ IMPACT Initiatives, [SOPs for Data Collection during COVID-19 \(April 2020\)](#), accessed 9 July 2021.

¹⁷ IMPACT Initiatives, [Data Cleaning Minimum Standards Checklist](#), January 2020, accessed 10 July 2021.



Refugee Approach, were not included in MSNA 2021 due to their relatively small presence and the expectation that findings would not vary from the MSNA 2020.

- MSNA 2021 features an altered sampling strategy in Centre-South in order for the analysis to offer a higher level of confidence in representativeness of Syrian refugee households in specific governorates (Anbar, Baghdad, Kirkuk, Ninewa). These specific governorates in Centre-South were chosen because they host the most UNHCR-registered Syrian refugee cases outside of KR-I as per April 2021.

Challenges and Limitations

- MSNA 2021 data features a sampling frame for Syrian refugee households which includes the four governorates (Anbar, Baghdad, Kirkuk, Ninewa) in Centre-South with the highest numbers of UNHCR-registered Syrian refugee households in order to provide the most representative findings. This sampling frame diverges from the MSNA 2020 sampling for Centre-South, which featured one single sample for the region, without governorate-level disaggregation, in order to serve as an ad-hoc control group due to the necessity to discard the host community sample out of concerns for COVID-19 in 2020. Given this difference in sampling:
 - **Readers should be aware that any comparisons made in this report, or comparisons made on the basis of data featured on the [MSNA Dashboard](#) between MSNA 2020 and MSNA 2021 data in Centre-South should be viewed as strictly indicative.**
 - **Readers should not compare findings for Syrian refugee households in Centre-South with findings for host community households in KR-I because these samples are different in population group, collection method, and region.**
- Due to the COVID-19 pandemic, all refugee household data collection was conducted remotely by telephone. However, due to the inability to obtain phone numbers for host community households in the areas of interests, host community data was collected in-person by enumerators who remained socially distanced and wore masks, to ensure that a “do no harm” approach was implemented for the sake of both participants and enumerators. This additional sample entailed the adoption of a parallel, different data collection method.
- The sampling frame consisted only of cases that were registered as ‘active’ with UNHCR (i.e., UNHCR has had some sort of contact with this case since July 2020). Any non-registered or inactive persons of concern were therefore excluded from the assessment.
- Due to inherent biases in self-reporting, there may be under or over-reporting of certain indicators.
- The primary unit of assessment was the household, which was represented by the head of household. Often, this was an adult male household member, which may have resulted in reporting bias. For instance, figures related to problems accessing health services for women might be affected by the gender of the respondent as only 14% of respondents of Syrian refugee households were female.
- Due to protection guidelines, cases where the head of household was under the age of 18 and no adult household member was present to answer were not interviewed for this assessment. This may have excluded some particularly vulnerable refugee households and may have led to underrepresentation of such types of cases.
- For certain questions, findings were based on the responses of a subset of the sample population, which means that these findings have a lower confidence level and higher margin of error due to lower sample sizes. For example, questions asked only to households with school-aged children, or to households who reported needing access to healthcare services, may yield results with a lower precision. Where sample sizes were below a certain minimum threshold, statistical tests could not be performed, and findings based on such small subsets of the sample are thus indicative only. Similarly, findings that are disaggregated by sex of the head of household should be treated with similar caution, as only 14% of Syrian refugee households reported to be headed by a female.



2021 Key Findings

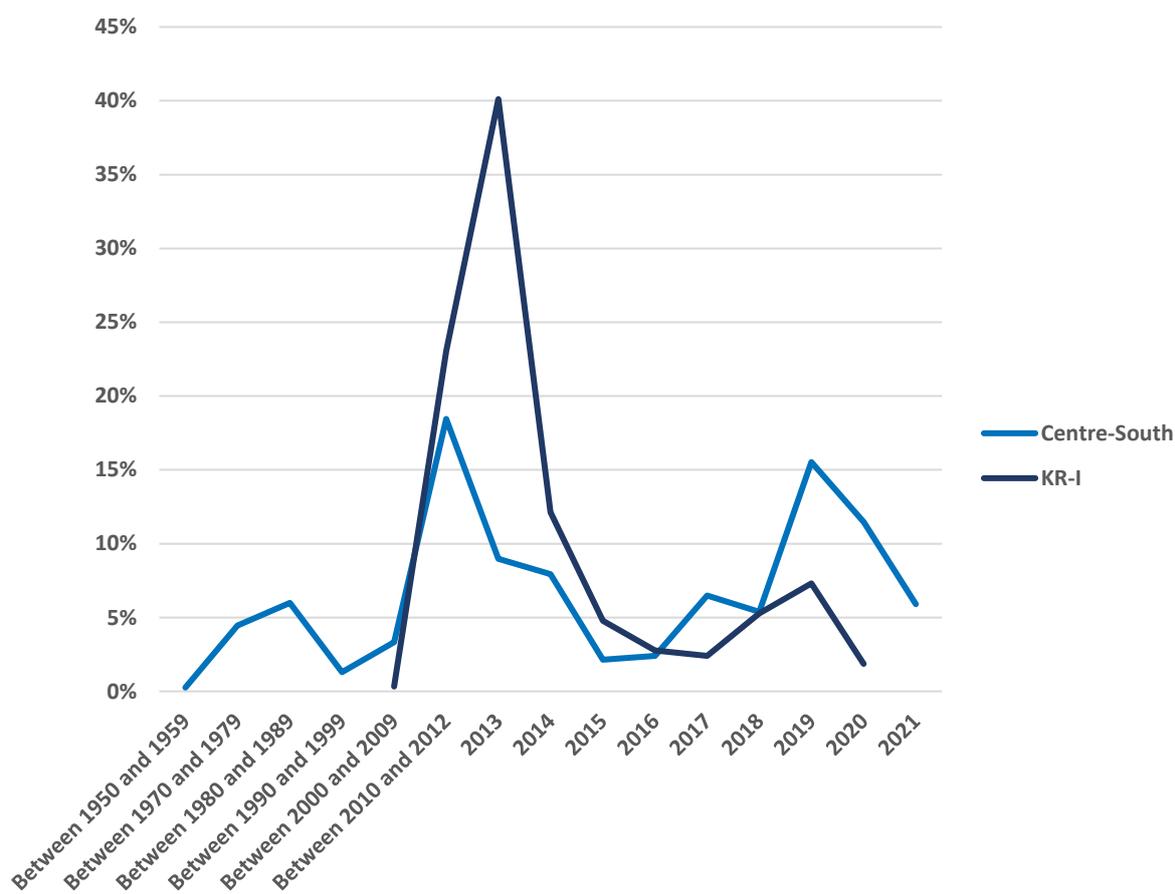
Household Demographics

This section discusses demographic trends among the surveyed populations, such as geographic concentrations, years or periods of arrival, and household composition. Per November 2021, UNHCR reported that Iraq hosted 252,000 Syrian refugees, comprising 76,000 households, of which the majority lived out-of-camp (62%). Of these 76,000 households, 97% resided in KR-I.¹⁸

Arrival

Most Syrian respondent households (62%) reported that the first member of their household had arrived in Iraq between 2010-2013, with 34% reporting arriving in all years following and 4% prior to 2010. However, Syrian refugee households living in Centre-South more often reported to have the first family member arrive more recently than those living in KR-I (see Figure 3). The more recent arrival of many households in Centre-South could be one factor explaining the differences between households living in Centre-South and KR-I, given that the length of stay in Iraq could potentially be linked to employment security, social cohesion, and other aspects of vulnerability.

Figure 1: Reported year or period of arrival of first family member, for Syrian refugee households living in KR-I or Centre-South



¹⁸ UNHCR, [Operational Data Portal](#). (December 2021). Accessed 14 December 2021.



Average household composition

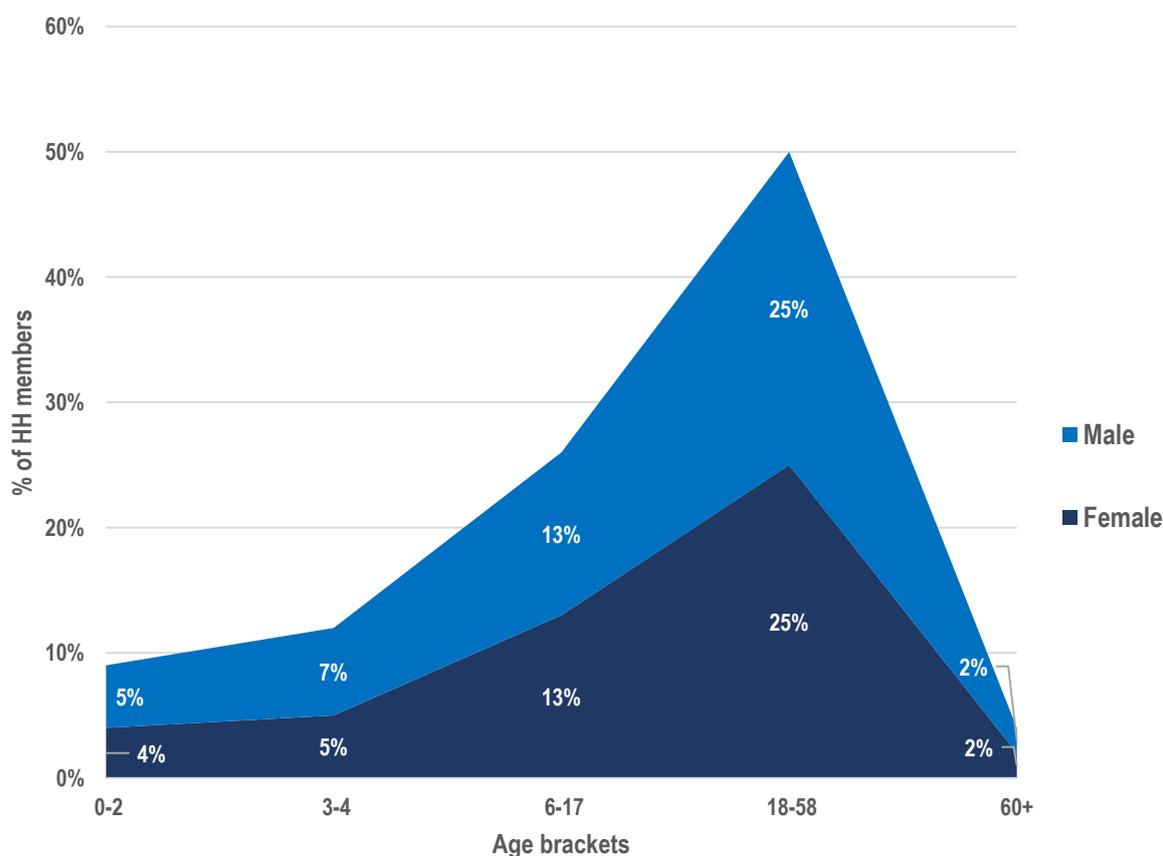
The average reported Syrian refugee household size was five persons, which was similar to average household size among host communities in KR-I. However, Syrian refugee households specifically living in Baghdad reported a household size of three persons on average, much below the nationwide average. Households living in Baghdad also had the lowest reported proportion of children per household (18%), compared to a nationwide average of 46% which was consistent across governorates. Moreover, whereas Syrian refugee households in most governorates consistently reported a female/male ratio of 50-50%, households in Baghdad reported predominantly consisting of male members (77% male versus 23% female). It may be that male Syrian refugees were commonly drawn to Baghdad, perhaps to access livelihoods opportunities.

Only a few Syrian refugee households were reported to be single-headed (3%); the highest proportion being reported among Syrian households living in Baghdad (21%), compared to a far lower nationwide average of 3%, and close to none among host community households. While Syrian refugee households nationwide reported that 63% of individuals above 18 years old were married, only 36% of Syrian individuals above 18 years old living in Baghdad were reportedly married. This finding ties into the notion that a larger proportion of households in Baghdad were single men, perhaps looking for work.

Among Syrian refugee household members, 50% of the individuals were reported being between 18-59 years, and 45% younger than 18, spread equally across genders, as seen in Figure 2.

The nationwide average proportion of female-headed Syrian refugee households was 2%, which was consistent among in and out-of-camp households and with host community households (3%).

Figure 2: Nationwide reported age distribution for individuals from Syrian refugee households, by gender and age bracket

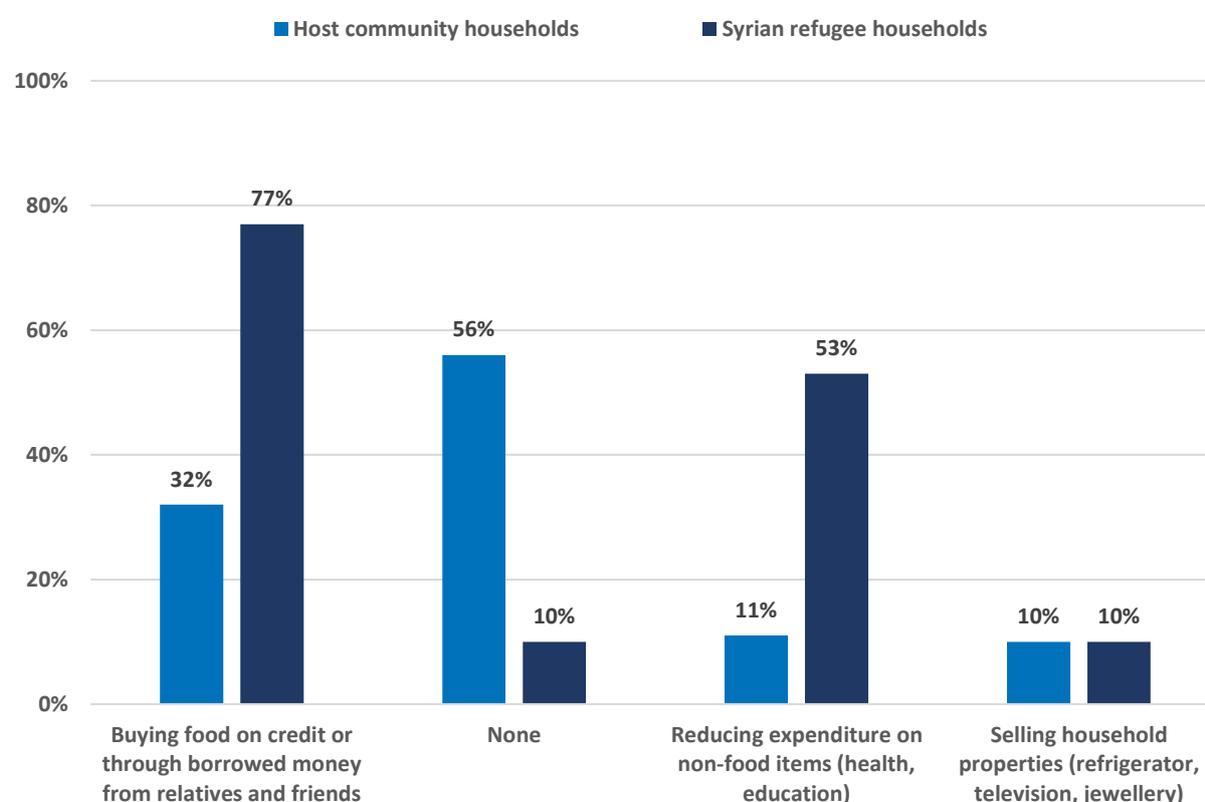


COVID-19

Households widely reported that COVID-19 has had various effects on their livelihoods, vulnerability, and health. Most impactfully, **93% of Syrian refugee households nationwide, and 58% of host community households in KR-I reported receiving less income than before COVID-19**. Simultaneously, **95% of working individuals among Syrian households reported being engaged in temporary or daily work** (compared to 50% of working persons in host community households in KR-I), indicating high reliance on less stable income sources among both population groups, but more so for Syrian refugee households. Next to this, reduced income due to COVID-19 was likely related to the decreased daily labour opportunities reported by 88% of Syrian refugee households nationwide. M SNA data shows that **the most income-vulnerable Syrian refugee households were those who engage in daily labour**, which most Syrian refugee households nationwide do.

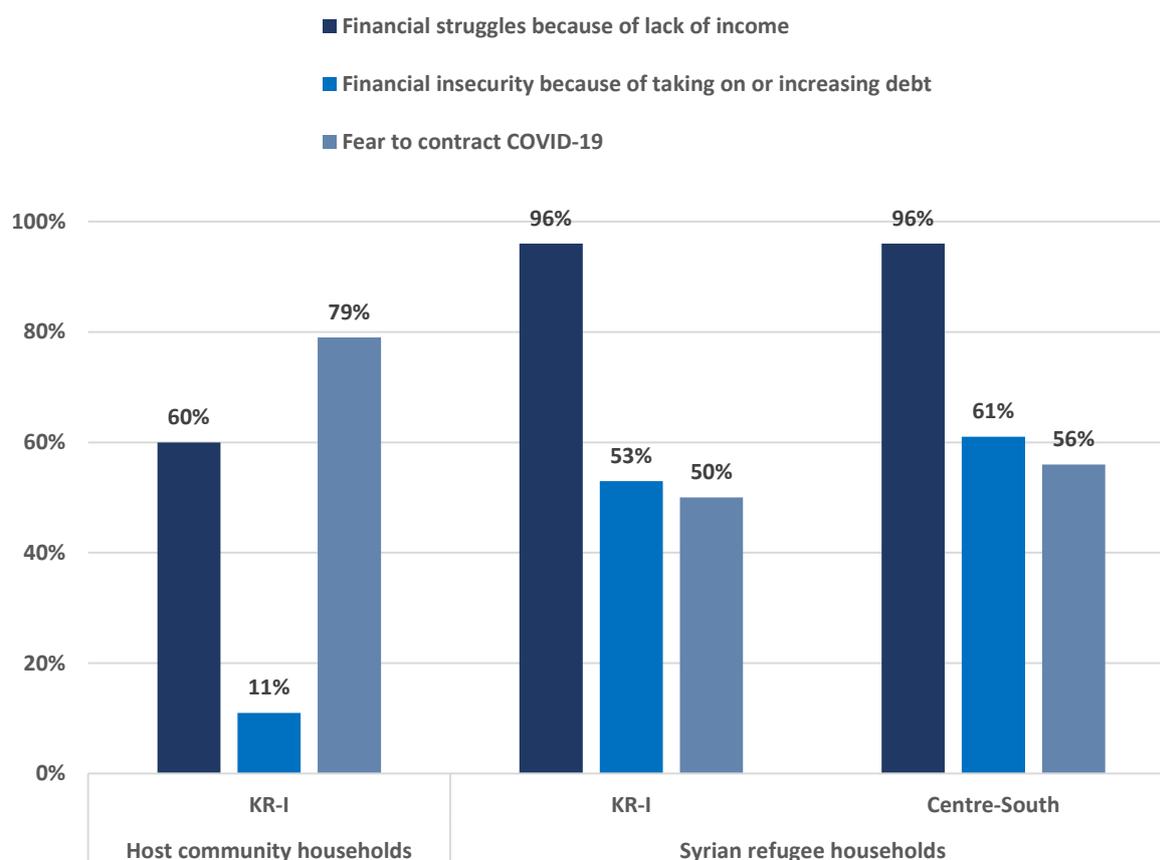
Decreases in income can lead to the adoption of harmful coping strategies in order to compensate for the lack of food or money to buy food. Figure 3 illustrates that **90% of Syrian refugee households in KR-I reported having at least one person use at least one coping strategy, such as borrowing or buying food on credit (77%) or reducing non-food expenditure (53%) which they had never used before COVID-19**, within the three months before data collection.* Inversely, only 10% of Syrian refugee households reported never having used any of the outlined coping strategies due to COVID-19, for the first time, within the three months before data collection, alongside the majority of host community households in KR-I (56%). **Nonetheless, a considerable proportion of host community households in KR-I (44%) reported also having used at least one of such strategies due to COVID-19** within three months before data collection, primarily buying food on credit (32%).

Figure 3: Proportion of host community and Syrian refugee households in KR-I who reported having at least one member who used any of the following (top-4) coping mechanisms due to COVID-19 which they had not used before, in the three months before data collection*



Unsurprisingly, the effects of COVID-19 on employment, and employment's effect on adapted coping behaviours appears to have affected households' mental health and levels of stress. Nationwide, **83% of Syrian refugee households indicated feeling increased levels of stress due to COVID-19**. Of these, the majority of households' reported stress was related to financial concerns such as **lack of income (96%) and increased debt (53%)***. As seen in Figure 4, larger proportions of Syrian refugee households in KR-I and Centre-South reported experiencing stress caused by financial factors than due to fear of contracting COVID-19. For host communities in KR-I, the latter constituted the largest cause of stress, though lack of income also reportedly played a significant role.

Figure 4: Top-3 causes behind manifestations of stress due to COVID-19, among Syrian refugee and host community households who reported experiencing increased levels of stress*



Among Syrian refugee households nationwide who reported experiencing increased stress due to COVID-19, 50% of these households attributed this increase to the fear of contracting COVID-19. Meanwhile, **only 20% of in-camp and 34% of out-of-camp Syrian refugee households reported having access to a space for self-isolation** in case of a suspected or confirmed COVID-19 case in the household. This was in stark contrast to host community households, 83% of which reported having access to such a self-isolation space in their household. As such, **Syrian refugee households were more vulnerable in terms of reduced access to spaces for self-isolation**, obstructing the implementation of a key measure to contain the spread of COVID-19.



Livelihoods

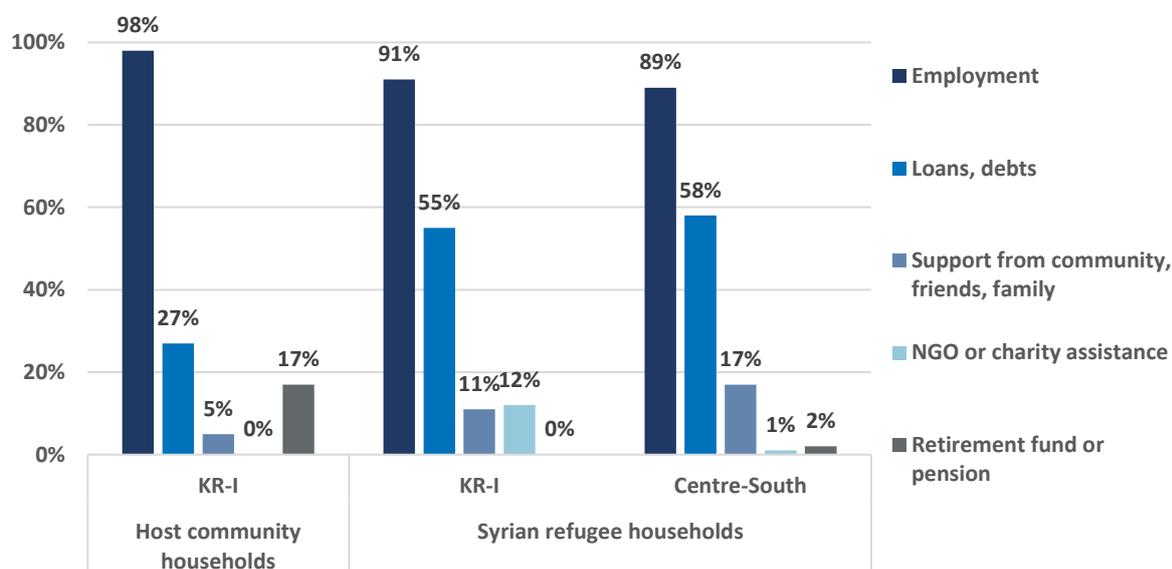
This section discusses trends surrounding the levels and composition of household income, and reliance on debt. MSNA 2021 data indicates that Syrian refugee households in KR-I received less income than the average reported expenditure and reported paying back less debt than host community households in KR-I, within 30 days prior to data collection. Coupling these findings with higher reported increases in stress levels due to COVID-19 among Syrian refugee households supports the notion that Syrian refugee households may be less resilient than host community households when having faced losses in opportunities to generate income due to COVID-19.

Types and levels of income

Syrian refugee in KR-I (91%) and Centre-South (89%) and host community households in KR-I (98%) mostly reported relying on income from employment.* As seen in Figure 5, population groups with a higher proportion of reported reliance on debt also had a lower reported proportion of households relying on income from employment.

However, when considering the type of work on which these households rely, **MSNA data shows that much higher proportions of Syrian refugee households living in KR-I (94%) and Centre-South (92%) reported relying on temporary or seasonal employment compared to host communities in KR-I (50%).** Given that temporary labour typically pays less and provides less job security than regular employment, this disparity could explain refugee households' higher reported reliance on debt and loans, as well as lower reported household income compared to host community households. Host community households' higher reliance on regular employment, current or past, was also indicated by the 17% of households who reported relying on a retirement fund or pension, compared to Syrian refugee households in KR-I (0%) and Centre-South (2%). In conclusion, **Syrian refugee households enjoy less employment security compared to host community households.**

Figure 5: Top 5 reported individual household income sources (not as proportion of income) in the 30 days prior to interview, by population group and region*



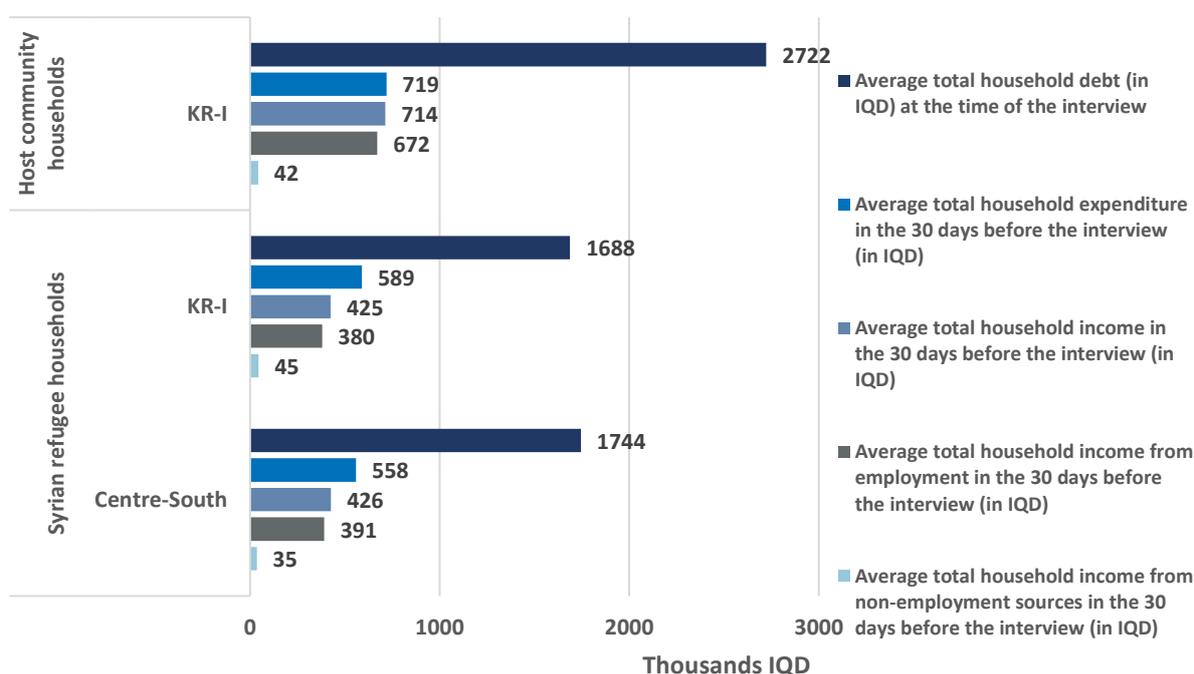
Syrian refugee households living both in and out-of-camp in KR-I reported relying on the same sources of income within 30 days prior to data collection to similar degrees. All groups among Syrian refugee households saw similar proportions of reported reliance on sources of income. As seen in Figure 5, these proportions generally converged towards the proportions among Syrian refugee households in KR-I for employment (91%), loans and debts (55%, though with higher levels in Al-Sulaymaniyah at 64%) and support from community and friends or family (11%). Reported reliance on income from employment was lowest among Syrian refugee households out-of-camp in Ninewa and Anbar (80% for both). Lastly, given that in-camp households have more direct access to (I)NGO and



charity assistance, and since housing and utilities is covered in the form of assistance when living in-camp, households in camps reported a more frequent reliance on such assistance as a part of general household income (42% for in-camp households compared to 3% for out-of-camp households).

Syrian refugee households nationwide reported higher total household expenditure than income within the 30 days before data collection. Host communities in KR-I, however, reported higher income than expenditure. Comparing level of income, expenditure, and total household debt (Figure 6), MSNA data indicates that host communities reported spending IQD 720,000 on average, which was more in line with their reported total income (IQD 714,000) within the 30 days prior to data collection. Syrian refugee households nationwide on average reported a proportionally higher expenditure (IQD 590,000) compared to average reported total income (IQD 425,000) within the 30 days prior to the interview.

Figure 6: Average reported household income from employment and other sources, total expenditure, and total debt in the 30 days prior to data collection, by population group and region



Household debt

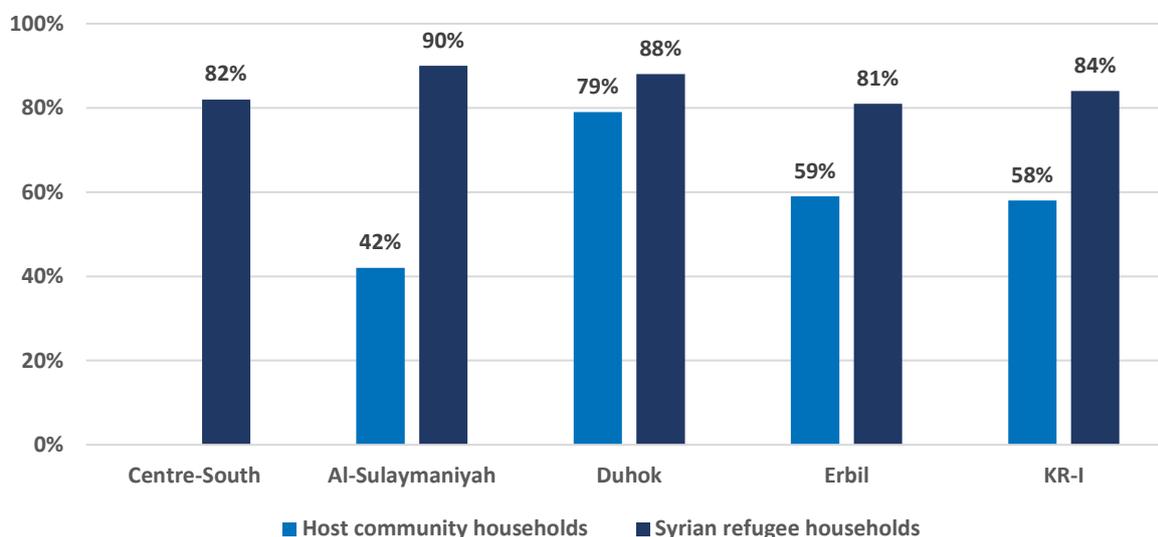
As seen in Figure 6, **households commonly reported having total household debt several times larger than reported monthly total income** within the 30 days prior to data collection, with both host community and Syrian refugee households in KR-I reporting a **ratio of circa 1:4** (average reported total household income within 30 days, versus average reported total household debt). Comparing host community households and Syrian refugee households in KR-I, host communities were reportedly more indebted in proportion to expenditure as seen in Figure 6. However, as seen in Figure 7, a larger proportion of Syrian refugee households required loans than host community households. Given that refugee households predominantly take on debt from friends and relatives to overcome lack of money or food and considering that 84% of Syrian refugee households reported being in debt at the time of data collection, it was possible that refugee households were interdependent on loans within their social and family circles.

Considering differences in household cash flow between Syrian refugee and host community households, data shows that **host community households reported being much more indebted, yet also reported a more sustainable pattern in terms of income versus expenses** within 30 days of data collection (Figure 6). It was possible that Syrian refugee households in both the KR-I and Centre-South aimed to spend according to their income but were forced to overspend to make ends meet. The trend in consistently higher reported expenditure



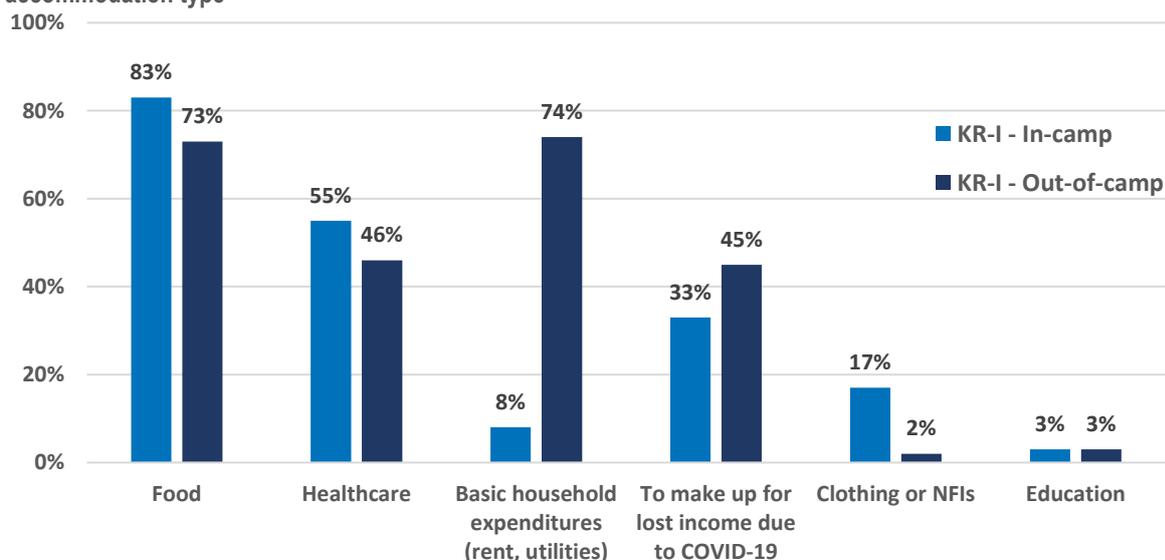
compared to income among these households could explain the high reliance on debt as a source of income, and if so, could therefore also be considered as a source of vulnerability. Host community households, however, may have more ease of gaining access to loans and creditors given their averagely higher income, and deeper ties to the community or financial service providers.

Figure 7: proportion of households who reported being in debt at the time of interview, by population group and governorate/region



Moreover, **host community households more often reported taking on debt to purchase productive assets (14%) compared to Syrian households in KR-I (2%)**. This aspect could partly clarify host community households' debt levels, as some debt was reportedly attributable to longer-term investments, which could consist of larger sums than short-term debt to pay for food or basic needs. As seen in Figure 8, Syrian refugee households in and out-of-camp in KR-I predominantly reported accruing debt to pay for more immediate needs, such as food and healthcare.

Figure 8: Top 6 most frequently reported reasons for Syrian refugee households in KR-I to accrue debt, by accommodation type*

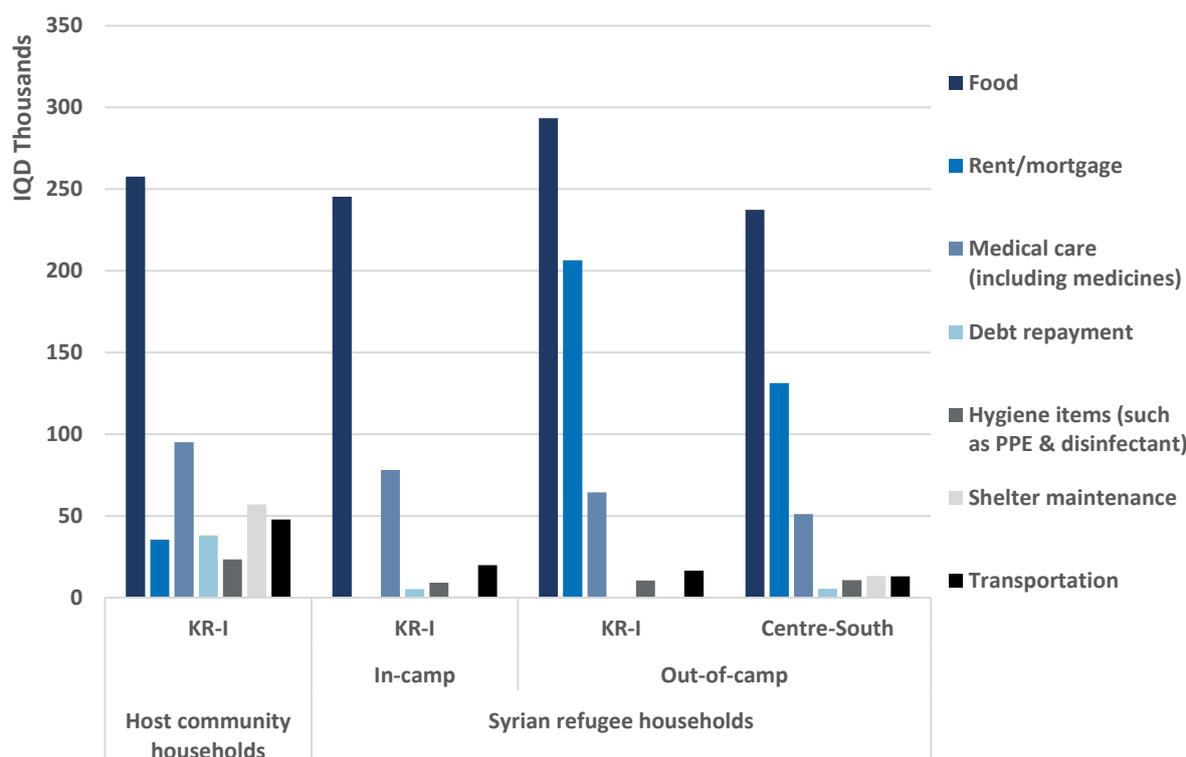


Refugee households have a much lower reported income-to-expense ratio than host community households. Figure 6 illustrates that the size of **average reported Syrian refugee household income was 72% of their average reported total household expenditure** within the 30 days prior to data collection. Monthly income constitutes a much lower share of monthly expenditure for Syrian refugee households, compared to host community households, whose **average reported total income was 99% of their average reported total household expenditure**. This finding shows that Syrian refugee households reportedly spend more than they receive.

Syrian refugee households living in-camp in KR-I have a slightly more balanced income-to-expense ratio within 30 days prior to data collection than those out-of-camp in KR-I, averaging at an income which is 77% of expenditure (average reported income IQD 324,000 and expenditure IQD 420,000), compared to 71% among households living out-of-camp (average reported income IQD 472,000 and expenditure IQD 666,000). The higher income-to-expenditure for Syrian refugee households living in-camp in KR-I can be attributed to households living in-camp not having to pay rent or utilities, despite reportedly having earned only 70% of the average Syrian refugee households living out-of-camp in KR-I.

MSNA data also shows that host community households averagely reported spending IQD 36,000 on debt repayment while also on average reporting a gap between total income and expenditure of IQD 6,000 within 30 days of the interview (Figure 9). This indicates that **host community households were reportedly catching up on their debt, as opposed to Syrian refugee households, who reported spending and borrowing more while repaying less.**

Figure 9: Top-7 highest average reported household expenses, by population group, region, and accommodation type¹⁹



¹⁹ Due to the multitude of expenditure groups, this graph only shows the seven largest expenditure groups; total expenditures are not exhaustive. Complete expenditure data per stratum can be found on the [MSNA Dashboard](#).



Food Security

This section discusses household food security, food procurement, and coping mechanisms. Food security indicators were calculated using WFP's [CARI Analysis](#), which is a composite-scoring methodology assessing overall food security, allocating each household to a categorical score of "Food Secure", "Marginally Food Secure", "Moderately Food Insecure" and "Severely Food Insecure." This composite scoring system takes into account household food consumption scores (FCS), average reported total household food expenditure versus total expenditure within 30 days prior to data collection (Food Share), and also includes indicators pertaining to a household's use of coping strategies (CSI and rCSI). The CSI classifies households on the basis of their coping strategies used, according to their severity. MSNA 2021 data indicates lower proportions of Syrian refugee households qualifying as Food Secure compared to host community households, particularly in-camp in KR-I. Furthermore, larger proportions of Syrian refugee households reported relying on harmful coping strategies to overcome a lack of food or money to buy food than in 2020.

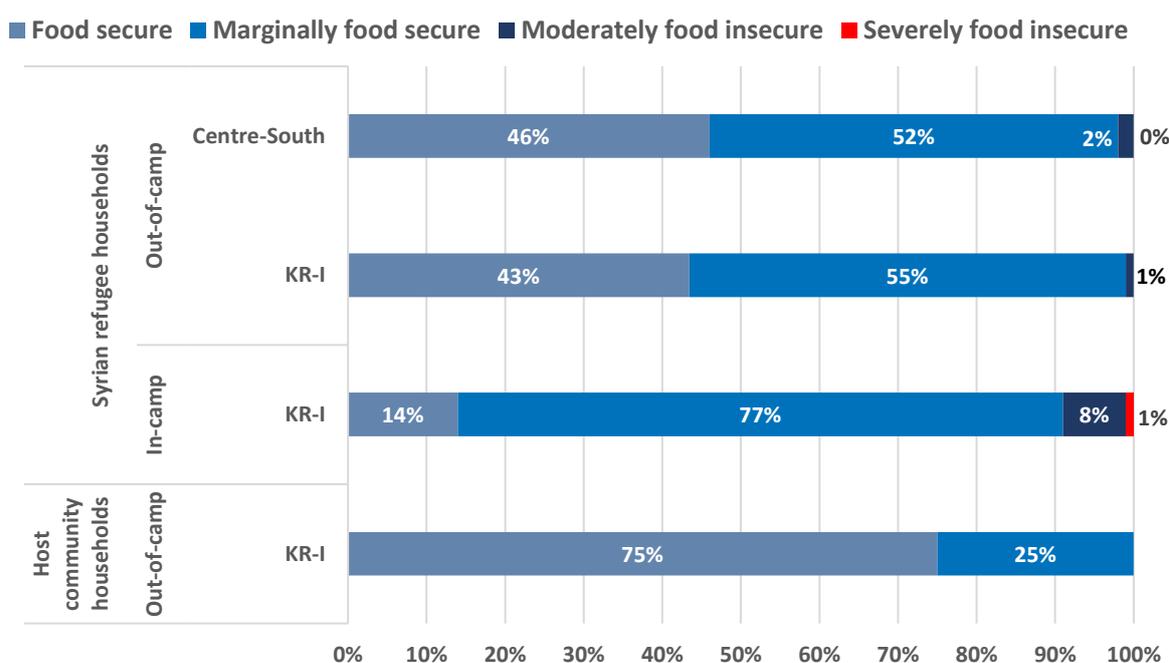
It should be mentioned that UNHCR and WFP disburse cash assistance to certain proportions of households based on vulnerability assessments. For instance, a majority of in-camp refugee households received IQD 24,000 per person, while a minority of vulnerable refugee households out-of-camp receive multi-purpose cash assistance.

Household food consumption

MSNA 2021 data indicated that Syrian refugee households in KR-I were much more food insecure than host community households in KR-I, and that food security was closely aligned with average reported total household income within 30 days of the interview. Specifically, **Syrian refugee households in-camp in KR-I were found to be the most food insecure**, while also reporting the lowest income, and while also reporting slightly higher household sizes than the nationwide average. However, it should be noted that in-camp households are provided accommodation, eradicating the burden of paying rent.

Host community households most frequently qualified as Food Secure (75%), followed by Syrian refugee households in Centre-South (46%), out-of-camp KR-I (43%), and the least among households in-camp in KR-I (14%), who consistently reported the lowest food security-related scores. Looking at Figure 9, the latter group also spent the lowest average reported amount of money on food per capita within 30 days prior to data collection, which stands out considering the higher average reported household size (5.2 compared to Centre-South's 4.7).

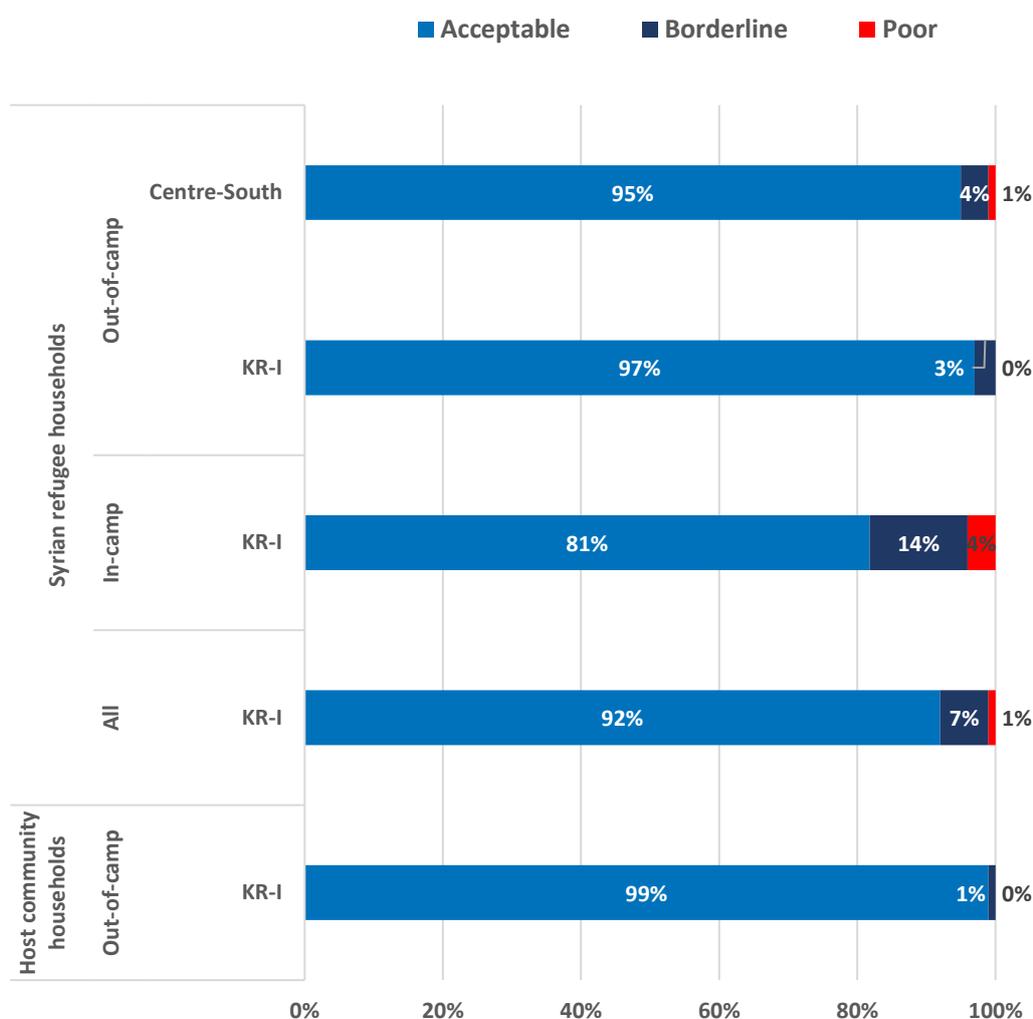
Figure 10: Average reported household Food Security Index (FSI) scores, by population group, region, and accommodation type



Food consumption

For Food Consumption Scores, most groups scored a high proportion of “Acceptable” average food consumption, as seen in Figure 13, indicating that households most often reported receiving the appropriate, regular and diverse nutrition they require. Comparing the overall FSI scores from Figure 10 with FCS scores from Figure 11, data indicates that consumption was less of a worrying factor compared to the coping strategy (CSI and rCSI) and Food Share factors (within the larger FSI scores).

Figure 11: Average Syrian household Food Consumption Scores, by governorate and accommodation type

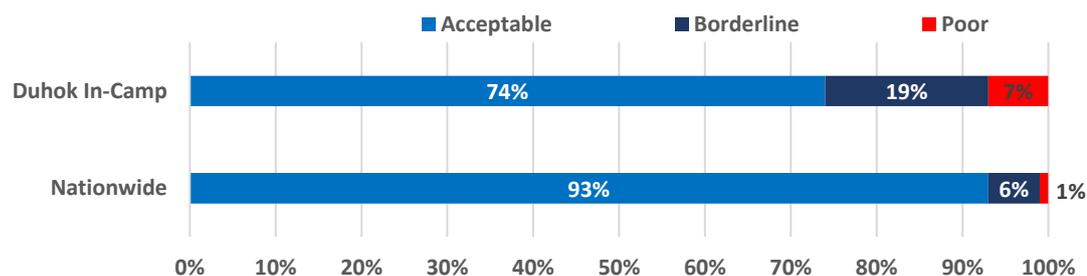


However, among Syrian refugee households living in-camp in KR-I, those in Duhok scored the lowest reported consumption values (Figure 12). As discussed, low FSI scores among the strata were largely driven by higher reported use of coping strategies, because Food Consumption Scores were largely acceptable. However, Syrian refugee households in-camp in KR-I had the lowest proportion to qualify as Food Secure (81%), particularly in Dohuk, as seen in Figure 12. Proportions of Syrian refugee households in-camp Erbil (90%) and Al-Sulaymaniyah (99%) qualified to have Acceptable average FCS scores, pointing at Duhok being below both the nationwide and in-camp averages, and thereby also decreasing the overall in-camp FSI scores in Figure 10.²⁰

²⁰ This finding is anecdotally corroborated by UNHCR's experience with larger numbers of complaints mechanism cases pending (concerning potentially erroneous in/exclusion into in-camp food assistance in Duhok) at the time of writing (February 2022).



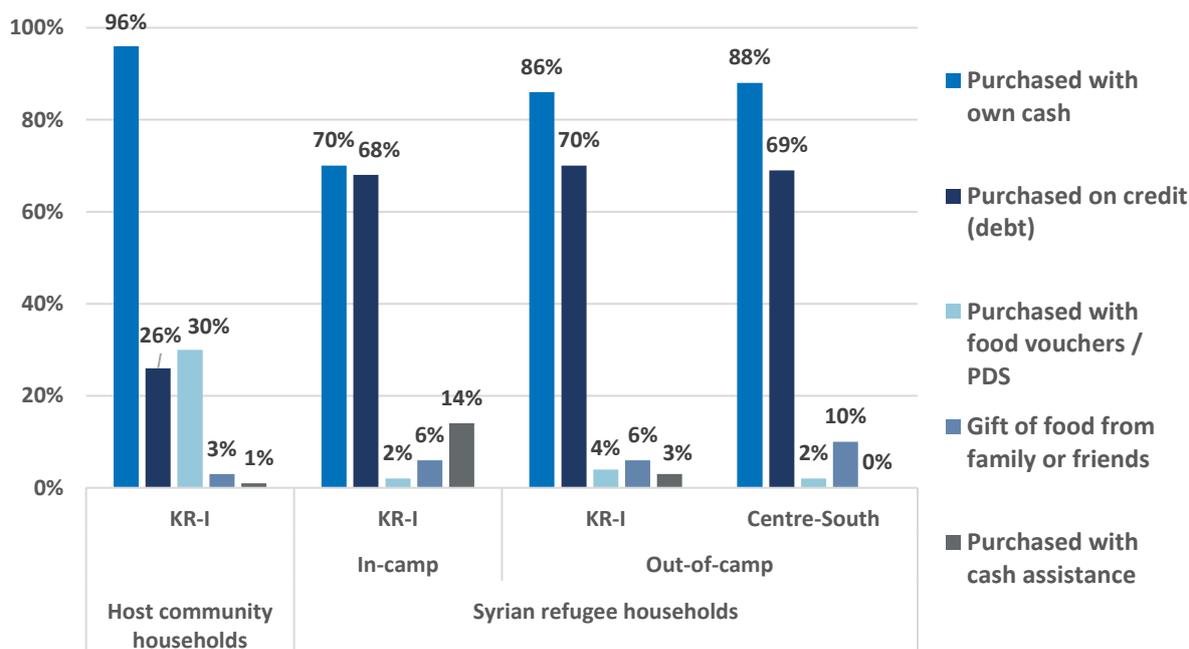
Figure 12: Average Syrian household Food Consumption Scores, by governorate and accommodation type



Household food procurement

As discussed in the [Livelihoods section](#), 83% of in-camp and 73% of out-of-camp Syrian refugee households reported to take on debt to buy food, which was the most commonly reported reason in general (Figure 8). These findings are also reflected in Figure 13, where Syrian refugee households very frequently indicated purchasing food on credit, in some cases, almost as frequently as purchasing food with their own cash. It should be noted that this indicator is concerned with proportions of households using a means to procure food (to whichever extent), not the proportions of food purchased per means per household. Given that in-camp households receive assistance, it is surprising to see that only 14% of these households reported using cash assistance to purchase food, while 68% also reported taking on debt to purchase food.

Figure 13: Average reported proportions of Syrian household food procurement resources, by resource, by governorate

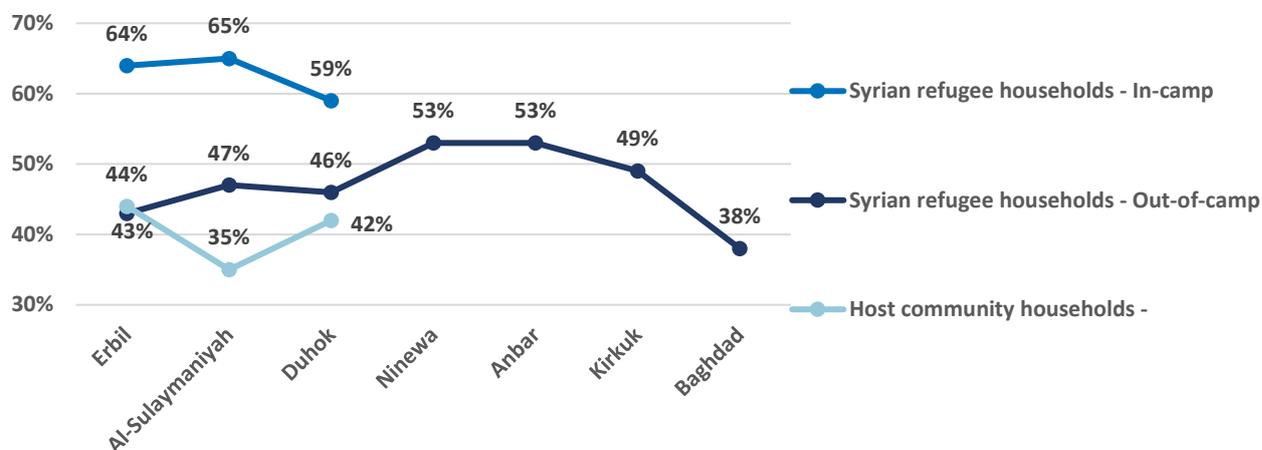


The Food Share indicator shows the strata with the highest proportional expenditures on food, which were the in-camp households (Figure 14). Syrian refugee households living in-camp also reported the lowest income on average: IQD 325,000 compared to IQD 425,000 for Syrian refugee households living out-of-camp in KR-I and IQD 715,000 for host community households in KR-I, within 30 days of data collection. Another remarkable contrast was the difference in Food Share in Al-Sulaymaniyah, between host community (35%) and in-camp Syrian refugee households (65%) who spent almost twice as much on food as a proportion to their total average household expenditure. Although Syrian refugee households living in-camp do not pay rent, this does not necessarily entail less financial insecurity, given that similar proportions of in-camp households reported purchasing food on credit



as Syrian refugee households living out-of-camp (Figures 6 and 13). The average reported Food Share value in Baghdad (38%) may be the lowest because of the strata’s higher representation of smaller, male-only households, as discussed in the [Household Demographics section](#).

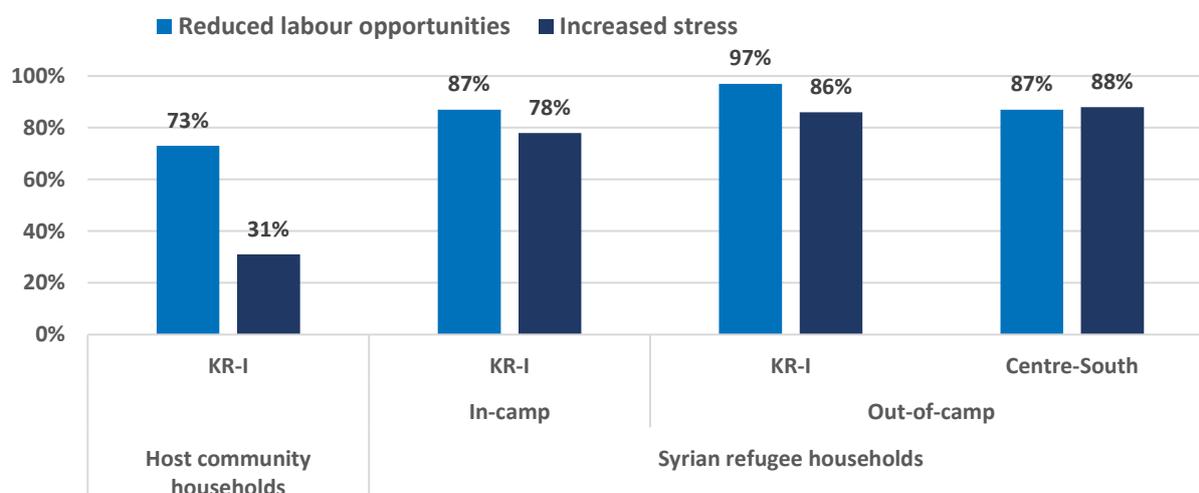
Figure 14: Average reported Food Share (proportion of average reported total expenditure on food as part of total household expenditure within 30 days of the interview) by population group and region



Feelings of stress and harmful coping strategies

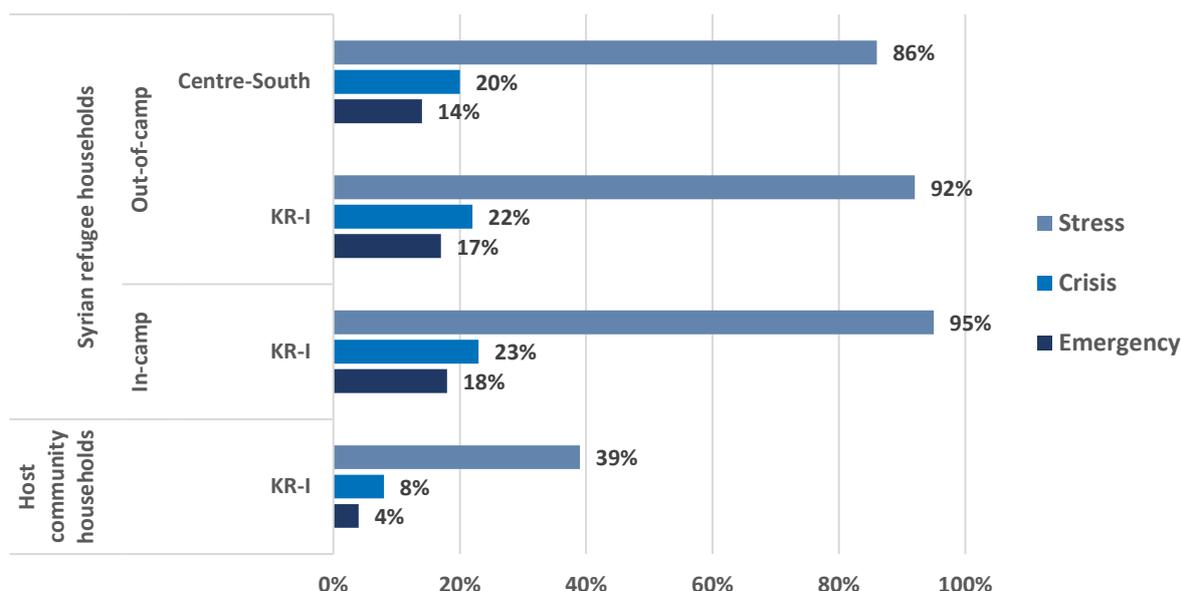
Syrian refugee households nationwide reported experiencing increased stress due to COVID-19 (83%). Simultaneously, 93% of Syrian refugee households reported decreases in daily labour opportunities and reduced work hours (as seen in Figure 16, and the [COVID-19 section](#)). Compared to Syrian refugee households in KR-I, as seen in Figure 15, host communities in KR-I less often reported experiencing reduced labour opportunities (73%) and also fewer reports of increased stress (31%). Lastly, host community households in KR-I also reported a higher average total household income than expenditure in the 30 days prior to data collection (Figure 6). The higher reported degree of financial security among host communities could explain the smaller proportions of host community households who reported experiencing increased stress despite reported reduced labour opportunities (73%), compared to Syrian refugee households. This finding can also be tied to the earlier discussed higher reliance on regular income among host community households compared to Syrian refugee households.

Figure 15: Average proportions of households reporting having fewer labour opportunities than pre-COVID-19, accompanied by average frequencies of households reporting experiencing increased stress because of COVID-19, by population group, accommodation type and region



Similar to reported increases in stress between host community and Syrian refugee households in Figure 15, the reported tendency to use harmful coping strategies follow the same trends. As seen in Figure 16, **Syrian refugee households reported applying more harmful coping strategies than host community households**, especially in-camp and in KR-I more generally. Delving into specific strategies, Syrian refugee households nationwide most frequently reported buying food on credit or with money borrowed from friends or relatives (Stress category, 75%), and reducing non-food expenditure such as health or education costs (Stress category, 53%). In the Crisis category, the most commonly reported coping strategy used by Syrian refugee households nationwide was selling productive assets or means of transport (19%), and for Emergency category, the most commonly reported strategy was having the whole household migrate (12%).

Figure 16: Coping Strategy Index (CSI) scores, by population group, region and accommodation type*



Among the Reduced Coping Strategy Index (rCSI) scores, which are more immediate (reported use within 7 days of data collection), **Syrian refugee households most often reported switching to cheaper and less quality food item (1.6 days) and consuming less food (1.1 days)** as seen in Table 3. The highest two averages reported by Syrian refugee households pertained to shifting towards cheaper and less quality food items for the strata living out-of-camp in Duhok (2.1 days) and in-camp in Erbil (2 days).

Table 3: Syrian refugee households' nationwide average reported use of rCSI coping strategies, in days

| Reduced Coping Strategy (rCSI) | |
|--|--|
| Coping Strategy | Average number of days used within 7 days before interview |
| Shifting toward cheaper and less quality food items | 1.6 |
| Consuming less food in meals | 1.1 |
| Curbing the adults' need to ensure food need of children | 0.7 |
| Reducing the number of daily meals | 0.7 |
| Borrowing food or asking assistance from relatives and friends | 0.3 |



Protection

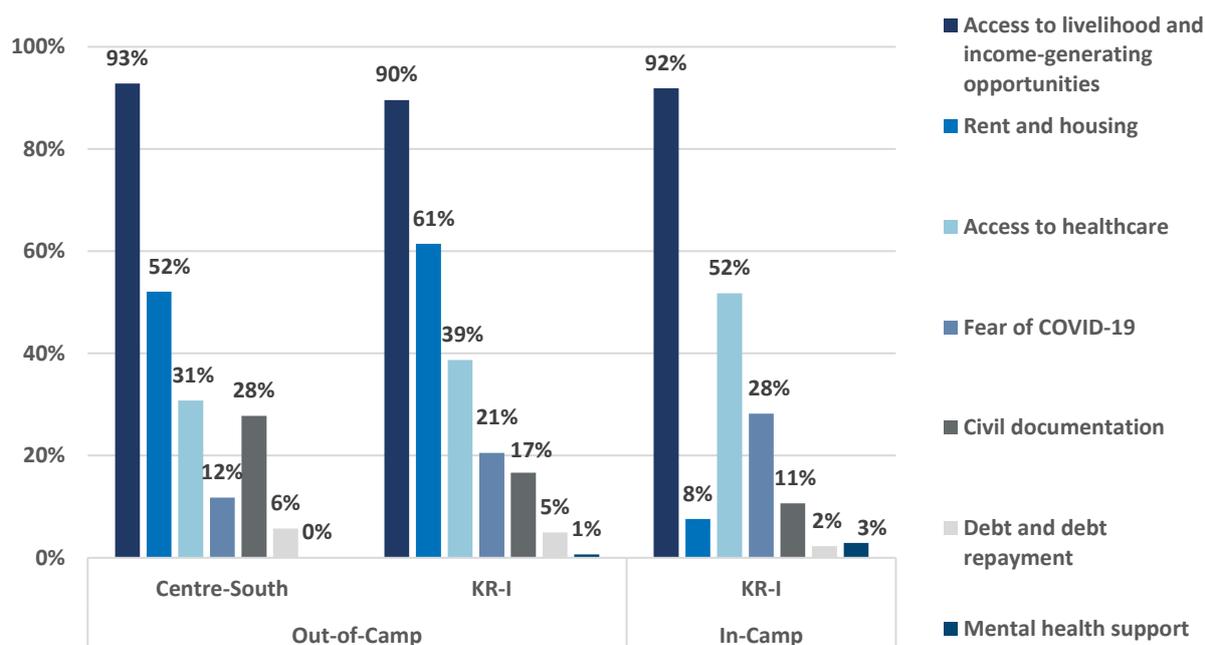
This section discusses various protection issues, ranging from documentation to the perception of access to legal aid, GBV and protection-related reporting mechanisms, and child protection. Among other findings, MSNA 2021 data indicates frequent occurrences of missing residency status among Syrian refugee households in Centre-South governorates, and low awareness of resources for reporting or approaching in cases of GBV or PSEA, fraud, and corruption nationwide among both male and female respondents. Furthermore, MSNA data indicates very few instances of civil disputes, perceived risks to specific groups or demographics, or of security or safety incidents.²¹ UNHCR conducted a focus group discussion-based [Participatory Assessment](#) in August 2021 which, among other topics, highlights qualitative protection concerns of Syrian refugee households in and out-of-camp in Iraq.

Given the sensitive nature of topics discussed in the Protection section of the questionnaire, the reader should keep in mind the possibility of underreporting by household respondents.

Protection concerns

Syrian refugee households nationwide reported being most concerned about their access to livelihoods (90%), means to pay for basic needs such as rent and housing (45%), and access to healthcare (43%).* In-camp households logically reported not being as concerned with rent and housing (8%) given that they do not pay rent, but instead more frequently reported being concerned with access to healthcare (52%) fear of contracting COVID-19 (28%) (28%, Figure 17).

Figure 17: Most frequently reported protection concerns for Syrian refugee households, by region and accommodation type*



Documentation and UNHCR case registration

Syrian households living in Centre-South more frequently reported missing legal residence documentation, compared to those living in KR-I. In KR-I, 58% of individuals were reported to possess a Regular, and 33% a Humanitarian KRG residence permit. Whereas only 9% of individuals in KR-I were reported to not

²¹ It should be noted that in the context of a survey, sensitive issues may be underreported due to stigma, fear of retaliation, and general discomfort to discuss personal matters with enumerators.



possess a legal residency document, this figure was much higher in Centre-South (67%), with varying figures for individual non-possession between Ninewa (82%), Baghdad (71%), Kirkuk (70%) and Anbar (57%).

MSNA data indicates that many Syrian refugee households in Centre-South arrived later than those living in KR-I, which could suggest these households had less time to obtain relevant documents ([Household Demographics section](#), Figure 3). Furthermore, as also discussed in the Household Demographics section, households in Centre-South tend to be more often smaller, male-leaning households which may indicate a trend of working-age males searching for livelihoods opportunities in Centre-South without the required documentation, constituting a protection risk given the legal implications. MSNA data also indicates a higher proportion of Syrian refugee households in Centre-South fear that members of their community are at risk of arrest and detention (3%, the highest being in 5% in Baghdad) compared to 0% in KR-I, perhaps indicative of this concern. Given the legal implications, these two indicators may be underreported.

Furthermore, according to FGDs held in the context of UNHCR's Participatory Assessment in August 2021, long waits, and lack of transport to sites to obtain documentation and registration services also played a prominent role in Centre-South.²² Additionally, lower levels of registration may also be tied to less reported intended access to security authorities such as the Police as a legal recourse in Centre-South compared to other groups in KR-I (Figure 18), potentially due to mistrust.

Syrian refugee households generally reported low levels of non-registration with UNHCR of at least one member in the household (12% nationwide). The highest frequency of reported non-registration of at least one person in the household were among households living in Erbil in-camp (22%), Duhok out-of-camp (17%), and Anbar (15%). Households with at least one person not registered with UNHCR reported that the primary reasons for non-registration nationwide were because a member was recently born (44%) or recently arrived (40%).* However, **45% of this subset of households with at least one unregistered member in Centre-South reported being unaware of the procedures to register with UNHCR**, which diverges heavily from the nationwide average of 3%.

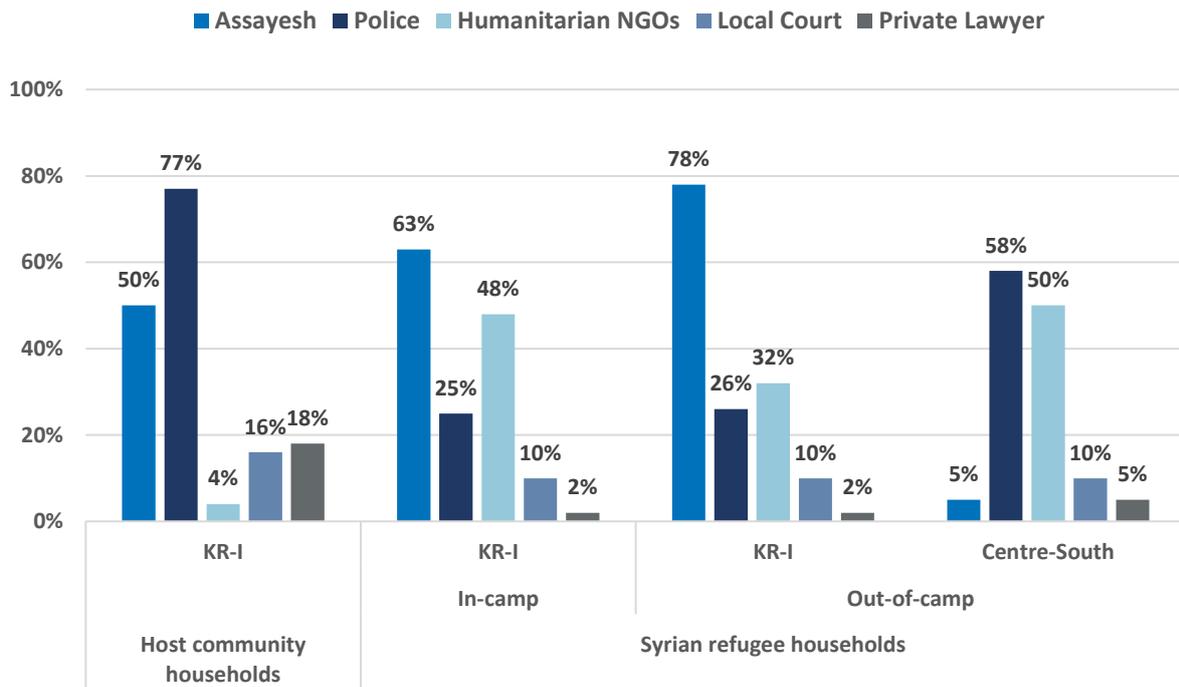
Access and awareness of legal and GBV support and resources

Interviewed households reported high degrees of perceived access to Assayesh and police in case of need for legal resources (Figure 18).* Syrian refugee households in KR-I reported less perceived access to or intention to approach local courts (10%) and private lawyers (2%) than host community households in KR-I (16% and 18% respectively), potentially because of higher financial or social capital barriers, while more often relying on humanitarian NGOs (37%). **Syrian refugee households in Centre-South reported the lowest level of intended or perceived access to law enforcement in case of legal issues** (police 58%, Assayesh in border areas 5%), and the **highest reliance on humanitarian NGOs** (50%).* This relatively lower degree of perceived access or reliance on law enforcement as a resource for legal issues could potentially be linked to the higher numbers of Syrian households in Centre-South with individuals reported to not have legal residency documents, which could diminish their inclination to seek out these resources at the risk of legal consequences for themselves.

Figure 18: Proportion of households reporting access to legal aid resources in case of need, by population group, accommodation type, and region*

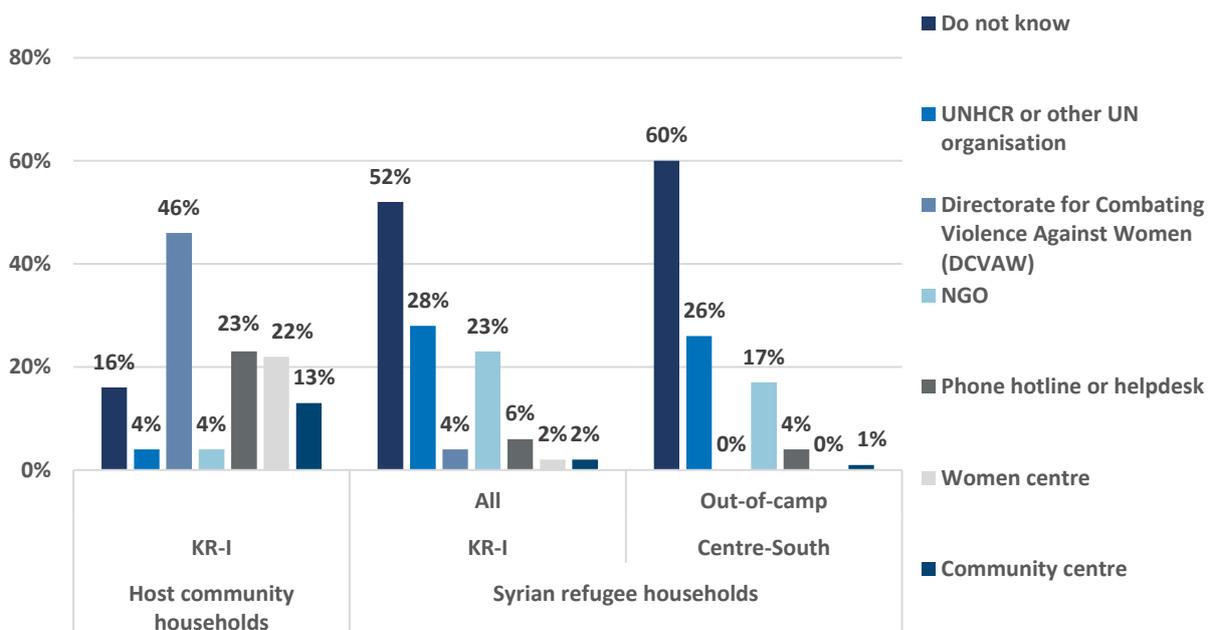
²² UNHCR, [2021 Participatory Assessment of Refugees and Asylum Seekers](#), June-August 2021.





High lack of awareness of and/or access to resources in the case of a GBV incident was reportedly high among all strata (67% nationwide, equal to the 2020 MSNA), excepting host community households in KR-I (18%) who most often reported the Directorate for Combatting Violence against Women (DCVAW, 47%) and women’s centres (28%). Among Syrian refugee household respondents nationwide, 60% of female respondents and 69% of male respondents reported to not know where to access such resources, showing that there is a general lack of awareness rather than a gender-differentiated one, assuming that the question itself was not overshadowed by sensitivity.

Figure 19: Proportion of households reporting awareness of and access to resources to report cases of sexual exploitation and abuse, fraud, and/or corruption, by population group and region*



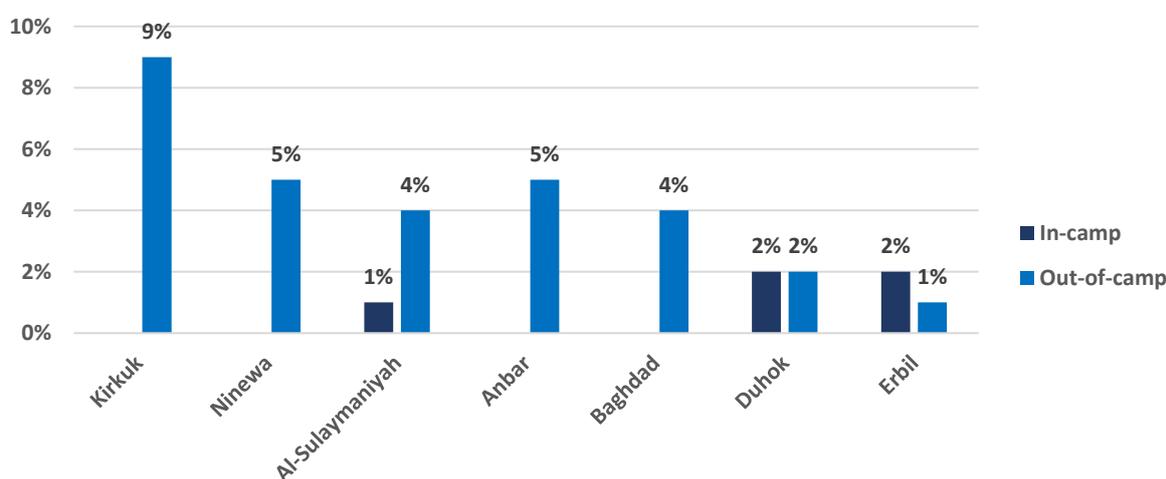
MSNA data indicated similarly low reported household access to and awareness of resources for reporting fraud, corruption, and seeking protection from sexual exploitation or abuse (PSEA). Among Syrian refugee households nationwide, 54% of male respondents and 42% of female respondents reported not knowing where to access such resources, with general lack of awareness reported by 52% of Syrian refugee households in KR-I and nationwide, and 60% in Centre-South, compared to 16% among host community households in KR-I (Figure 19).^{*} Similar to the question on GBV resources, host community households reported high awareness and access to DCVAW (46%), hotlines or helpdesks (23%) and Women's Centres (22%) in such cases. Syrian refugee households nationwide who did report awareness of and access to a resource most often reported UNHCR or another UN agency (28%) and NGOs (22%).

Child protection

Very few Syrian refugee households reported instances of child marriage (less than 1%).

As seen in Figure 20 below, **a small proportion of Syrian refugee households reported having at least one child under the age of 18 working to provide resources, most frequently in Kirkuk (9%).**

Figure 20: Proportion of Syrian refugee households reporting having at least one child under 18 years of age working to provide resources for the household, by governorate and accommodation type



Among Syrian refugee households nationwide who reported owning at least one internet-connected device (92%), **51% of this subset of households with children (8 years and over) reported that their children had access to internet-connected devices within the household.** Among the 93% of host community households in KR-I who reported owning at least one internet-connected device, 57% of this subset of households with children (8 years and over) reported that their children had access to these devices. These figures indicate that a majority of children in both host community and Syrian refugee households who reportedly allow them access to such devices would be able to seek access to child protection, online educational or other types of informative resources.

Community-based protection

Generally, **Syrian refugee households nationwide reported experiencing very few instances of disputes (0%) and safety or security incidents (1%)** within three months prior to data collection or feeling at risk of any protection issues such as verbal or physical abuse or harassment, or sexual exploitation, violence, or assault (2%). This finding should be caveated by the fact that these issues are sensitive and may therefore be under-reported. As mentioned in the documentation sub-section, detention and arrest was the primary reported risk for communities, primarily in Centre-South (3%).



Syrian refugee households nationwide most frequently reported feeling welcomed (67%) or very welcomed (21%) by the host communities, with 11% indicating to feel “neutral,” which supports the notion that if Syrian refugee households encounter any endogenous issues, they were not likely to be community-based or interpersonal issues, but rather circumstantial or socio-economic. Similarly, the majority (54%) of Syrian refugee households nationwide reported finding that their interests were represented by other members of their community (e.g., elected representatives, appointed leaders, community-based organisations).

Community communication and feedback

Aligned with households' commonly reported protection concerns, **the thematic information most-needed by Syrian refugee households nationwide from humanitarian actors relate to access to livelihoods and income-generating activities (92%), rent and housing (49%), and access to healthcare (45%).*** Although most strata followed this general trend, Syrian refugee households in-camp in KR-I reported having a particular interest in receiving information on access to healthcare (58%, compared to 39% for out-of-camp), and Syrian refugee households in Centre-South reported wanting information on civil documentation (29%), particularly in Kirkuk (37%). This finding aligns with Syrian refugee households in Centre-South more often reporting lacking residency documentation, as well as its potential linkage to arrest and detention in Centre-South as discussed at the start of this section.

A small proportion of Syrian refugee households nationwide (9%) reported having used feedback mechanisms within 30 days of data collection, with varying degrees of satisfaction of the outcome, the largest proportions living out-of-camp in Al-Sulaymaniyah (17%, of which 29% was satisfied) and Kirkuk (11%, of which 0% was satisfied), and in-camp in Erbil (10%, of which 20% was satisfied). Nationwide, personal contact with organisational staff (43%) and hotlines (39%) were the most preferred means of providing feedback.

Commonly reported physical difficulties and chronic illnesses

Among Syrian refugee households nationwide, **19% reported having at least one female member with a physical or mental difficulty or disability, and 26% of households reported having at least one male member with a difficulty or disability.**²³ These figures were higher among households in-camp in the KR-I (23% to 30%), which were also the households who most frequently reported desiring the information concerning healthcare (58%, compared to 39% among out-of-camp households in KR-I), as discussed in the previous sub-section. At the individual level, **10% of individuals in Syrian refugee households were reported to have a difficulty or disability.** The most common reported disabilities or difficulties experienced among this 10% of individuals were walking (6%), seeing (4%) and hearing (1% and remembering (1%).* Among these 10% of all individuals surveyed whose households reported that they had a difficulty or disability, the majority reported that these persons were also hindered in terms of accessing basic services (55%) and/or employment (39%), while only 22% reported not experiencing any such impediments to everyday life.*

Persons with reported chronic illnesses were far more common. **Half (50%) of Syrian refugee households nationwide reported having at least one person suffering from a chronic illness.** Expressed at the individual level, among individuals across all Syrian refugee households nationwide, 14% had at least one chronic illness. The most commonly reported chronic illnesses were hypertension (5%), cardiovascular diseases (5%), and diabetes (3%).*

²³ The question was phrased in the following manner, and asked per individual: “Does this person have any of the following difficulties?” Answers included: Difficulty seeing, even if wearing glasses; Difficulty hearing, even if using a hearing aid; Difficulty walking or climbing steps; Difficulty remembering or concentrating; Difficulty with (self-care, such as) washing all over or dressing; Using your usual (customary) language, have difficulty communicating, for example understanding or being understood; Decline to answer; None of these difficulties.



Health

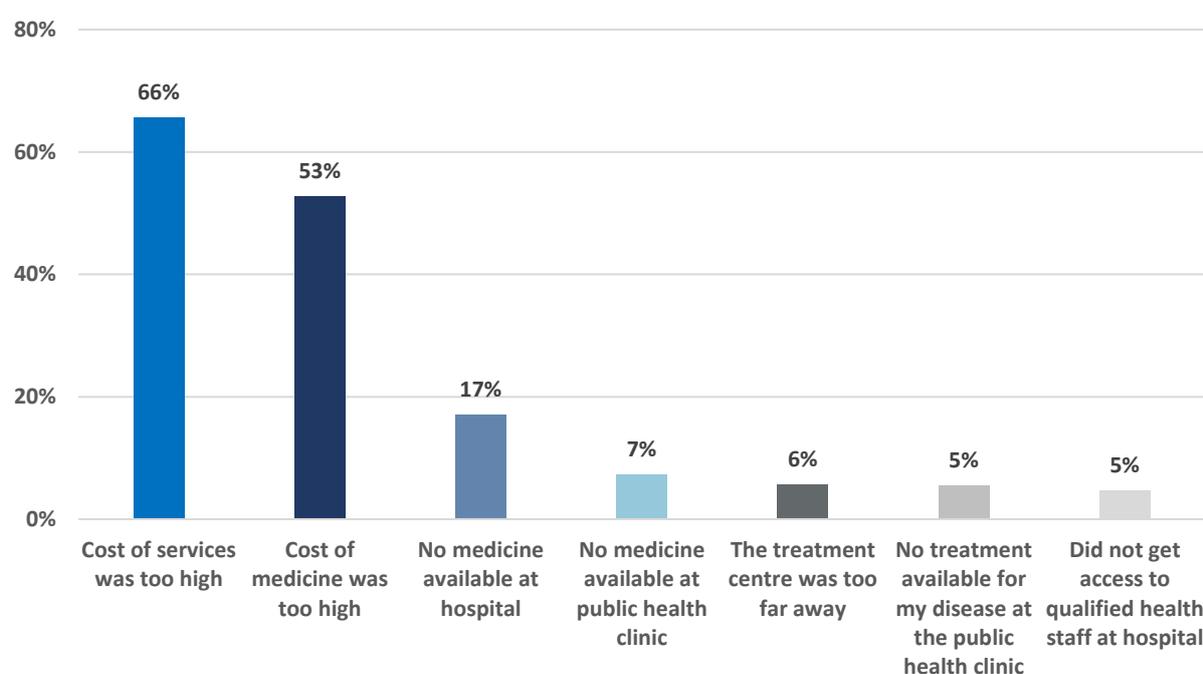
This section discusses issues such as access and barriers to healthcare, trends concerning COVID-19, and children's and women's health. Data indicates that the most frequently reported barrier to accessing health care and mental health and psychosocial support (MHPSS) services was due to high costs. Despite this finding, reliance on private health services has increased compared to 2020 data.

COVID-19, impediments to accessing healthcare services

Most Syrian refugee households nationwide reported relying on public health providers (73%). Among households living in-camp, 10% of households also reported relying on international organizations (UN agencies, Iraqi Red Crescent, Médecins Sans Frontières) for healthcare services. Whereas the majority of Syrian refugee households mostly rely on public healthcare providers, only half of host community households in KR-I reported using public services (48%), next to semi-private (25%) and private (24%) services.

Among the 74% of Syrian refugee households who reported having needed to access health services within 12 months prior to data collection, more than half (53%) reported barriers to accessing health care. Looking at Figure 21, **cost of services (66%) or medicines (53%), and lack of medication were most often cited as the main barriers to accessing healthcare.*** The most reported type of difficulties faced were consistent across governorate and accommodation types, although in-camp refugees in the KRI were more likely to report the lack of medicines at hospitals (25%) or public health facilities (8%).* Cost of health care was also cited as key barrier in 2020, while the lack of medication was only cited by 8% of households last year. This could indicate a reduced availability of key medication. Half (51%) of host community households in KR-I reported having needed services within 12 months of reporting. Of these, 60% reported having experienced problems, primarily related to cost of services (91%) and medicine (57%). This is an interesting finding given host communities' relative preference for non-private (more costly) services compared to Syrian refugee households, which may reflect host communities' perception of the quality of public health care services.*

Figure 21: Reported types of difficulties faced when trying to access healthcare services and treatment, as a subset the 53% of Syrian refugee households nationwide with at least one person needing access to healthcare services in the 12 months before the interview and experiencing problems doing so*



Women's health

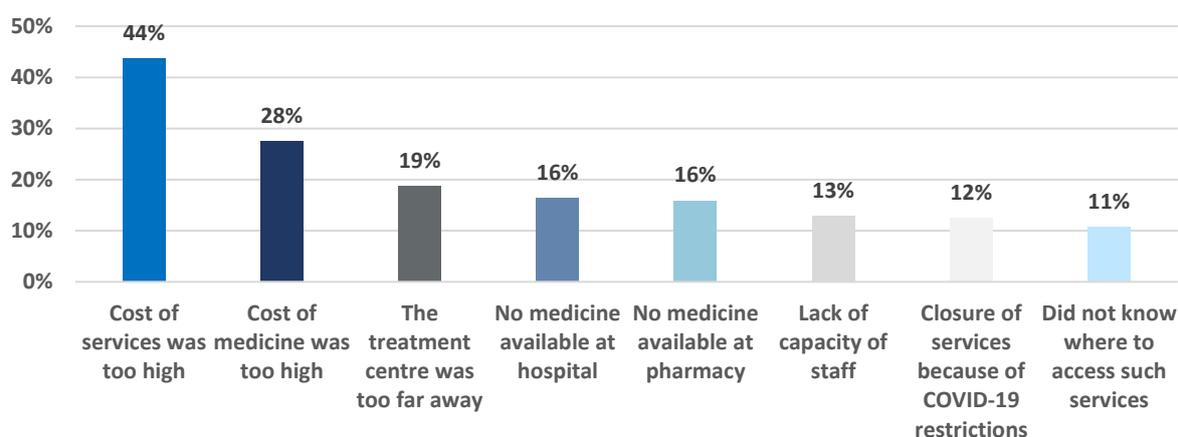
Syrian refugee households most often reported that **women of reproductive ages in their household did not have access to reproductive healthcare services in Anbar (19%), Al-Sulaymaniyah (17%), and Ninewa (16%),** compared to a nationwide average of 12%. However, at the national level, 25% of households reported not knowing whether women in their household had such access. This figure may partly be explained by the fact that 86% of respondents were male, next to a general lack of awareness concerning the need or availability of such services. Syrian refugee households with women of reproductive age reported primarily using public providers for reproductive health services (89%), and some also private providers (33%). Among a subset of refugee households with female members of reproductive age and with a female respondent, **96% of households with women and girls nationwide reported having access to appropriate menstrual hygiene items.** The lowest proportions of such access were reported, strictly out-of-camp, in Ninewa (14%), Kirkuk (11%), and Erbil (10%), while 100% of all in-camp strata reported having such access.

No female respondents reported having experienced discriminatory or inappropriate treatment while accessing reproductive health services, though this might also be under-reported given the sensitive character of the subject.

Mental health and psychosocial support (MHPSS)

Syrian refugee households reported similar barriers for access to psychological health services (Figure 22). **Four percent (4%) of Syrian refugee households nationwide reported having at least one member who needed psychological support services** within 3 months of data collection.²⁴ Among this subset, the majority (60%) reported experiencing barriers in doing so. **These households reported that the costs for services (44%) and medicines (28%) were too high.** One notable difference in reported barriers between general and psychological health service was the reported distance as a barrier for those seeking psychological support (19%), possibly because these services are more specialized. Among the 4% of households who indicated needing such access, households living out-of-camp in KR-I more frequently reported experiencing barriers (70%) compared to households living in-camp (46%). Such differences in reported barriers to access between strata were not reported for access to general health services.

Figure 22: Reported types of difficulties faced when trying to access psychological support services and treatment, as a subset the 4% of Syrian refugee households nationwide with someone needing access to psychological support services in the 3 months before the interview and experiencing problems doing so*

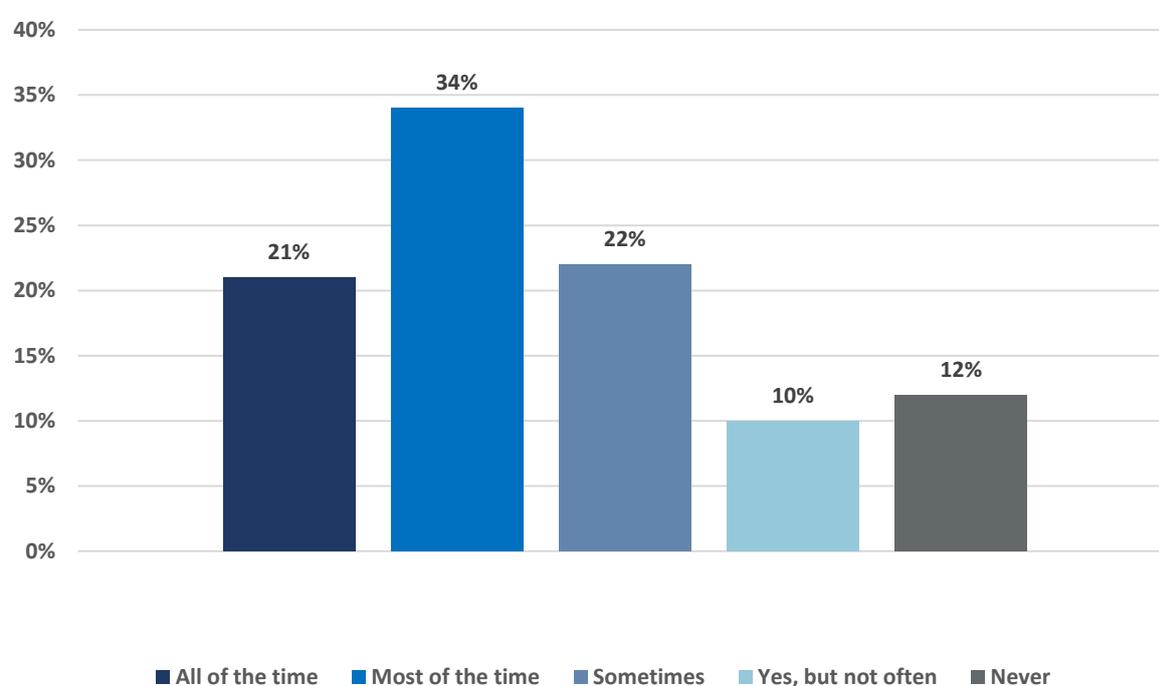


²⁴ Psychological and mental illnesses or needs are among other needs potentially underreported due to stigma, distrust, or due to the generally personal nature of the subject. therefore, reported proportions may not closely reflect reality.



Households reported struggling with fear, anxiety and other emotions resulting from COVID-19 and its socio-economic ramifications to varying degrees. As seen in Figure 23, **the majority of households reported frequently experiencing an inability to carry out essential activities due to impeding emotions or mindsets.** As discussed in the [COVID-19 section](#), **83% of Syrian refugee households reported increased stress** since the start of the COVID-19 pandemic, predominantly due to resultant economic insecurity and ensuing loss of income (96%) and having to take on new or additional debt (53%), but also out of fear of contracting COVID-19 (50%). The most notable proportions of households reporting to feel more stressed due to COVID-19 were in Al-Sulaymaniyah (91% for both in/out-of-camp) and Ninewa (91%), and Centre-South overall (88%). This was in some contrast to nevertheless frequent reports of increased stress among host community households in KR-I overall, averaging at 31% of households. Similarly, 34% of Syrian refugee households with children reported that their **children displayed unusual behaviour because of lockdowns and school closures**, such as children feeling more isolated (27%) or displaying more attachment (7%), while 66% of these households reported not having experienced such phenomena.

Figure 23: Reported frequency of Syrian refugee households nationwide experiencing inability to carry out essential activities for daily living due to feelings of fear, anger, fatigue, disinterest, or hopelessness



Education

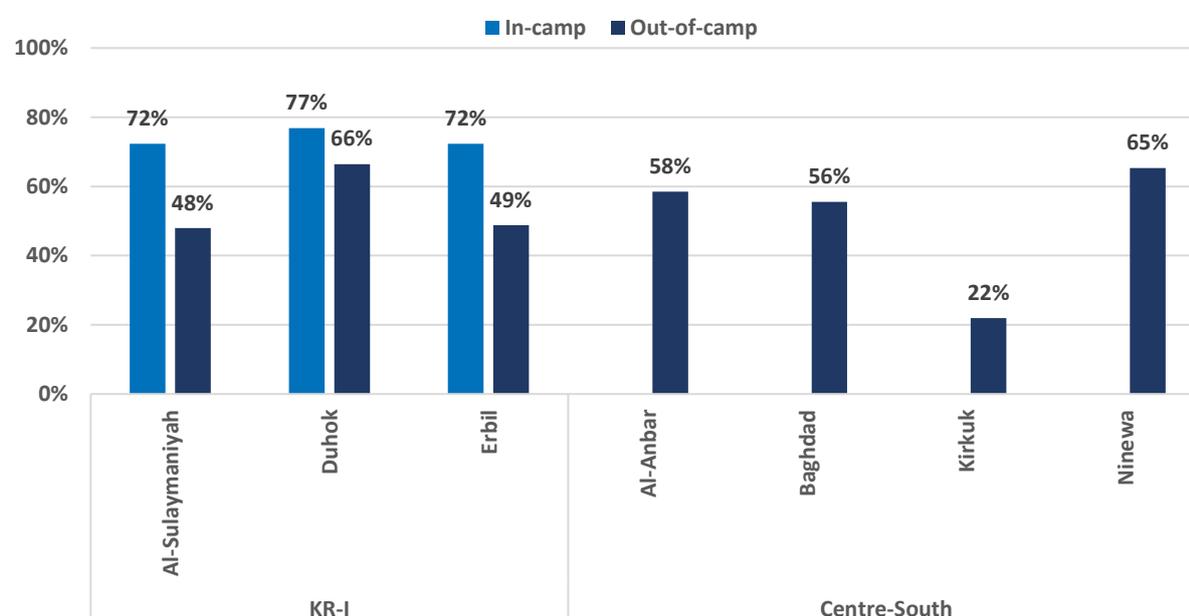
This section discusses trends concerning children's ability to access education in the context of restrictions due to COVID-19 and the resulting reliance on alternative methods of schooling, in addition to other indicators and phenomena. MSNA 2021 data indicates higher awareness of online distance-learning, small proportions of children who dropped out due to COVID-19, and a general sense among Syrian refugee children of being welcomed by host community children and teachers.

The relationship between Syrian refugee children and education in KR-I merits discussion given its particularities. KR-I has a parallel education system for refugee children which teaches the KR-I curriculum in Arabic. On the one hand, this system promotes educational continuation for potential returnees to e.g., Syria, while simultaneously hampering linguistic and thereby social integration.²⁵ Furthermore, in late 2021, teachers throughout KR-I (including in refugee schools) held strikes for not having been regularly paid and contracted, reportedly jeopardizing continuous access to education as some refugee schools closed for several months.²⁶

School attendance, alternative schooling, and COVID-19

Nationwide, **38% of school-age children (SAC) in Syrian refugee households were reportedly not attending basic formal education** (formal remote or in-person education, at least four days a week) throughout the past school year, at the time of data collection. Among this subset of children, households reported that 65% had never attended, 26% had dropped out for reasons unrelated to COVID-19, while 8% had dropped out due to reasons related to COVID-19. As seen in Figure 24, in-camp refugees in KR-I had higher average attendance levels (75%) compared to children living out-of-camp in KR-I (52%). **Host community households in KR-I saw the highest proportions of their SAC reported to be attending school (90%).** SAC in Kirkuk were least-often reported to attend school at the time of the interview (22%).

Figure 24: Reported school attendance for school-age children from Syrian refugee households, by governorate and accommodation type



²⁵ Equally, Kurdish families have been known to enroll their children into the Arabic-taught curriculum to benefit from the linguistic diversity.

²⁶ Rudaw, [Schools for Rojava students remain closed as teachers strike](#). 14 December 2021. Rudaw, [Non-contracted teachers from Duhok's refugee camps protest](#). 2 November 2021.

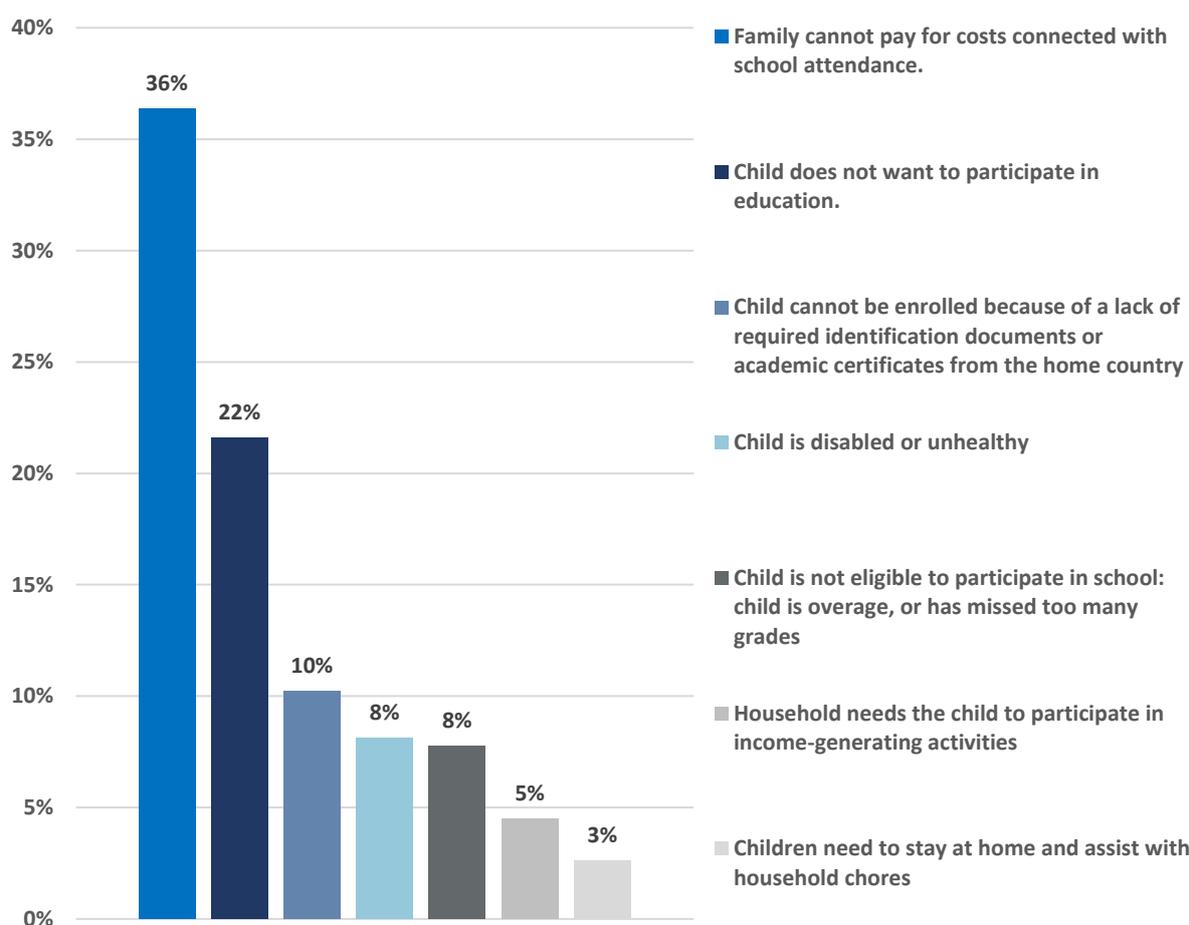


Among this smaller subset of non-attending school-aged children who either never attended or dropped out (for non-covid-related reasons) several reasons were reported. As seen in Figure 25, nationwide, **Syrian refugee households reported that their SAC who never attended or dropped out for non-COVID related reasons did so because they cannot afford the costs (36%)**, the children chose to not participate because of a dislike or disinterest to attend school (22%), and a smaller proportion of children couldn't be enrolled because of a lack of required identification documents or academic certificates from Syria (10%).

Of this small subset of non-attending SAC in KR-I, refugee households living out-of-camp most often reported to not be able to afford the costs (49%) while those living in-camp most often cited that the children did not want to participate (44%), similar to 46% among host community households in KR-I. **In Centre-South, Syrian refugee households most frequently cited the lack of required identification or academic certificates (38%)**.

Smaller proportions of Syrian refugee households nationwide reported different reasons, such as the health condition and/or disability of the child (8%), the age or education gap of the child (8%), and the need to support income generating activities (5%) and household chores (3%). Although these are small proportions, in aggregate they may cause future barriers for these children, exacerbating any further barriers to access education in the future due to misalignment, gaps in education, or not having the right grades.

Figure 25: Nationwide most commonly reported reasons for non-attendance, among the subset of school-age children who reportedly dropped out for reasons other than COVID-19 (8% of all non-attending SAC)

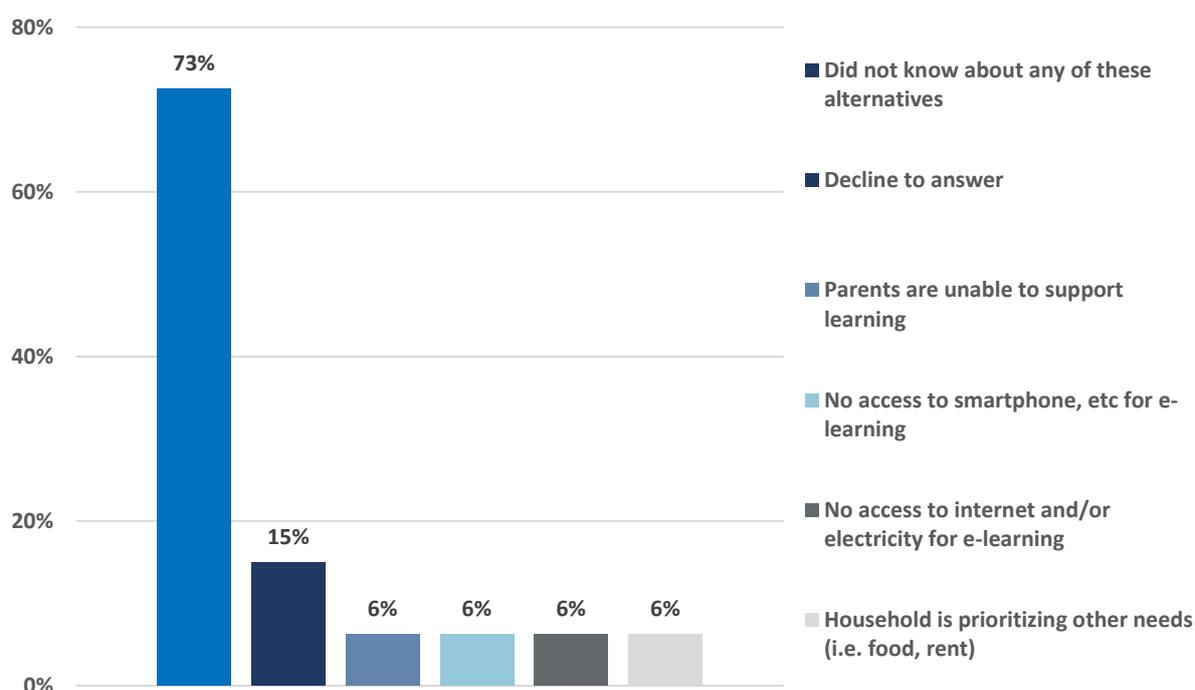


Given the effects COVID-19 has had on children's ability to attend formal education, it was important for SAC to have access to remote and distance learning alternatives. Apart from the 46% of households who reported that



access to such alternatives was not relevant (presumably because school closures waned towards the end of 2020), **26% of Syrian refugee households nationwide reported their children having access to online platforms, while 17% reportedly had access to the specific EWANE online education platform**, 6% could use self-learning materials, and 5% had no such access. As seen in Figure 26, the most predominant reason among this small subset of households who reported not having access, **most of these Syrian refugee households reported not being aware of any alternatives (73%)**.

Figure 26: Of the Syrian refugee households nationwide that reported not having access to types of remote or distance-learning during COVID-19, reported reasons for SAC not to have access*



Integration and access to local language courses

Syrian refugee households nationwide generally reported that their **children attending school felt welcomed by their host community's children and teachers (93%)**. The highest proportion of children reportedly not feeling welcomed in school was reported in in-camp settings in Duhok and Erbil (5% each).

In terms of children from Syrian refugee households living in KR-I having access to local language classes, **the majority of households reported that such local language classes were either not necessary (50%) or not available (42%)**. Only few households reported that such classes were not affordable (5%). Households' reports on this topic yielded no remarkable differences between those living in or out-of-camp in KR-I.



Shelter

This section discusses accommodation trends, issues with accommodation, coping mechanisms concerning fuel deficits, and eviction. MSNA 2021 data indicates that although most Syrian refugee households live in houses or apartments, a small proportion of households in Centre-South live in non-residential housing. In-camp houses were much smaller than out-of-camp houses, and therefore also reported less access to space for self-isolation. Furthermore, a quarter of Syrian refugee households nationwide reported having had a fuel shortage during the past winter.

Type and provision of accommodation

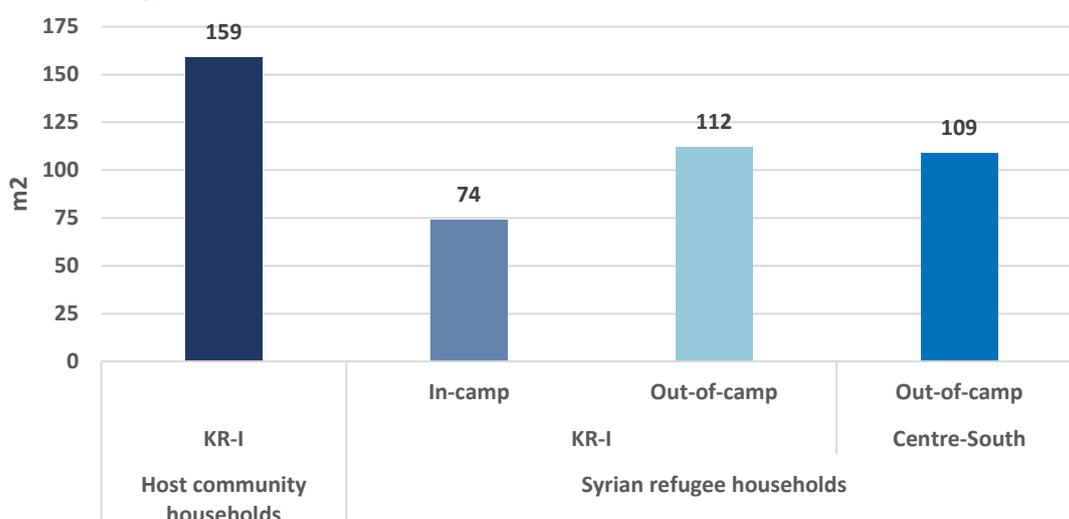
Nationwide, Syrian refugee households most frequently reported living in houses (80%) and apartments (17%) with a small proportion reported living in hotels, unfinished building or abandoned residences or other irregular types of housing (3%). In comparison, **fewer Syrian refugee households in Centre-South reported living in either a house (56%) or apartment (27%), since many reported living in non-residential structures such as garages or farmhouses (8%), unfinished building (4%), containers (2%) or makeshift shelters or tents (1% each)**. This finding can be attributed to the reported provision of accommodation in exchange for labour in Centre-South (12%) compared to 1% among households living out-of-camp in KR-I. Accommodation in exchange for labour in Centre-South could also explain the relatively high proportion of Syrian refugee households reportedly living in unfinished structures such as garages or farmhouses (8%). Given that these types of structures are not meant for human residence, it is safe to assume that they were sub-standard as shelter.

Most Syrian refugee households out-of-camp reported providing for their accommodation through renting with their own resources in KR-I (96%) and Centre-South (67%). As mentioned, households in Centre-South also reported providing for accommodation in exchange for labour (12%) and owning their accommodation (12%), while a smaller proportion reported living for free with a host family (6%).

Size and access to self-isolation space

Average reported shelter sizes vary across groups. As seen in Figure 27, **host community households in KR-I on average reported having much larger accommodation (159m²) compared to refugees in KR-I living out-of-camp (112m²) and especially those living in-camp (74m²).** There was little difference in accommodation size between households living in Centre-South (109m²) and KR-I out-of-camp (112m²).

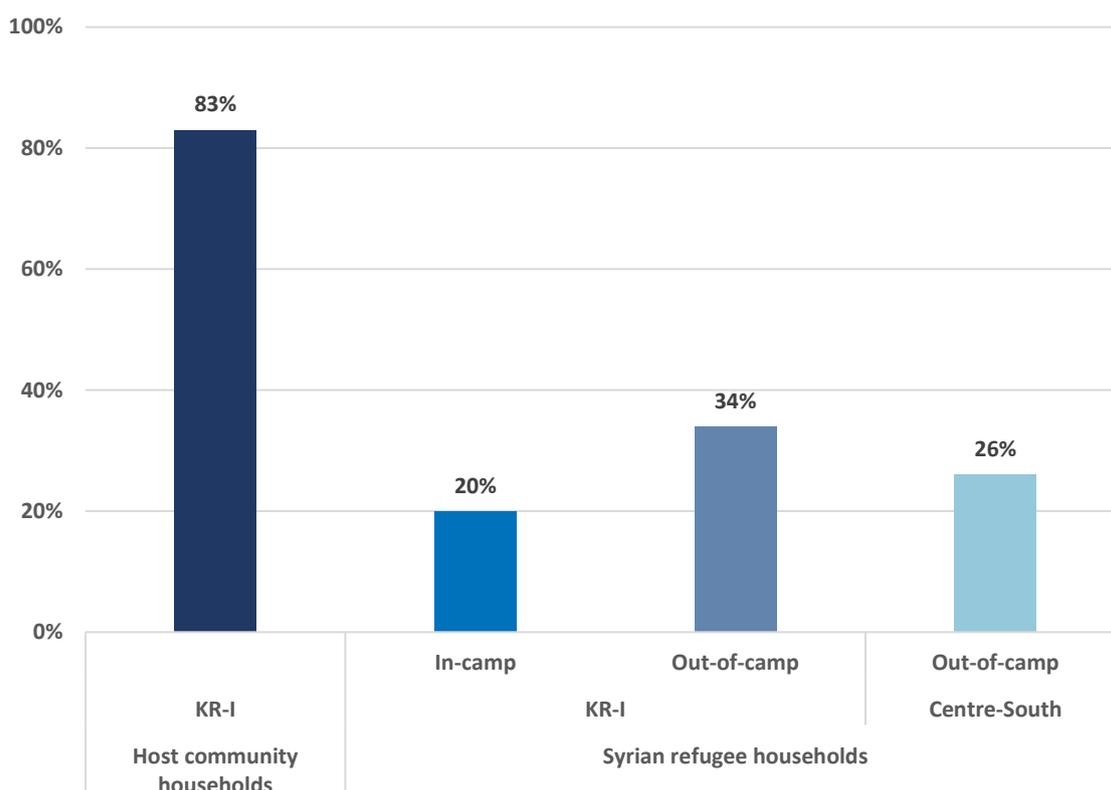
Figure 27: Average reported accommodation size in square meters, by population group, region, and accommodation type



Average reported household size by groups largely correspond to households' reported access to a space within the household to isolate in case of a suspected or confirmed case of COVID-19 (Figure 28).

Syrian refugee households living in-camp in KR-I reported living in accommodations half the size (74m²) of those of host community households (159m²) in KR-I on average, while also having slightly larger average reported household sizes (5.2 persons compared to 4.7 persons). **Households living in-camp in KR-I were therefore most at-risk of and least able to combat COVID-19 infections in term of self-isolation within the household.**

Figure 28: Proportions of households reporting having access to a space for self-isolation in case of a suspected or confirmed case of COVID-19, by population group, region, and accommodation type



Quality issues, electricity, and coping strategies

Most Syrian refugee households reported no issues with their accommodation (68%). **The most commonly reported issue experienced among the 32% of households citing issues was roof water leakage (26%), though much more frequently among households living in-camp in Al-Sulaymaniyah (60%), Anbar and Ninewa (48% each).**

Almost all Syrian refugee households nationwide reported having electricity in their accommodation (100%), provided by both community diesel generator (97%) and municipal network (82%).* The highest proportion of households who reported not having electricity was in Ninewa (3%).

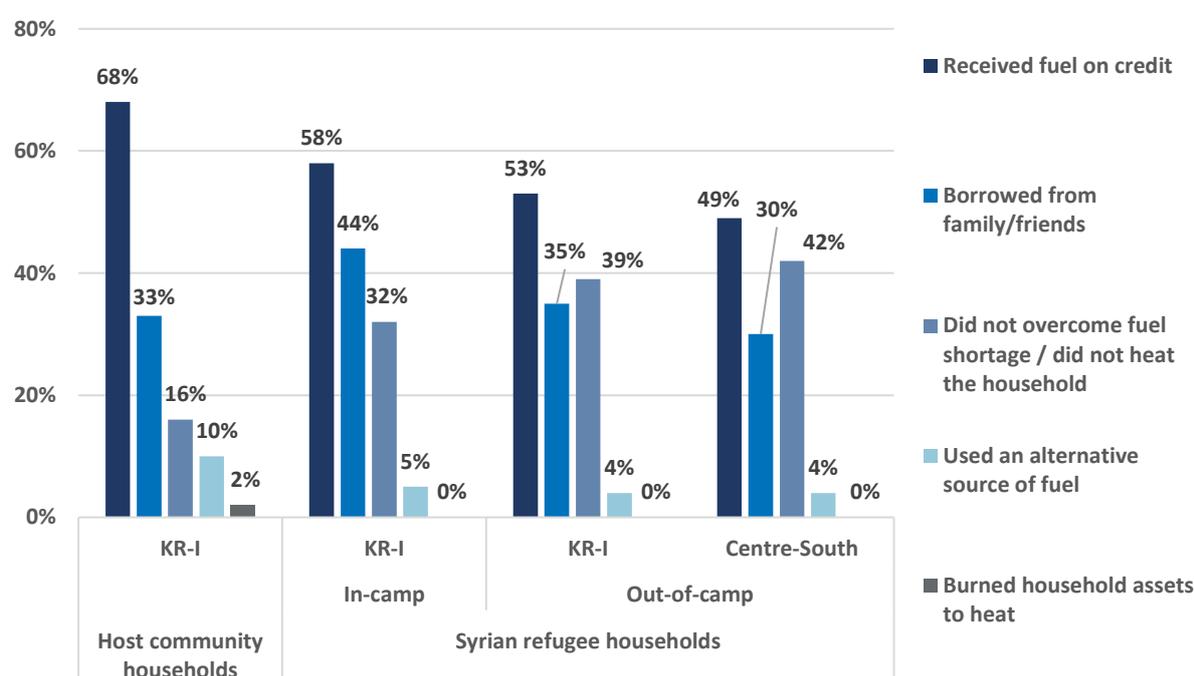
Nationwide, **over a quarter (26%) of refugee households reported facing problems accessing sufficient heating fuel during the past winter.** Insufficiency of heating fuel was most often reported by households living in Ninewa (51%), Anbar (45%), and Kirkuk (44%). Syrian refugee households in KR-I (26%) reported experiencing



such issues less often than host community households (36%), especially refugee households living in-camp (22%) compared to out-of-camp (28%).

Coping mechanisms to overcome these fuel shortages were widespread and varied. Among the households who reported having experienced fuel deficits during the past winter, over half of all Syrian refugee households (54%) reported having received fuel on credit. This figure was the same for Syrian refugee households in KR-I (54%), though lower compared to host communities who more often reported buying fuel on credit (68%). As seen in Figure 29, Syrian refugee households living out-of-camp in KR-I (39%) and Centre-South (42%) most commonly reported not having been able to mitigate for a lack of heating fuel during the past winter.

Figure 29: Reported coping strategies to overcome lack of heating fuel during the past winter, by population group, region, and accommodation type*



Eviction and fears of eviction

A small proportion of Syrian refugee households nationwide reported having faced threats of eviction within 90 day of data collection (3%). Such threats were most often reported in Ninewa (8%) and Duhok out-of-camp (6%) but also among host community households in Erbil (5%). According to the Syrian refugee households, nationwide, who reported having faced eviction within 90 days of data collection, the most commonly reported reason was the lack of funds to pay rental costs (71%). However, isolated cases in Al-Sulaymaniyah reported not being accepted by the local host community, while some cases in Duhok reported having been requested by the authorities to vacate the accommodation.²⁷

²⁷ In order to prevent misinterpretation of high percentages within extremely small subsets, no percentages are reported. Pertaining to these particular threats of eviction, two households in Al-Sulaymaniyah reported having been asked to vacate the accommodation by the authorities, while one household in Duhok reported not being accepted by the host community.



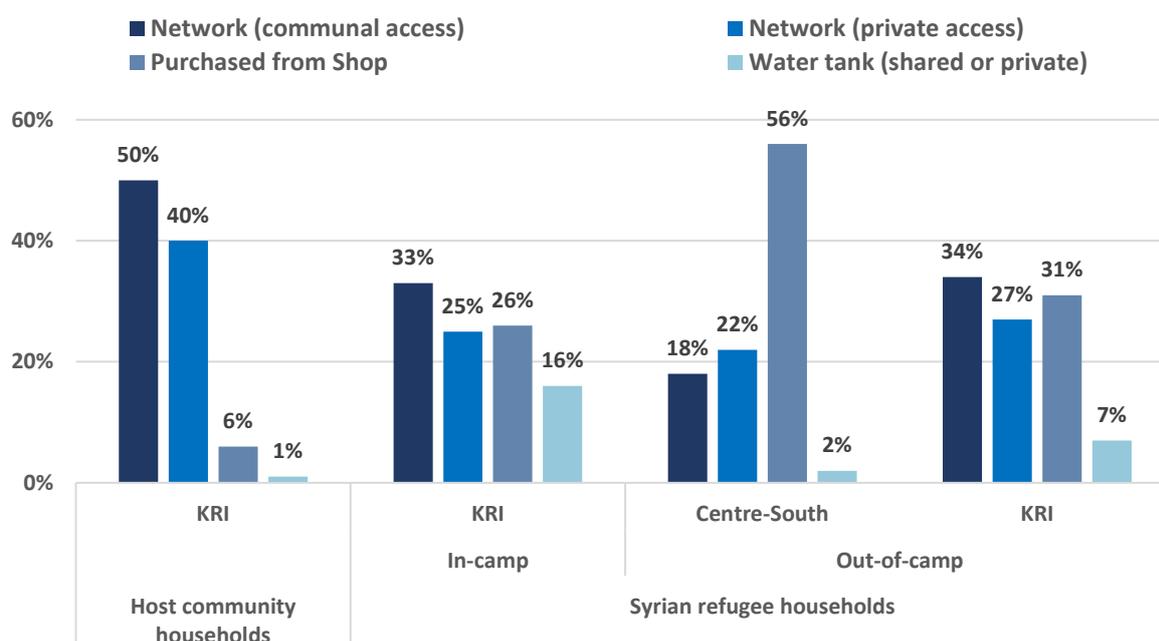
WASH

This section discusses WASH trends such as treatment of and access to household and drinking water, waste disposal, latrines, and access to basic hygienic products. Soap, disinfectant, and menstrual hygiene items were reportedly widely accessible to most Syrian refugee households nationwide. Furthermore, data indicates that Syrian refugee households in KR-I more frequently reported experiencing water quality issues than host community households.

Household water sources and treatment

Reliance on varied sources of drinking water reportedly vary across population groups and regions (Figure 30). Host community households in KR-I primarily reported sourcing drinking water from networks, either communal (50%) or private (40%), whereas Syrian refugee households in KR-I also reported purchasing drinking water (29%) or sourcing drinking water from a shared tank (10%). The fact that Syrian refugees in KR-I more frequently reported purchasing drinking water from a shop compared to host communities in KR-I, despite living in the same region, raises questions in term of differences in water quality and general access to water networks in their localities, perhaps due to a difference in types of neighbourhoods or housing. This hypothesis is supported by 51% of Syrian refugee households living in KR-I reporting experiencing issues with water quality, compared to 32% among host communities (Figure 31). Despite this difference across groups, there are few remarkable differences between in and out-of-camp households in KR-I.

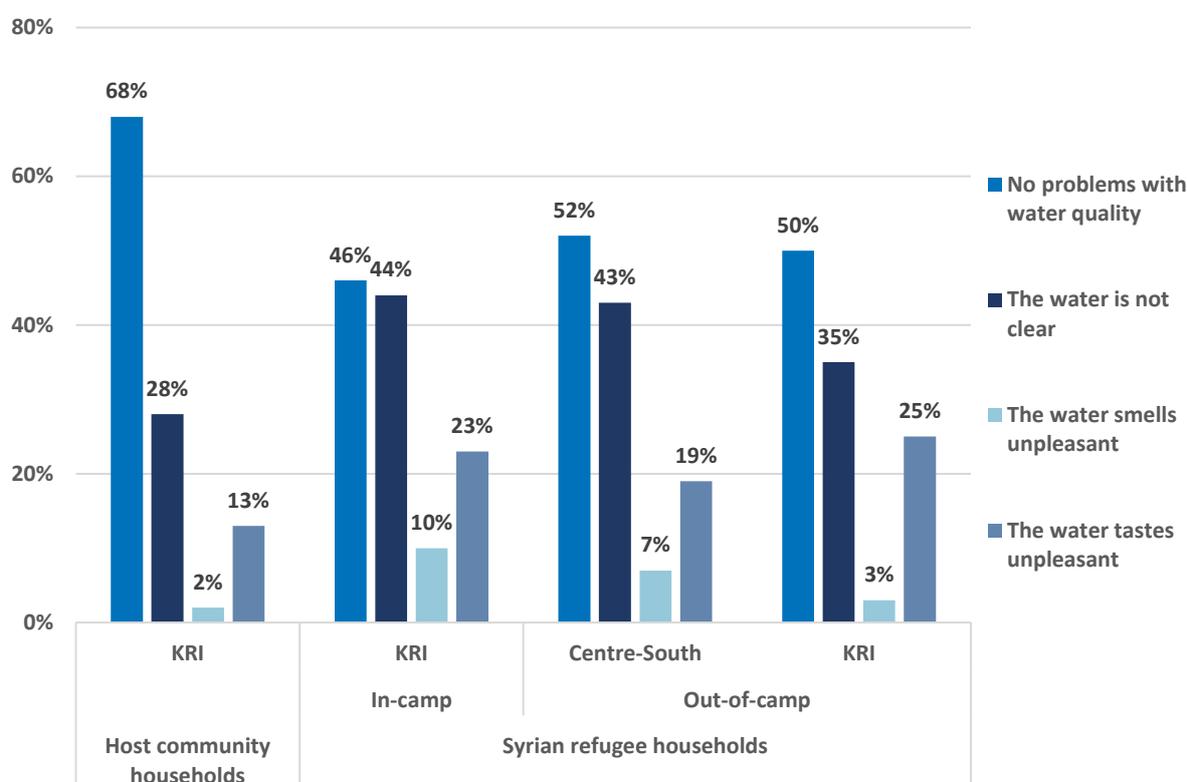
Figure 30: Top-4 primary reported sources of household drinking water, by population group, region and accommodation type



A much larger proportion of Syrian refugee households living out-of-camp in Centre-South reported buying drinking water from a shop (56%) than in KR-I (29%). Concurrently, 48% of Syrian refugee households in Centre-South reported experiencing water quality issues, primarily in Kirkuk (57%) and Baghdad (56%) compared to Ninewa (44%) and Anbar (41%). **Nationwide, Syrian refugee households most frequently reported having unclear water (38%)** among the possible quality issues.



Figure 31: Top-4 primary reported issues with household water quality issues, by population group, accommodation type and region



In terms of water for household-related purpose (e.g., cooking and washing), Syrian refugee households nationwide primarily reported using networks, communal (45%) and private (29%) and water tanks (24%), with similar responses among host community households in KR-I, though with less reported reliance on water tanks (1%) as these were most commonly found in refugee camps.

Handwashing, latrines, and solid waste disposal

Most Syrian refugee households nationwide reported having access to adequate handwashing facilities (100%), the lowest proportion of reported access being in Ninewa (95%). Similar proportions of Syrian refugee households reported having access to sufficient amounts of soap and disinfectant (97% nationwide), with the lowest reported access among households in-camp in Duhok (93%). When this small nationwide proportion of households were asked about the impediments to access soap and disinfectant, 100% of these households reported that these goods were too expensive.

Most Syrian refugee households also reported having what can be considered as ‘improved’ latrines²⁸, as 80% nationwide reported having a flush or pour/flush latrine, 15% a pit latrine with a slab or platform, and 5% a ventilated improved pit latrine VIP (ventilated-improved toilet). Nationwide, Syrian refugee households reported that solid waste was primarily collected by the municipality (79%) or disposed into communal garbage bin (20%), which largely occurred on a daily (55%) or weekly (43%) basis.

²⁸ Improved latrines include flush or pour/flush toilets, pit latrines with a slab or platform, and ventilation-improved pit latrines.



Mobility and Movement Intentions

Most Syrian refugee households nationwide reported not intending to leave their current residence within 3 months following data collection (94%), which is comparable to MSNA 2020 data (96%). The largest minority of Syrian refugee households who did report intending to leave their current residence were those living out-of-camp in Al-Sulaymaniyah (10%). At the national level, those households who did report intending to move within that timeframe (6%) did so due to the cost of living being too high in the current location (49%), or in order to find better employment opportunities (39%) or access to essential services (19%) elsewhere.

The 6% of **Syrian refugee households nationwide who reported intending to move, expressed intention to move to a third country (37%),** to or within KR-I outside a formal camp (35%), or to or within KR-I to a formal camp (15%). Households living in Centre-South who expressed the intention to move within the 3-month timeframe most often reported intending to move within Centre-South (83%) similarly to households living out-of-camp in KR-I who primarily reported intending to move within the KR-I (44%), whereas **households living in-camp in KR-I most frequently reported intending to move to a third country (84%).**



Discussion of Findings

The 2021 MSNA Report complemented by the [MSNA Dashboard](#) provide a comprehensive, evidence-based understanding of multi-sectoral needs of Syrian refugees living in and out of formal camps in the KR-I and Centre-South to inform UNHCR and partners' programming and service delivery. The data highlights the needs of Syrian refugees in Iraq in general, as well as in the context of the COVID-19 pandemic which has exacerbated pre-existing vulnerabilities and led to a variety of new challenges for refugee households. **Due to aforementioned differences between sampling strategies for Centre-South governorates in the 2020 and 2021 iterations for the MSNA, comparisons should be considered strictly indicative.**

Longitudinal findings: Syrian refugee households nationwide in 2020 and 2021

Key findings of the 2021 MSNA indicate that the situation for Syrian refugees in Iraq has mostly deteriorated since the last iteration of the MSNA in 2020 in several respects.²⁹

- Although the nationwide proportion of Syrian refugee households reportedly in debt has not changed substantially (84% compared to 83% in 2020), **average reported household debt has increased by 20 percentage points from 2020**.³⁰ Reported reasons for taking on debt* remained in the same order of prevalence as in 2020: food (76%), basic household expense such as rent or utilities (52%), and healthcare (49%).
- Food security seems to have deteriorated compared to 2020, as **only 34% of Syrian refugee households scored in the Food Secure category in 2021 compared to 61% in 2020**. In 2021, many households seem to have shifted down to the category Marginally Food Secure (62%) compared to 35% in 2020.
- **The downturn of Food Security Index figures were largely linked to the reported increase in the use of coping strategies* in 2021**: 91% of households reported having used at least one Stress-type strategy compared to 82% in 2020; 22% used at least one Crisis-type strategy compared to 7% in 2020; and 17% reported using at least one Emergency-type strategy compared to 6% in 2020 (within the month prior to data collection).
- Syrian refugee households overwhelmingly reported that COVID-19 had impacted the household's livelihoods, as **only 5% reported to not have been affected in 2021, compared to 3% in 2020**. Similarly, Syrian refugee households nationwide **more frequently reported experiencing stress (83%)** since the start of the COVID-19 pandemic compared to 2020 (78%).³¹
- In 2021, Syrian refugee households reported primarily relying on public health care providers (73%) followed by private health care providers (17%). This indicates a slight **increase in reported reliance on private health care providers from 2020** (which was 10%) compared to public health care providers (81%). Although it is difficult to attribute a decrease in use of public health facilities to any one cause, the COVID-19 pandemic has strained public health systems globally, which could lead to households either having chosen or been forced to look to private services for their health needs.
- **Shelter standards for Syrian refugee households in Centre-South have reportedly suffered compared to 2020**. While 99% of these households in 2020 reported living in a house or an apartment, 2021 data indicated that only 83% of these households lived in a house or apartment, while others

²⁹ It should be noted that while the 2021 MSNA sampling for Syrian refugee households in KR-I remained unchanged from the 2020 MSNA (which also constitutes 97% of Syrian refugee households registered with UNHCR living in Iraq and the analysis was weighted as such), samples included in Centre-South in 2021 were both larger and more specific to the four governorates with the largest UNHCR-registered refugee populations in 2021, whereas the 2020 MSNA included one Centre-South sample regardless of governorate. Therefore, comparison should be viewed as indicative rather than directly comparable.

³⁰ Due to the devaluation of the Iraqi Dinar in January 2021 (from USD 1.00 = IQD 1200 to IQD 1450), a numerical increase in debt, or for income or expenditure for that matter, should not necessarily be seen as commensurate with a linear increase of purchasing power derived from that debt.

³¹ The start of the recall period remained the same for this question, for both iterations of the MSNA. The question asks the respondent about stress experienced between the start of COVID in Iraq, March 2020, to the time of data collection in 2020 and 2021 respectively. Therefore, the length of the recall period is different, but the indicator provides updated impressions as the pandemic extends.



reported living in non-residential structures such as garages or farmhouses (8%), unfinished buildings or abandoned residences (4%), containers (2%), and makeshift shelter or tents (1% each), and less than 1% in hotels. In Baghdad, 17% of Syrian refugee households reported living in non-residential structures, while 11% in Ninewa reported living in unfinished buildings.

Data concerning certain themes indicated continuity (or even improvement) among Syrian refugee households' conditions in Iraq, between 2020 and 2021 data collection.

- In 2021, **43% of Syrian refugee households reported that their children had access to online educational resources** as an alternative to in-person or home-schooling, an increase from 36% in 2020. Syrian refugee households with school-age children reported that 62% of these children were attending basic formal education in the past schoolyear, compared to 60% in 2020.
- Within the realm of protection, **social cohesion indicators continue to suggest that there were no substantial trends concerning reported interpersonal issues, nor conflicts or disputes**. Syrian refugee households reported feeling welcomed by their host communities, just as school-attending children were reported to feel welcomed at school by fellow students and teachers. However, **reported awareness concerning resources to seek aid or report GBV incidents was equally low between 2020 and 2021** as 67% reported not knowing where to seek aid.
- Similar to 2020, almost all Syrian refugee households nationwide in 2021 reported having access to adequate and functional handwashing facilities (100%), sufficient amounts of soap and disinfectant (97%), and appropriate menstrual hygiene items (96%, pertaining only to households with women of reproductive ages).
- **Reported movement intentions have shown to be consistent** since MSNA 2020, as 94% of Syrian refugee households reported intending to move elsewhere within three months after data collection in 2021, compared to 96% in 2020.



Conclusion

The 2021 Multisector Needs Assessment on Syrian refugee households in and out-of-camp in KR-I and Centre-South, complemented by data on host communities in KR-I, has highlighted needs and vulnerabilities across interviewed groups.

MSNA 2021 data broadly indicates that Syrian refugee households in both the KR-I and Centre-South were worse off than in 2020, and that Syrian refugee households in KR-I were in many respects more vulnerable than host communities in KR-I, **particularly Syrian refugee households living in-camp**. However, some findings also indicate vulnerabilities among host communities in KR-I, highlighting the need for inclusion to achieve durable solutions. Precarious livelihoods conditions and the potential for further use of harmful coping strategies may both diminish households' well-being in the short and long term, in all sectors. Programming should be aimed at preventing the root causes of income and employment insecurity, because costs of living were widely indicated to serve as the primary barrier to meet basic needs across most sectors covered by the MSNA 2021.

Most fundamentally, Syrian refugee households nationwide reported spending more than they receive and borrowing more than they reported to repay. Given the ramifications of COVID-19 on the Iraqi economy in 2020 and 2021, coupled with global inflationary forces and refugee households' heavy reliance on temporary employment and daily labour (also the hardest-hit demographic in terms of wage loss according to MSNA data), **attention should be paid to overcome general livelihoods insecurity** more so than any other sectoral need in particular. Most clearly conveyed in Figure 15 in the [Food Security section](#), the majority of all groups' households reported having lost income and experienced more stress.

As concluded in the [MSNA 2020 Findings Report](#), the deteriorating situation as concluded in the MSNA 2020 was expected to cause increases in the reliance on harmful coping strategies. **Data collected by the 2021 MSNA indeed confirms that the use of coping strategies has increased** among Syrian refugee households. Given the varying nature of such strategies, future needs may increasingly pertain to food insecurity as parents choose to prefer giving their children more food at their own nutritional expense in the short-term. Children may be held from school and households may choose to further forego medicine and health-related necessities in order to save costs and not further accrue household debt in the longer-term. Furthermore, households may gradually lose their access to credit, which often comes in the form of loans within the family or social circles or vendors, who have themselves likely also been negatively affected by COVID-19.

As mentioned in the [Education section](#), the small proportion of school-age children who did not attend basic formal education in the past schoolyear (primarily due to cost-saving) may experience future barriers to education due to not having the right grades, insufficient certification, and gaps in their education. Similar to education, households reported that costs also constituted the main barrier to accessing health services. One of the most common coping mechanisms concerns itself with foregoing food in lieu of other necessities such as education and health expenses. This phenomenon of households increasingly engaging in self-exacerbating behaviour such as having to deprioritise and jeopardise healthcare and education to save costs and purchase food will result in negative outcomes whichever decision prevails. As long as livelihoods opportunities remain scarce or insufficiently compensated, **households will likely keep being forced to further jeopardise their access to health and education**, as indicated by both the 2020 and 2021 MSNA data collections.

Syrian refugee households living out-of-camp in KR-I and Centre-South often reported similar responses, indicating that there were no major differences in the sectors of livelihoods or food security. However, **households in Centre-South more frequently reported experiencing issues concerning the lack of documentation**, particularly residency documents. Similarly, non-attending school-age children in Centre-South reportedly suffered the most from a lack of adequate documents to enrol compared to those in KR-I. The need for documentation in Centre-South must be addressed in order to prevent protection issues such as arrests and detention or child protection issues such as non-enrolment (and ensuing problems), but also to promote integration into society and the workforce. In terms of shelter, larger proportions of households in Centre-South reported living in non-residential dwellings than in KR-I, such as farmhouses or garages (8%). Many households in Centre-South also reported that their dwelling was provided in return for labour (12%). This finding may be related to the male-heavy demographic composition of households in Centre-South (particularly in Baghdad), who may have been looking for work while not possessing the necessary documentation. As discussed, **this group would be particularly vulnerable to the**



ensuing protection issues related to lack of documentation, while not being able to enjoy the opportunities provided by more formal types of employment and residency status.

Many metrics indicate that Syrian refugee households in-camp are more vulnerable than those out-of-camp in terms of livelihoods, basic needs, and food security. Although in-camp households receive more assistance and also do not face the recurring financial burden of paying rent or utilities, these households reportedly also earn less, use more coping strategies, and have lower Food Security Index scores than out-of-camp, even when accounting for the burden of rent as part of the FSI's Food Share component.³² Consumption values are also lower in-camp. In addition, smaller proportions of in-camp households reported spending their own cash to buy food, and more often go further into debt in order to buy food. Lastly, the average shelter size of households in-camp was 74 m² which was much smaller than out-of-camp (112m²) despite households in-camp on average being slightly larger (5.2 person) than those out-of-camp (5 persons). This difference has implications for households in-camp and their resilience against the spread of COVID-19, certainly as only 20% of households in-camp reported to have a space to self-isolate, compared to 34% of households out-of-camp. Host community households more often reported having such access (83%).

Host communities' reported values indicated the least relative vulnerability in most aspects of life, particularly in terms of income security. Compared to refugee households in KR-I, host community households more often reported relying on employment as a source of income, and less often on loans or support from family or friends. These households also most often scored to be Food Secure (75%), since they indicated to have the highest average food consumption, while reporting the least reliance on harmful coping mechanisms as well as the lowest Food Share (food expenditure compared to total expenditure within the month prior to data collection). Lastly, they reported the lowest value of increases in stress (31% compared to 83% for Syrian refugee households in KR-I), despite having a slightly smaller proportion of households who experienced decreases in labour opportunities or working hours (73%) due to COVID-19 than Syrian refugee households in KR-I (93%). It should be noted, however, that despite the relatively lower indicated vulnerability among host community households in KR-I overall, **the proportions of host community households who also reported facing certain vulnerabilities were in some respects nonetheless worryingly large** and occasionally similar to Syrian refugee households. Therefore, and for the sake of durable solutions for refugees and host communities alike, programming should increasingly include host communities into interventions.

³² A follow-up analysis in which rent data was equalized across in and out-of-camp households and statistically significance-tested yielded the conclusion that in-camp households still had lower food security scores than out-of-camp despite.



Annex 1: 2020 Summary

In addition to this 2021 MSNA Findings Report, the [2020 MSNA Findings Report](#) and [MSNA Dashboard](#) (the latter consisting of both 2020 and 2021 MSNA data) provide a comprehensive, evidence-based understanding of multi-sectoral needs of refugees living in and out of formal camps in Iraq, as well as host community households in KR-I (featured in the 2021 MSNA), to inform UNHCR and partners' programming and service delivery. The data highlights the needs of refugees in Iraq in general, and in the context of the COVID-19 pandemic which has led to a variety of new challenges for Syrian refugee households.

2020: Key Conclusions

The 2020 MSNA concluded that decreasing access to livelihoods coupled with the causal or otherwise exacerbating factor of the COVID-19 pandemic and associated measures had negatively impacted refugee populations across Iraq, and will likely continue to do so. Data suggested that attention should be directed to how changes in access to livelihoods impact the use of coping mechanisms, as refugee households could run out of appropriate mitigation strategies. If incomes continued to decrease, and more debt was taken on, reliance on harmful coping strategies could likely increase. This could result in higher levels of debt and the deprioritisation of expenditure on health and education, thereby making refugee households even more vulnerable and less resilient in the context of economic or health-related shocks.

When considering the most frequently reported concerns across all population groups, **the primary issues highlighted by the 2020 MSNA data related to livelihoods, the impact of COVID-19, rent and shelter, and access to healthcare.** Given the types of issues which refugees reportedly faced, these concerns were likely to be interlinked and, in some cases, interdependent. For instance, the increased uncertainty about household income in general, and the impact of COVID-19 in specific, constituted the main concern for most respondents. This could lead to increased reliance on coping mechanisms, such as foregoing medical and health needs for food/basic household expenses and accruing additional debt. Respondents reported being reliant on non-employment sources for up to a quarter of their total monthly income. Most of the population groups also reported relying on debt and loans to cover expenses.

Amongst all population groups excluding Palestinians, **most households (between 85% and 94%) reported having lost income due to COVID-19.** This was the case for 94% of Iranian, 90% of Syrian, 85% of Turkish, and 46% of Palestinian respondent households. Similar proportions for each population group reported that persons in the household experienced less access to daily labour opportunities compared to pre-COVID-19.

Concurrently, **many households reported being in debt, some of which due to reduced household income.** Turkish and Syrian households reported the heaviest average debt burdens (IQD 4,104,000 and IQD 1,443,000 respectively), often several times their average monthly household total expenditure. The proportion of refugee households who reported being in debt at the time of data collection constituted 84% of Turkish, 83% of Syrian, 62% of Iranian, and 43% of Palestinian households. The reported debt burdens of Turkish and Syrian households, which on average amounted to several months' worth of total income, coupled with higher reported expenses than their total income, indicated that this problem would likely persist for these groups in the absence of economic recovery. Previous analysis on the impact of debt on IDPs, refugees, and host community households indicated that in Iraq, most debt was taken on from family and friends, or otherwise vendors.³³ As communities, families, and the wider economy became increasingly affected by the economic ramifications of these developments, the possibility of borrowing money to cover for vital expenses would not have been assured.

Food security was at a fragile point for refugee households at the time of data collection. Measured by the WFP Food Security Index (FSI), the proportion of refugee households who were not qualified as Food Secure but as Marginally Food Secure, Moderately Food Insecure, or Severely Food Insecure was highest among Iranian and

³³ IMPACT, [2020 Impact of Debt Study](#). January 2020.



Turkish refugee households (63% and 50% respectively). Only the Iranian group yielded a small proportion (1%) of Severely Food Insecure households. The proportion was lower for Syrian (39%) and Palestinian refugee households (24%). Syrian in-camp respondents were found to experience less food security than those out-of-camp. In Erbil, almost double the proportion of out-of camp households (85%) qualified as being food secure compared to in-camp households (45%), with similar but lower proportions in Duhok (63% out-of-camp households versus 34% in-camp), and Al-Sulaymaniyah (38% out-of-camp households versus 19% in-camp). Households reported using coping mechanisms such as taking on debt/loans, deprioritising education and health expenses, and selling assets to cope with a lack of food and money to buy food at the time of data collection in 2020. The 2020 MSNA report concluded that if livelihoods opportunities continued to diminish, it would continue to negatively impact on household food security, particularly in situations where vendors and shop owners could potentially refuse to extend additional credit to households in debt. This was particularly relevant to in-camp refugees, where a higher proportion of households reported low food security.

Protection issues reportedly varied by refugee population group. The majority of Turkish (75%) and Syrian (69%) refugee households reported lacking documentation (primarily passports), as well as reported lower levels of Iraqi citizenship possession. This puts these groups in more vulnerable positions than Iranian and Palestinian households given the implications on access to services. Refugees' reported levels of awareness concerning GBV resources, as well as reporting mechanisms for fraud, corruption, and resources surrounding sexual exploitation and abuse, also varied across demographics, although a general lack of awareness of resources was high.³⁴ Refugees of all nationalities mostly reported intending to stay in their locations and generally felt accepted and welcomed by their host communities.

Health issues were reported to affect different population groups to different degrees. The costs of healthcare and mental health services (and medicine for Palestinians) were reported as the primary barriers to access. Foregoing healthcare in order to procure food or pay basic household expenses was a reported coping mechanism among all groups. However, most respondents indicated consistent or less need for healthcare services between March and September 2020 (the latter being the time of data collection) compared to before March 2020. Reported disruptions to routine children's vaccinations among Syrian respondents were least prevalent in Erbil where 16% reported having experienced disruptions compared to 43% in Duhok and 40% in Al-Sulaymaniyah, with no reported difference between in-camp and out-of-camp populations.

Like health, **access to education was affected by COVID-19 and was reported to have been deprioritized as an expense.** Furthermore, in the context of need for alternative method of education due to COVID-19-related school closures, **reported access to alternative methods of education was low** because such access required internet/electricity and electronic devices. The proportion of refugee households who reported experiencing lack of access to alternative methods were 67% of Iranian, 54% of Turkish, 40% of Syrian, and 23% of Palestinian refugee households. This lack of access was aligned with lower reported income levels, leading to the largest educational gaps being experienced primarily among Iranian households, and followed by Turkish and Syrian refugee households.

³⁴ Please note that the vast majority of respondents were male, which may have skewed overall household GBV-resource knowledge.

