



MULTI-SECTOR NEEDS ASSESSMENT OF SYRIAN REFUGEES IN CAMPS

KURDISTAN REGION OF IRAQ

ASSESSMENT REPORT

SEPTEMBER 2014

SUMMARY

As of 15 July 2014, according to the latest estimated from the United Nations High Commissioner for Refugees (UNHCR), more than 217,000 Syrian refugees reside in Iraq, most of whom (208,000) have settled in the Kurdistan Region of Iraq (KRI). Around 92,000 of these refugees in the KRI currently reside in nine refugee camps (two of which were set up as transit sites), while the remaining 116,000 have settled among the host community across the KRI.¹

REACH Initiative (REACH) has been actively supporting information management efforts undertaken by humanitarian actors in Iraq since November 2012 and was requested by UNHCR to support the Joint Assessment Mission (JAM) of UNHCR and the World Food Program (WFP) by conducting a Multi-Section Needs Assessment (MSNA), while at the same time establishing a multi-sectorial dataset on the profile, conditions and needs of camp-based Syrian refugees. Data collection took place alongside the JAM from 6 May to 22 May 2014, with training and pilots being conducted in Erbil and Duhok in the week before data collection started, to cover all nine camps across the three governorates.² In total, 804 households were assessed.

The MSNA of Syrian refugees in camps aimed to identify priority needs within and among sectors and to identify gaps in relief assistance provided to meet these needs. Because this MSNA was developed with a view to supporting the JAM, a large section of it was focused on the food security situation and evaluating the assistance provided by WFP. A crucial part of this evaluation was a comparison of two distinct assistance schemes employed by WFP, one based on food parcel distribution and one based on vouchers, thus comparing the food security situation in camps with either of these schemes in place. The report presents sector specific assessment findings on education, health, food, livelihoods, energy/fuel and water in each of the refugee camps in the KRI, followed by recommendations to support the upcoming round of strategic planning for the next 6-12 months. Key findings further detailed in the report include:

- **Vulnerable households:** 24% of the female heads of household reported they were widowed. 4% of households had an elderly (≥ 60) head of households. 99% of households in Akre reported not having a member with a residency card, 88% in Arbat Transit and 84% in Gawilan. 5% of households reported not being able to afford basic needs in the 30 days preceding the assessment. All of these groups reported a significantly lower average monthly income.
- **Education:** Only 51% of Syrian refugee children aged 4-17 attended school across all camps in KRI. The overall attendance rate in refugee camps across KRI among children age 6-14 was found to be 78%. The attendance rate among girls age 6-11 (97%) was slightly higher than among boys (93%); the same pattern could be observed among girls age 12-14 (46%) compared to boys (43%). Just 5% of boys age 15-17 was reported to attend school. The main cited reasons for non-attendance at any age level were the inavailability of a school in the camp at the right level (46%) and placement of the child in a level below its age group (35%).
- **Health:** 24% camp-based Syrian refugee of households across KRI reported that one or more members of the household suffered from illness in the two weeks preceding the assessment, with the highest incidence of illness reported in Domiz II (36%) and Domiz (26%). The most common ailments were respiratory tract infection and diarrhoea, with significant variation between camps. About half of all households reported having required health assistance at one point since arriving in the KRI, out of which 24% reported having experienced difficulties

¹ Monthly Information Kit Syrian Refugee Response / Iraq May 2014, found on the UNHCR Syria Regional Refugee Response Inter-agency Information Sharing Portal, <http://data.unhcr.org/syrianrefugees/country.php?id=103>

² Data collection in Arbat Transit in Sulaymaniyah was conducted by the Erbil team.

accessing care, notably due to lack of availability of treatment at the public health clinic (41%), followed by insufficient funds to purchase medicine at the pharmacy (33%). Over half of all children under four years old were exclusively breastfed for more than six months, and 24% were breastfed exclusively for two months or less.

- **Food:** Most Syrian refugee households staying in camps in the KRI showed an acceptable Food Consumption Score, averaging between 76 (Basirma) and 89 (Domiz) per camp, with just 3% of households who received the WFP food parcel below the acceptable threshold of 42. Households in Domiz and Domiz II, under the WFP food voucher scheme, had a higher intake of meat, eggs and milk products than their counterparts receiving the WFP food parcel, and no households in these two camps fell below the threshold of 42. 6% of households across KRI reported lacking food in the seven days prior to the survey, with the highest proportion found in Kawergosk (13%), Gawilan (11%) and Basirma (10%). 68% of households report selling all or some of the contents of the distributed food parcels. Rice (66% of the amount received is sold) is the most sold item, followed by pasta (56%), bulgur (56%) and lentils (52%). The food voucher system has had a resoundingly positive impact on the food security situation of refugees in the camps where it has been implemented.
- **Livelihoods:** 12% of Syrian households staying in refugees camps in the KRI reported having no source of income in the 30 days preceding the assessment, with the highest proportion without an income found in Gawilan (21%). 5% of households across KRI were unable to meet their basic needs, with significant variation across camps. 15% of households in Gawilan, Basirma and Kawergosk were unable to meet their basic needs. The average household income per working household was 485,000 IQD, with the lowest average income reported in Gawilan (305,000 IQD) and Basirma (360,000 IQD). The main type of expenditure was food (46%) and the main non-food types of expenditure were transportation, communication, tobacco and debt repayment. 52% of households reported to have borrowed money since their arrival, owing an average debt per household of 675,000 IQD. Household items and shelter improvement were most commonly reported as priority needs. Only 6% of households across all camps reported having received vocational training since arriving in the KRI.
- **Energy/Fuel:** Almost all (99.7%) Syrian refugee households across the KRI reported having sufficient fuel for their daily cooking needs. The majority of households reported using gas bottles as fuel for cooking with exception of Gawilan, where 59% of households reported using kerosene. 63% of households in Qushtapa, 50% in Kawergosk, 29% in Arbat Transit and 14% in Darashakran reported selling all or part of the distributed kerosene.
- **Water:** A large majority (78%) of Syrian refugee households across camps in the KRI reported having sufficient drinking water, with significant variation across camps. Only 37% of households in Qushtapa reported having enough, followed by 52% in Kawergosk and 59% in Akre. 67% of households reported having sufficient water for other purposes, with similar variation across camps. Only 25% of households in Qushtapa reported having enough water for purposes other than drinking.

Based on the assessment findings, the following priority actions have been identified in collaboration with sector leads, in line with the main objectives of the Syrian Regional Response Plan (RRP):

- Address the lack of purchasing power of the refugees to buy sufficient foods by implementing a food voucher system in camps across the KRI, where possible, to enable greater flexibility and independence in refugees' dietary choices. The main input to the lack of purchasing power will be through strengthened livelihoods activities.
- In locations where the voucher system cannot be implemented, evaluate the content of the food package and possibly adjust to better align with refugees' needs and preferences.
- Support appropriate solutions to improve households' food storage capacity, especially during summer.

- Address the limited access of refugees to the labour market or other means of livelihoods. Specific attention must be given to groups who are more vulnerable from a livelihood perspective, notably women and elderly, as well as refugees without residency privileges and refugees who have not completed any education, in order to remove specific cultural or institutional barriers to accessing the labour market. This may take the form of vocational training programs, in particular in camps with high unemployment; stimulation of local economy by enabling refugees to open small businesses in the camps; or advocating for the KRG to issue residency permits to refugees.
- With a view to improving labour market access for refugees in Gawilan, in addition to the above, support infrastructure development or provision of a system of public transportation.
- Support pre-educational programming for young children under six years old.
- Raise awareness among refugees on the Department of Education's placement process and criteria, to ensure realistic expectations and to reduce or remove possible misconceptions and social stigma surrounding placement at a level below their age group.
- Address specific child protection issues which pose a barrier to access to education for Syrian refugee children, including child labour and early marriage.
- Assess the foundation of apparent trust issues regarding treatment or medicine provided in hospitals or public health clinics and raise awareness on the usage of particular types of medicine unfamiliar to Syrian refugees.
- Raise awareness on infant nutrition best practices and support targeted distribution of nutritional supplements to Pregnant and Lactating Women (PLW).

One year since the influx of Syrian refugees of August 2013, the overall situation in refugee camps across the KRI appears to have stabilized. The number of camps has been reduced to seven, with construction of new sections with improved infrastructure on-going in several of the existing camps. Vital services have been established across camp sites. These developments however do not allow for disengagement. Events in Iraq over the past two months have taken over the headlines and have shifted, understandably, the attention of aid actors in the KRI away from Syrian refugees. Moreover, the influx of internally displaced Iraqi populations into KRI will inevitably increase the pressure on Syrian refugees living among the host community, raising housing rent prices and increasing competition for jobs. Local actors are warning this may cause the displacement of Syrian refugees staying in host communities towards camps, as they can no longer afford to live outside. While there are notable differences between camps, overall living conditions within refugee camps need to be improved in regards to basic services and assistance.

Furthermore, this report shows that livelihood opportunities are key to understanding differences in the situation in the different camps. Concomitantly to humanitarian assistance, aid actors should consider providing support for the development of economic activity in and around camps, and to improve access to existing economic centres. This is particularly vital for the remotest camps, Gawilan and Basirma. Removing physical, institutional and cultural barriers for refugee participation in the labour market or other economic activity, is an important step towards enabling Syrian refugees straying in- and outside camps to secure sufficient income and address their own needs. The introduction of a 'Resilience' component to be led by UNDP into 2015 planning and budgeting is expected to bring much needed attention and support to addressing the longer-term needs of Syrian refugee populations in the KRI.

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Cover picture: Two generations of Syrian refugees walking side by side in Darashakran refugee camp.

About REACH

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

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List of Acronyms

CSI	Coping Strategy Index
DMC	Development and Modification Centre
FCS	Food Consumption Score
IQD	Iraqi Dinar
JAM	Joint Assessment Mission
KRI	Kurdistan Region of Iraq
MSNA	Multi-Sector Needs Assessment
NFI	Non-Food Items
NGO	Non-Governmental Organisation
ODK	Open Data Kit
PLW	Pregnant or Lactating Woman
RRP	Syria Regional Response Plan
SWG	Sub-Working Group
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme
WG	Working Group

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INTRODUCTION

As of 15 July 2014, according to the latest estimated from the United Nations High Commissioner for Refugees (UNHCR), more than 217,000 Syrian refugees reside in Iraq, of whom the vast majority (208,000) currently reside in the Kurdistan Region of Iraq (KRI). Around 92,000 of these refugees in the KRI currently reside in nine refugee camps (two of which were set up as transit sites), while the remaining 116,000 have settled among the host community across the KRI.¹

REACH Initiative (REACH) has been actively supporting information management efforts undertaken by humanitarian actors in Iraq since November 2012 and was requested by UNHCR to support the Joint Assessment Mission (JAM) of UNHCR and the World Food Program (WFP) by conducting a Multi-Section Needs Assessment (MSNA), while at the same time establishing a multi-sectorial dataset on the profile, conditions and needs of camp-based Syrian refugees.

In combination with the previously completed MSNA of Syrian Refugees outside camps throughout the KRI², this dataset presents a comprehensive baseline picture of the overall situation of Syrian refugees in the KRI. Moreover, the findings presented in this report will enable a broad comparative analysis of the differences in needs and assistance received between Syrian refugees in camps and those that have settled among the host community.³

This MSNA report contributes to and forms part of the information management landscape which already contains a large number of thematic assessments. However, most of these assessments have a narrow local scope, while some others cover camps across the KRI. Some of these assessments use household level data, while others are based on focus groups or key informant interviews. Further, some of these assessments have been coordinated through the UNHCR information management framework, while others are conducted independently by non-governmental organisations (NGO) with the specific aim of informing each organisation's programming. As a result, while there is a substantial base of data available on specific camps and on a range of specific topics, the one thing that was lacking until now was a comprehensive baseline dataset, covering all camps and the full range of topics. This MSNA has been designed to fill this information gap.

This report was produced to highlight key findings that will be disseminated among all relevant actors to inform more effective humanitarian planning and action. The assessment aimed to identify priority needs within and among sectors and to evaluate and identify gaps as well as good practices in assistance provided to meet these needs. Specifically, in order to support the JAM the MSNA aimed to assess the food security and nutrition needs of camp-based refugees, their capacities and vulnerabilities. In addition, the MSNA aimed to assess the needs and vulnerabilities of Syrian refugee households in regards to education, health, food, livelihoods, energy/fuel and water.

Since the beginning of 2014, the initially established 12 camps or transit sites across the KRI have been consolidated into seven camps and three transit sites, of which the smallest, Bajed Kandala near the Syrian border is set up as a registration site, without any long-term inhabitants. This site was therefore not included in the assessment, while the other two transit sites – Akre and Arbat Transit each have a population that has been residing for several months or more – were included. A new camp is under development at Arbat, which is intended to replace the transit site there

¹ Monthly Information Kit Syrian Refugee Response / Iraq May 2014, found on the UNHCR Syria Regional Refugee Response Inter-agency Information Sharing Portal, <http://data.unhcr.org/syrianrefugees/country.php?id=103>

² Multi-Sector Needs Assessment, Non-Camp Syrian Refugees, Kurdistan Region of Iraq (July 2014), <http://data.unhcr.org/syrianrefugees/download.php?id=7019>

³ Preliminary results of this comparative analysis were presented to the Inter-Sector Coordination Group in Erbil on 8 July 2014. Drafting of a factsheet on the basis of this comparative analysis is still in progress at the time of publication of this report.

when completed, while several of the other camps, notably Gawilan, are witnessing construction of new sections designed to provide longer-term shelter.

Although, as highlighted in the sixth Syria Regional Response Plan (RRP6), service provision in camp settings had been complicated since the influx of Syrian refugees of August 2013, one year down the line the overall situation appears to have stabilized, vital services to have been established across camp sites, and the focus of action is starting to shift from emergency response to development. This does not mean, however, that there is no room for improvement of basic services and assistance provided in each of the camps, and significant differences between the refugee camps continue to persist.

This report provides an analysis of the current situation in each of the camps per May 2014, with particular attention to livelihood prospects and refugee capacities to address their own needs. The centrality of Protection within any humanitarian response and in the Syria RRP in particular, requires that all sectors of assistance mainstream protection principles in order to ensure meaningful access, safety and dignity in humanitarian aid for all affected populations. Issues related to protection mainstreaming in the different sector covered by the MSNA, notably in terms of access for persons with specific needs among out-of-camp Syrian refugees, are highlighted throughout the report.

Since data collection for the MSNA was completed in May 2014, the internal displacement crisis in Iraq following the fall of Mosul in June has again changed the landscape in the KRI. It is likely that the influx of close to 750,000⁴ internally displaced persons to the three governorates of the KRI has had a significant impact on the circumstances for Syrian refugees. In this light, as well as in order to measure impact of humanitarian programming over the course of the year, UNHCR has commissioned REACH to conduct a follow-up survey in the fourth quarter of 2014.

The first part of the report introduce the methodology designed and applied by REACH for this specific MSNA in camp settings, followed by a comprehensive profile of the Syrian refugee populations covered by the assessment. The second part of the report outline sector specific assessment findings on education, health, food, livelihoods, energy/fuel and water in each of the camps, followed by recommendations to support the upcoming round of strategic planning for the next 6-12 months. As this MSNA was developed with a view to supporting the JAM, a large section of it will focus on the food security situation and evaluating the assistance provided by WFP. A crucial part of this evaluation will be a comparison of two difference assistance schemes employed by WFP, one based on food parcel distribution and one based on vouchers, by comparing the food security situation in camps with either of these schemes in place. Based on assessment findings a number of recommended priority actions are provided in the conclusion of the report with the view to inform the upcoming round of strategic planning for the next 6-12 months.

⁴ International Office of Migration (IOM), Iraq Displacement Tracking Matrix (DTM) Report IV (1 September 2014)

METHODOLOGY

Objective

REACH undertook this assessment of Syrian refugees living in camps in the KRI alongside the UNHCR and WFP Joint Assessment Mission (JAM) 2014. The purpose was threefold: to assess the food security and nutrition needs of camp-based refugees, and establish their capacities and vulnerabilities; to collect household-level data to inform the overarching JAM analysis and report; and to collect multi-sector baseline data at the household level in a way that would be comparable with the recently completed MSNA for non-camp refugees.

Data collection (including training and pilots) took place from May 4th to May 20th 2014 and covered nine sites (seven camps and two transit sites) in the three Governorates of Erbil, Sulaymaniyah and Duhok (see Map 1). Additional data collection had been planned in Al Obaidy camp in Anbar governorate, in order to create a complete picture of all Syrian refugee camps in Iraq and to be able to compare the situation for camp-based refugees inside the KRI with the situation elsewhere in Iraq. This activity had been scheduled to take place in mid-June 2014, but due to the sudden deterioration of the security situation in Iraq, this plan had to be dropped.

Map 1 - Camp locations across the KRI



Preparation

The overall objective of this assessment was to gather information at household-level to better understand the situation of Syrian refugees living in refugee camps in the KRI, and to enable a comparative analysis between Syrian refugees living in camps and those living outside camps among the host community. The assessment aimed to identify priority needs within and among sectors, and to highlight gaps as well as good practices in assistance and services provided to meet these needs. Key findings are presented in this report which will be disseminated among all relevant actors to inform more effective humanitarian planning and action.

The development of the list of indicators and the final questionnaire to be used reflected the dual purpose of this assessment: to inform the overarching analysis by the JAM, and the comparative analysis between camp and non-camp based refugees in the KRI. For this reason, the building blocks of this assessment consisted of the exact indicators used in the non-camp MSNA and standard WFP food security assessment modules. These two components were merged in close coordination with UNHCR and WFP, in order to maintain comparability and at the same time to support the food security analysis central to the JAM.

Sampling

Household-level surveys were conducted with a random sample of the population in each refugee camp, through a questionnaire administered by REACH enumerators using Open Data Kit (ODK) technology on Android-based hand-held devices. Assessment teams were organised in pairs of male and female enumerators and were supervised by REACH field coordinators throughout the entire data collection process. A comprehensive training and piloting session with all enumerators preceded data collection in each governorate, to ensure full understanding and correct potential misinterpretations.

A random sample of at minimum between 75 and 95 households, depending on the site, were interviewed in each governorate, to ensure findings can be generalised to the camp level with a 95% level of confidence and a 10% margin of error.⁵ Table 1 shows the size of samples collected in each of the camps. Methods to ensure randomness of the sample in each camp differed depending on administrative infrastructure available.

Table 1 - Refugee camp population and sample sizes

Location	Camp population size (households)	Number of households Interviewed
Duhok⁶		
Akre	344	75
Domiz	24,635	95
Domiz II ⁷	710	86
Gawilan	657	91
Erbil		
Basirma	815	89
Darashakran	1,485	97
Kawergosk	3,791	94
Qushtapa	1,060	91
Sulaymaniyah		
Arbat Transit	944	86
TOTAL	34,441	804

In Akre, Domiz, Domiz II and Qushtapa, where a functioning addressing system was available and where REACH was able to access a list of addresses prior to the assessment, a random sample was generated by computer on this basis. The sample was weighted based on population size in the respective quarters of these camps.

⁵ Sample sizes were determined in accordance with an internationally widely accepted population sampling method, endorsed by the US National Education Association. For further details on the sampling methodology, refer to <http://opa.uprrp.edu/InvinsDocs/KrejcieandMorgan.pdf>, which is a short academic explanation of how the sample is determined.

⁶ Breakdown by location follows UNHCR geographic categorization as indicated on camp profiles. See UNHCR Information Kit no. 7 as of 30 June 2014, <http://data.unhcr.org/syrianrefugees/download.php?id=6682>, pp. 19-29

⁷ Since the UNHCR Information kit contains no information regarding the population of Domiz II, REACH has relied on information directly received from Domiz II camp management on (23 April 2014)

Systematic random sampling was used in the other five camps, where no addressing system was in place or where no up to date list of inhabited shelters could be obtained. This entails following a clear pattern, in this case rows of shelters, selecting households to be interviewed based on a fixed interval with a randomly generated starting point. The interval is determined in each camp based on the total number of households in the population and the required sample size.

A slightly larger sample than necessary was collected in the first few camps assessed, Qushtapa, Darashakran and Gawilan, in order to be able to exclude any errors found. This explains why the sample collected in Darashakran exceeds that in Domiz, despite the latter have a significantly larger population.

Review and analysis

The MSNA was implemented by REACH under the leadership of UNHCR, with technical expertise and feedback provided by the lead agencies of each sector as well as relevant government counterparts.

Data was collected using Android-based smartphones with an ODK platform, enabling data entry directly during the interview. The final database was reviewed to identify and exclude outliers and any potential errors for specific variables. Where observations for specific variables were determined to be unreliable, these were excluded from the analysis of respective variables.⁸ Data analysis was both quantitative and qualitative, triangulated with field observations and secondary data review, to provide analytical depth to statistically significant findings to help orient future actions and provide recommendations.

Figure 1 - Camp population sizes

Data is generally presented at two levels, both in the graphics and the narrative: disaggregated by camp, and generalized at the KRI-level. In most cases where data is presented at the KRI-level only, there was no significant variation between camps – such as in the case of the head of household characteristics below. In a few exceptions, sufficient data was unavailable to make a confident statement at the camp-level, because the relevant question was asked only to a subset of respondents with a certain characteristic.

All findings presented at the KRI-level have been weighted based on each camp's population as indicated in UNHCR Information Kit of May 2014 (see Table 1 and Figure 1).⁹



In order to ensure that data was collected at the same unit of measurement as the MSNA of Syrian refugees outside camps carried out in April 2014, to enable comparability between the two datasets, the definition of household has had to be carefully delimited. For the purpose of this assessment, as the basic unit of measurement, the term household is defined as 'one UNHCR proGres case, as indicated on the Asylum Seeker certificate'.

⁸ A detailed account of all excluded variables can be found in Annex 3.

⁹ Monthly Information Kit Syrian Refugee Response / Iraq May 2014, found on the UNHCR Syria Regional Refugee Response Inter-agency Information Sharing Portal, <http://data.unhcr.org/syrianrefugees/country.php?id=103>

FINDINGS

This section outlines the main findings from the MSNA, including education, health, food, livelihoods, energy/fuel and water. The centrality of Protection within any humanitarian response and in the Syria RRP in particular, requires that all sectors of assistance mainstream protection principles in order to ensure meaningful access, safety and dignity in humanitarian aid for all affected populations. Issues related to protection mainstreaming in the different sector covered by the MSNA, notably in terms of access for persons with specific needs among out-of-camp Syrian refugees, are highlighted throughout the report.

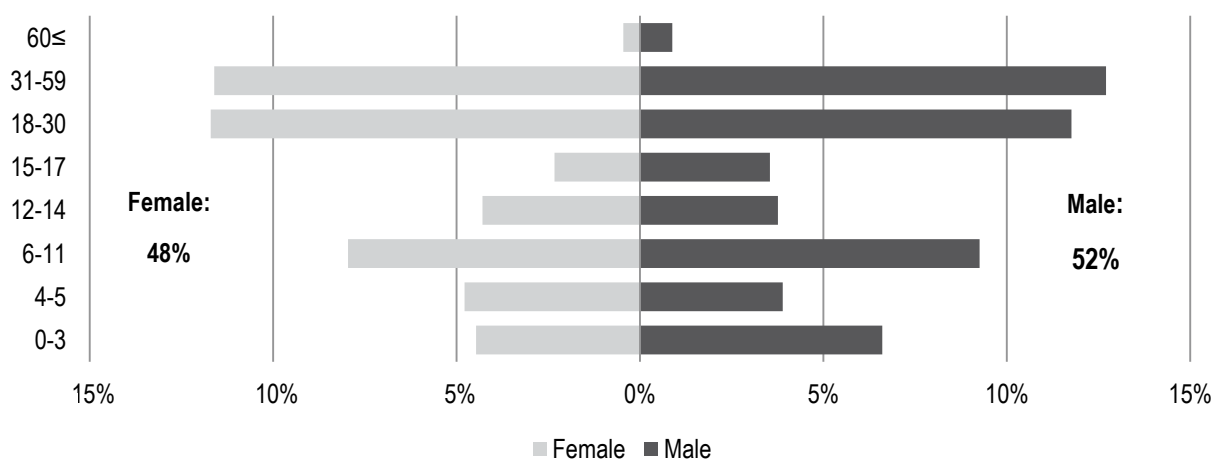
As mentioned above, data is generally presented at two levels, both in the graphics and the narrative: disaggregated by camp, and generalized at the KRI-level. All findings presented at the KRI-level have been weighted based on each camp's population. In most cases where data is presented at the KRI-level only, there was no significant variation between camps – such as in the case of the head of household characteristics below. In a few exceptions, sufficient data was unavailable to make a confident statement at the camp-level, because the relevant question was asked only to a subset of respondents with a certain characteristic.

ASSESSED POPULATION PROFILE

This section first presents the profile of the assessed population. The demographic profile chart below indicates that the proportion of men and women in the camps is evenly split, with a marginally larger proportion of men (52%) than women (48%). Although the categories 18-30 and 31-59 contain the largest number of household members, these two categories also cover the greatest age span (13 years and 19 years respectively). The age categories used don't follow a regular interval, but coincide with the requirements of particular sectors, specifically education. Ages zero to 17 are broken down into five categories, whereas 18+ is broken down into just three. This may not be immediately deductible from the graph as a result, but the five youngest categories together, representing children under the age of 18, contain 50% of the total refugee population in camps.

The average household consisted of just over five individuals persons, with a standard deviation of two. Most households (80%) consisted of between three and seven persons. The average household of five, considering the demographic breakdown outlined in Figure 2 below, consists of a couple of young or middle-age parents with three children. These families, more so than singles or childless couples, may not have the flexibility or economic independence to establish a stable enough living to subsist outside the camp.

Figure 2 - Demographic profile

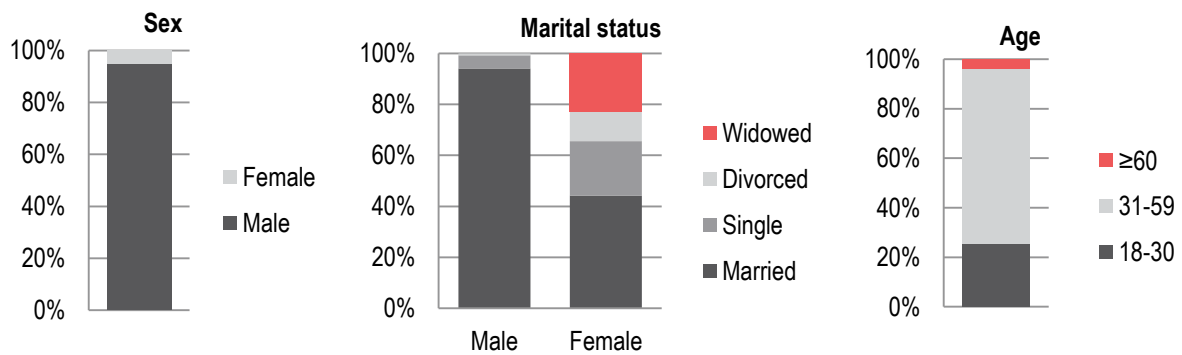


Head of Household Characteristics

95% of all assessed households reported having a male head of household, and 94% of these male heads of household were married. Of the 5% of households with a female household, only 44% were married, whereas 24% were widowed, 21% were single, and the remaining 12% were divorced. Households with widowed heads of household are potentially more vulnerable than other households (see below sub-section on households with specific needs and vulnerabilities).

Most heads of households were aged between 31 and 59 years old (70%), and another 26% had a younger head of household, aged between 18 and 30. A small minority of 4% of households had a head of household over 60 years old. This latter group, with elderly heads of household, is similarly considered a potentially more vulnerable group (see below). No households were identified with a minor as the head of household. Bearing in mind the margin of error of 10%, this finding does not necessarily mean that there are no children headed households in Syrian refugee camps in the KRI. It does however mean that insufficient data was available for any meaningful analysis.

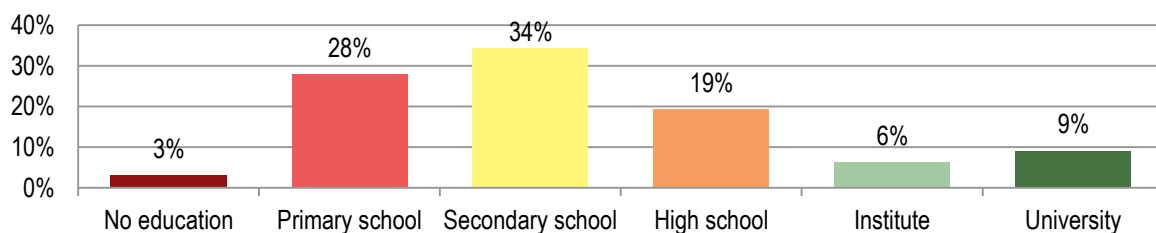
Figure 3 - Proportion of households by sex¹⁰, marital status and age of the head of the household



Level of Education within the Household

The highest completed level of education in refugee households in the KRI ranged from University graduates, to no education at all. This latter group, amounting to 3% of the refugee population, possibly contains a significant number of illiterate households, making this group particularly vulnerable, especially with respect to livelihoods.

Figure 4 - Highest level of education in the household



The data notably accounts only for *completed* education, and in the context of war it is very likely that many young refugees may have had to abandon their studies before completing. The most common completed levels of education were secondary (34%), primary (28%) and high school (19%), with only 15% having completed higher education either at a university (9%) or technical institute (6%). The highest level of education did not necessarily

¹⁰ In this assessment, the terms sex and gender are not used interchangeably. Whenever the term gender is used, it follows the IASC Gender Handbook definition (which is also used by UNHCR in his Handbook for the Protection of Women and Girls): "Gender refers to the social differences between females and males throughout the life cycle that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures." See http://www.humanitarianinfo.org/iasc/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf, p.12

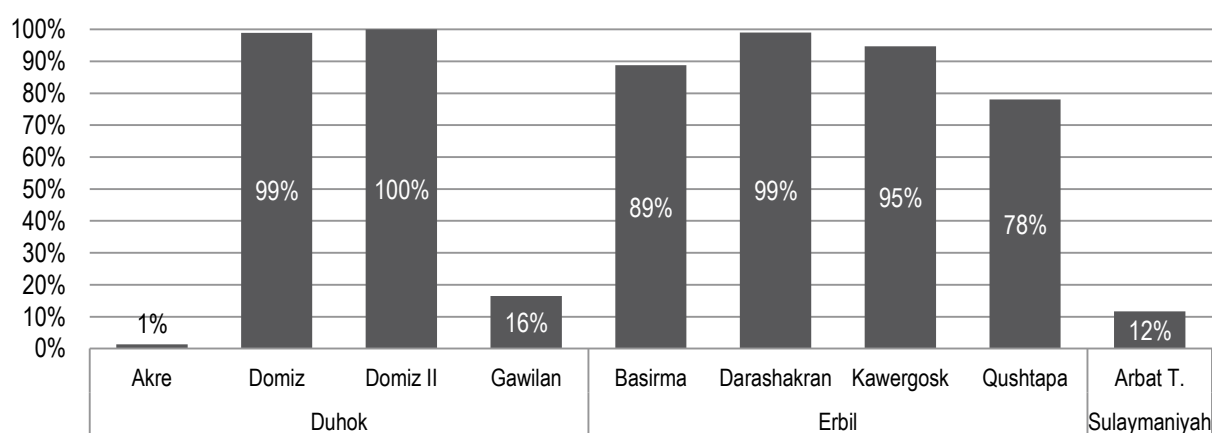
correspond to the level of education of the head of household, in particular in those households with an elderly person at the head.

UNHCR Registration, KRI Residency Permits

Assessment findings reveal a stark contrast between Akre, Arbat Transit and Gawilan on the one hand, where less than 20% of households had at least one member with a residency card, and Domiz (99%), Domiz II (100%), Darashakran (99%), Kawergosk (95%), Basirma (89%) and Qushtapa (78%) on the other hand. Akre and Arbat Transit, both transit sites, had not had residency offices open to the camp refugees at the time of assessment, on the principle that refugees can register for residency once they reach their more permanent camp site. In Gawilan, too, residency offices have not been open for a substantial period of time. Anecdotal evidence based on conversations with respondents during the assessment suggests that this is due to repeated security incidents.

With respect to Akre and Gawilan, however, the Development and Modification Centre (DMC) reported in July 2014 to have undertaken a registration exercise in which 1,350 residency permits were issued in Akre and 2,230 in Gawilan.¹¹ The expectation among agencies active in these camps is that the improved mobility of refugees as a result of this exercise will boost livelihood opportunities and in particular the level of household income.

Figure 5 - Households with at least one member resident of KRI



The high residency rates, in particular in Domiz, Domiz II and Darashakran, are a result of the Kurdish government policy to support Syrian refugees in camps, especially in Duhok Governorate. Residency is considered an important factor for refugees' livelihoods, as it allows a greater degree of freedom of movement outside the camps. As a result, households without a family member holding a KRI residency card are less likely to be able to earn an income outside the camp.

With regards to registration with the UNHCR through the ProGres refugee registration platform, all camps showed a registration rate of 95% or higher, even up to 100% in 6 of the camps (Akre, Domiz, Domiz II, Gawilan, Kawergosk and Arbat Transit). The few Syrian refugee households in Basirma, Darashakran and Qushtapa who were not currently registered were likely new arrivals or inhabitants of irregular shelters¹² in the camp. Another possible reason reported in a Mercy Corps assessment conducted in July 2013, which found 12% of respondents not

¹¹ Figures based on information received from Akre and Gawilan camp management respectively (23 July 2014)

¹² The term "irregular" refers to shelters established in a refugee camp in a space that has not been assigned by the camp management agency. For example, Domiz contains a significant number of irregular inhabitants in scattered areas throughout the camp. DMC arranged the relocation a group of irregular residents of Domiz, along with refugees waiting in transit areas near the entrance, to the newly established Domiz II in December 2013. DMC and UNHCR are currently examining the option of relocating the remaining refugees staying in irregular shelters either to Domiz II or to Gawilan.

registered with UNHCR, was that 30% of the non-registered had done so deliberately due to distrust in the system.¹³ It is also possible that in the other camps, a small proportion of households were not currently registered with UNHCR, but it went unnoticed as scores could have fallen within the margin of error.

Map 2 - Proportion of households with a residency card per camp

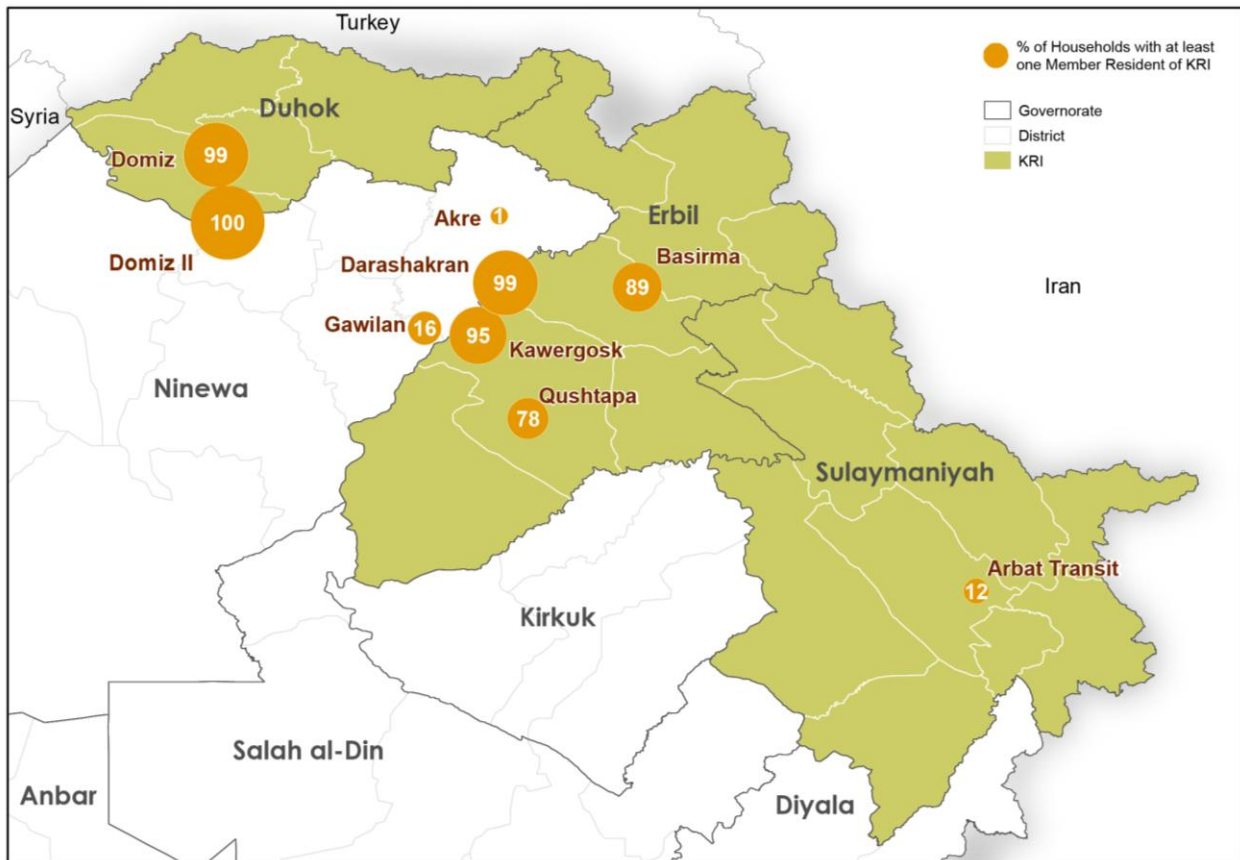
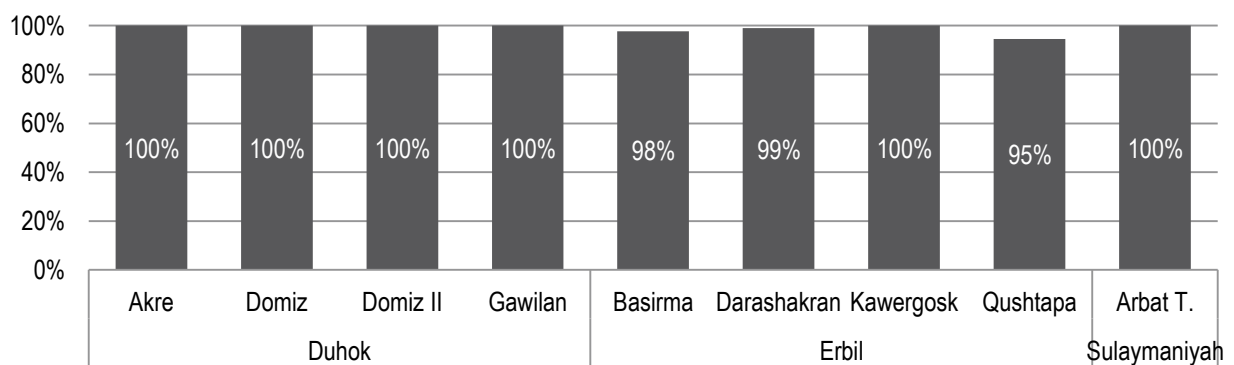


Figure 6 - Households registered with UNHCR

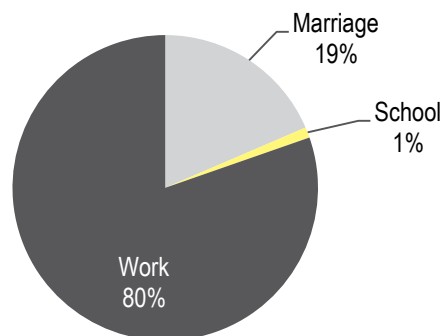


¹³ Mercy Corps, Syria Refugees in the Kurdish Region: Assisting Non-Camp Communities (14 November 2013), p.6

Household members living outside camps

A small proportion of households in each camp (between 0 and 5%) had one or two household members permanently living outside the camp. In most cases, the reason for this was the availability of work outside the camps, in particular for young men. Based on field observations during the non-camp MSNA these family members often return to the camp on weekends, but live outside during the regular working week. Less common reasons for family members to live outside the refugee camps were school and marriage – for example when a young family member has recently married and is starting a new family in a new location. Given the small proportion of households who were asked about their reasons for living outside the camp, it is possible that additional reasons exist which are not registered here.

Figure 7 - Reasons for living outside the camp



Households with specific needs and vulnerabilities

Based on the profile of the assessed population, REACH identified seven groups who are in a particularly vulnerable position compared to the average Syrian refugee household. This section focuses on the impact of that vulnerability, correlating specific demographic characteristics with other indicators.

Three groups were identified on the basis of characteristics of the head of household, and an additional three groups were identified on the basis of other household characteristics:

1. Single Female headed households (5% across KRI)
2. Widowed female headed households (1%) – a subset of female headed households
3. Households with an elderly head of household (4%)
4. Large households of eight or more members (11%)
5. Households with no educated members¹⁴ (3%)
6. Households with no member holding KRI residency (3%), in particular in Akre, Gawilan and Arbat camps
7. Households with no reported income (12%)

The latter three categories are selected on the basis of the assumption that, whether directly (no reported income) or indirectly (no residency or low level of education), a lesser flow of household income puts the household at greater risk.

¹⁴ Based on the highest level of education in the household, and therefore does not necessarily correspond to the level of education of the head of household, in particular in those households with an elderly person at the head.

For each of the subsets of the overall refugee population listed above, several key indicators are analysed below in order to determine the vulnerability of these groups. This chapter will specifically look at indicators from the livelihood (income, ability to afford basic needs), food security (FCS, lack of food), health (ailment incidence rate and access difficulties) and education (attendance rate) chapters.

As a general note, the results presented in this chapter cannot be assigned the same level of confidence. The most vulnerable groups are by default smaller subsets of the overall population, and as a result the sample size available for this analysis falls below the required threshold to assign the usual confidence level of 95%, even at the KRI-wide level. For the same reason, data has also not been weighted according to camp population, but represents a simple average of the responses we received. Data presented in this chapter, therefore, should be treated as indicative.

Female headed households

When looking at the sex of the heads of household, female heads of households are found to be in a more vulnerable situation than male heads of households, particularly from a livelihood perspective. Assessment data shows that, although the average income of those female headed families who do have a breadwinner is close to the KRI average, 30% of households in this category do not have any regular source of income.

Consequently, the average Food Consumption Score of families with a female head was nearly five points lower than the KRI average, and a greater proportion (13%) reported lacking food in the past seven days. The lack of disposable income may also explain why female-headed households on average sold approximately 5-8% less of their WFP food parcel contents than the KRI-wide average, though this was within the margin of error.

From a health perspective, there was no significant increase in the proportion of households with a sick member in the two weeks preceding the assessment. Female headed households did report more frequent difficulties accessing health care, though within the margin of error of the overall rate.

The school attendance rate among female headed households was lower than average, from approximately one in every two children, to one in every three. The main reported reasons for the lower rate of attendance were the same as overall, though reported with less frequency: notably, the unavailability of a particular school level (30%), placement of the child in a level lower than expected (23%) and the need for the child to work (13%).

Widowed (female) headed households

This group is a particularly vulnerable subset of female headed households. While none of the male-headed households reported widower as their marital status, 24% of the female headed households reported a widowed status. As such, a little over 1% of all households, male and female headed, are headed by a widow. Given the male-dominated job market and the fact that it is more difficult for a single adult to earn a living, a household headed by a single woman is more vulnerable from a livelihood perspective, and as a result also in a lot of other, related, ways.

Out of all the vulnerability categories, households with a widowed head of households by far reported the lowest FCS, 12 points lower than the KRI average. These households had a lower consumption rate of meat (1 day per week), eggs (4 days per week) and milk products (5 days per week), though the consumption frequency of vegetables remained just over 6 days per week, the KRI average. 14% of households in this category reported lacking food in the week preceding the assessment.

Those households who had a member earning an income reported an average income similar to the KRI average, but as with other female headed households, nearly 30% households in this category did not have an income. As a result 21% reported not being able to afford basic needs. The school attendance rate for these households was the same as the KRI average. From a health perspective, one in three households reported at least one member with an ailment in the two weeks preceding the assessment.

Elderly heads of households

Households with an elderly (60+) head of household reported a significantly lower average monthly income, at 285,000 IQD.¹⁵ This is predominantly due to the fact that fewer households have a breadwinner: 38% of households with an elderly head reported no male or female person earning an income.

Not counting those households with no income, the average income of elderly headed households was close to the KRI-wide average. The average debt held by these households was approximately 50,000 IQD less than the general average: 460,000 IQD

From a food consumption perspective, elderly headed households had a lower frequency eating eggs and milk products, but reported the same consumption frequency for vegetables and meat as the KRI-wide average. The Food Consumption Score for these households was about five points lower than the KRI average, but the percentage of households with a borderline score remained close to the general average: 6%

Finally, from a health perspective, it is interesting to note that among households with an elderly head, only half as many reported a sick household member in the two weeks preceding the assessment. On the other hand, nearly half of all households with an elderly head reported having a member with a chronic illness (compared to the KRI average of 20%) – unsurprising given the direct correlation between age and many chronic illnesses. The main reasons for access difficulties, experienced by approximately two in every five households, were lack of medicine and treatment.

Large households

The average household consisted of just over five individuals persons, with a standard deviation of two. Most households (80%) consisted of between three and seven persons. On this basis, households with eight or more members, falling outside the standard deviation, were selected for additional attention.

From a food security perspective, households of eight or more members were actually slightly better off than average. They were found to have an average food consumption score (89) three points higher than households of three to seven members (86), and seven points higher than households of less than three members (82). They reported the same consumption frequencies for meat, vegetables, eggs and milk products. Given the number of mouths to feed – families of eight or more members on average contained five children – it is not surprising that the average household expenditure on food was significantly higher, but at the same time the average food expenditure per capita in the household was significantly below average. Moreover, since the WFP food parcel contains a 16,29kg of food items irrespective of the age of the recipient, households with more children actually receive more food proportional to their expected consumption.

The average household income for large households was significantly higher than the overall average (515,000 IQD compared to 435,000 IQD), as there was also a greater proportion of households with more than one breadwinner. The average household debt was greatly higher (690,000 IQD compared to 530,000 IQD), which is in line with the overall finding that households with a higher income also have a higher average debt, regardless of household size.

There was no significant difference between large households and the average refugee household with respect to the health and education indicators analysed. Based on the indicators evaluated in this report, then, large households are not any more vulnerable than the average refugee household.

¹⁵ NB. The subset of households with an elderly (60+) head of household is only 4% of the total sample, meaning that the confidence level of this finding falls short of 95%.

Household heads with no completed education

The impact of no members of the household having completed any education was noticeable in the average household income, but not much else. Interestingly, for this group the fact that their average income was approximately 100,000 IQD less than the KRI wide average did not appear to have a negative impact on other indicators. The proportion of households lacking food or unable to afford basic needs were the same or lower than the KRI average, and the average Food Consumption Score was just two points less than the KRI average. These households also reported fewer members with an ailment in the two weeks preceding the assessment, and fewer issues accessing health care.

The only other indicator where this group stands out is school attendance. While across KRI, approximately half of all school aged children attend school, for the group of households with no completed education, the school attendance rate is just one in four. This suggests that these households, more than others, do not believe in the value of education, or that their coping mechanisms include participation in household tasks by all members, including children. One possible way to address this issue would be a campaign to raise awareness regarding the importance of education, tailored towards this group in particular.

Households with no member holding KRI residency

Not having a KRI residency card, and the resulting restricted freedom of movement, presumably impedes a refugee's ability to find work. The data shows that households without a member with residency privileges had a lower average income, by approximately 50,000 IQD, most likely due to the fact that these households are restricted to lower-paid jobs. As a result, 15% of households in this category reported being unable to meet basic needs.

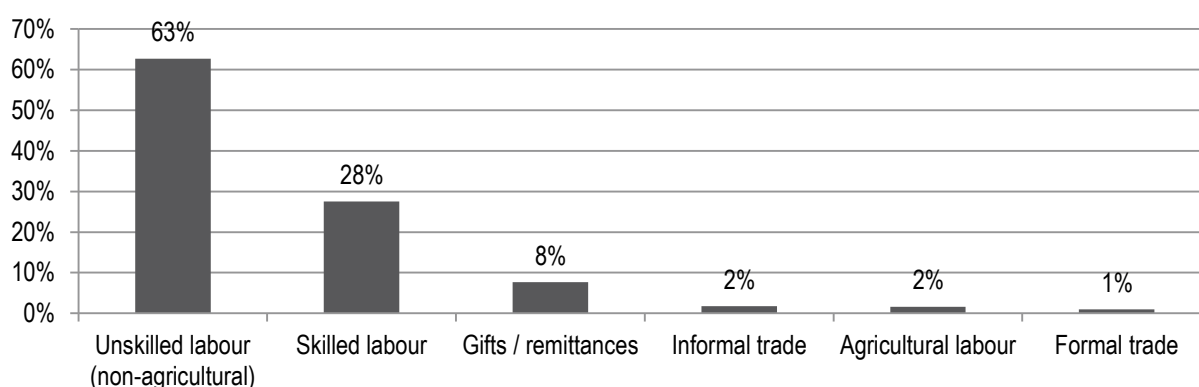
On the other hand, households with no member holding KRI residency surprisingly reported fewer difficulties accessing health care, and a smaller proportion of households reported an ill member in the two weeks preceding the assessment. Moreover, this group reported a school attendance rate only marginally below the KRI average.

As mentioned above, DMC reported in July 2014 to have undertaken and completed a registration exercise, with residency cards being issued to all registered refugees in Akre and Gawilan who previously did not have residency status. The expectation voiced by DMC and other agencies active in these camps is that the improved mobility of refugees as a result of this exercise will boost livelihood opportunities and in particular the level of household income. Once the boon of this new development has had an opportunity to grow, it will be interesting to review whether this expectation will prove founded or not.

Households with no reported income

Households who reported not having a regular income (12%) are generally those who rely in whole or in part on gifts or remittances for their daily needs (8% of households across KRI). The general findings in this report already suggest that a lack of income negatively affects other indicators, either directly (due to reduced purchasing power) or indirectly. For instance, the camps with the lowest Food Consumption Scores (Arbat Transit, Gawilan and Basirma) also reported the lowest average household income. This implies that these refugee households are less able to complement the distributed food with purchased foods.

Figure 8 - Sources of income across KRI



The analysis of the data for households without a regular source of income reaffirms this general finding. Households in this category had an average FCS seven points less than the overall average, and 14% of households reported lacking food in the week preceding this assessment. Whereas other vulnerable groups did not significantly reduce their spending on food, households without a regular income on average spent 25% less on food than the KRI average.

Unsurprisingly, 21% of households in this category reported being unable to afford basic needs, which is more than double the KRI average. The proportion of households reporting one or more sick members in the two weeks preceding assessment was no greater than the overall average, but a greater number (31%) reported experiencing difficulties accessing health care. The school attendance rate among households in this category was only marginally lower than the KRI average.

Overall, when considering all vulnerable groups identified by REACH, the category of households with a widowed female head of household was found to be most vulnerable. This group comparatively had the lowest FCS of all vulnerable groups identified; an elevated proportion lacking food; the highest proportion of households without an income (with exception of the group consisting only of households without an income); and a high proportion of households unable to meet basic needs.

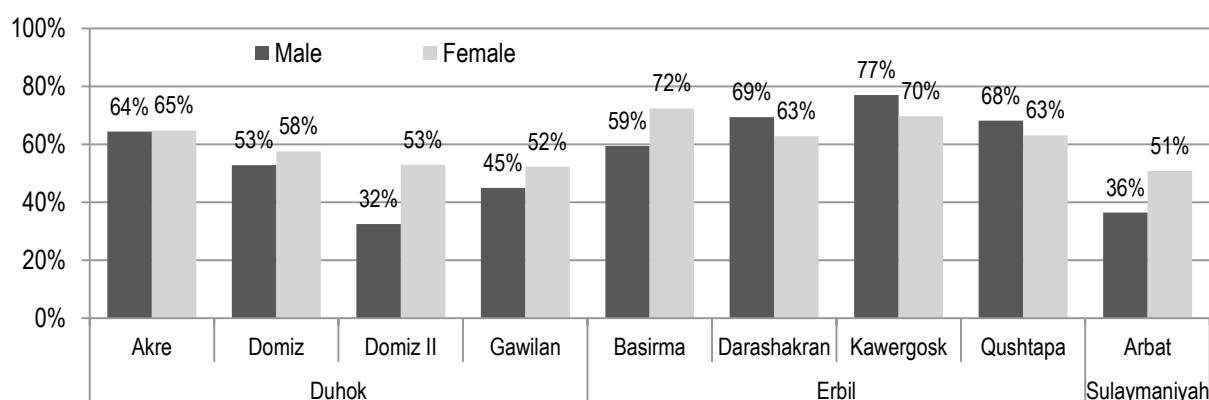
Many of the negative differences found can be attributed to a lower level of income for each of the vulnerable groups. Households with no completed education formed the exception to this rule. This is probably due to the fact that these households have developed stronger coping mechanisms as a result of many years of dealing, and that their pre-conflict livelihoods took this condition into account.

One unexpected finding was that each of the groups reported a lower average amount of debt than the KRI-wide average. This suggests that vulnerable groups were aware of their more precarious situation, and that especially those who did not have a regular source of income had adjusted their expenditure pattern accordingly. In this way, these groups tried to avoid accumulating a greater debt than they may expect to be able to pay back.

EDUCATION

The overall school attendance rate, including all levels from pre-school to high school (ages 4-17), was 58% across all camps in the KRI. The school attendance rate was lowest in Domiz II (42%) and Arbat Transit (43%) and highest in Kawergosk (74%). All other camps had an attendance rate within the margin of error from the KRI-wide average. Overall, the attendance rate among girls (59%) was found not to be significantly higher than among boys (56%). A significant difference in attendance between sexes was found in Domiz II, Arbat Transit and Basirma, where respectively 19%, 15% and 13% more girls than boys were reported to attend school. This balance between sexes shifted between the other camps, as more boys than girls were found to attend school in Darashakran, Kawergosk and Qushtapa, and more girls attended than boys in Domiz, Gawilan and Akre, though not significantly so. (see Figure 9)

Figure 9 - School attendance, ages 4-17



Pre-school

Just under half of all children attended pre-school across the KRI, with 47% of males and 39% of females aged four to five attending some form of pre-school. The Pre-school attendance rate, which also included children going to alternative child-care facilities such as Child Friendly Spaces, varied notably across camp.

Figure 10 - Pre-school attendance across KRI



For instance, none of the male children aged four to five and only 7% of female in this age group attended pre-school in Domiz II. This low rate can be attributed to the fact that neither the school nor the Child Friendly Space in Domiz II had opened yet at the time of assessment. Bearing in mind the distance to the nearest available school in Domiz, not many children in the youngest age category attended any form of school. Arbat Transit, a site where fewer facilities are available than in most regular camps, also revealed very low levels of attendance, with 13% of males and 8% of females attending pre-school. Apart from Domiz and Arbat Transit, it was consistently reported across the KRI that a slightly larger proportion of females aged four to five attended pre-school compared to the proportion of males in the same age group.

In contrast, in Qushtapa and Akre, as many as 75% of males (for both camps) and 82% and 78% of females respectively were reported to attend pre-school. Notably, the highest attendance rate was found in Kawergosk, where data showed that more male children attended pre-school than the total aged between four and five.

The resulting attendance rate of 127% (among males; 81% among females) suggests that pre-school education in Kawergosk, and possibly also elsewhere, was open to children from age three, or that it was open also to children older than five, thus swelling the numbers beyond just the total assessed group aged four to five.¹⁶

Primary school

The focus on schooling in refugee camps across KRI is on primary and secondary school, combined into one school type following the local education system. The overall attendance rate in refugee camps across KRI among children age 6-14, was found to be 78%, with a slightly higher attendance rate among females (79%) than males (76%). A positive outlier was found in Basirma, where the attendance rate among children age 6-14 was reported at 97%. The lowest attendance rates were found in Gawilan (58%) and Arbat Transit (63%). The data collected by REACH, however, distinguishes between the two school levels provided, following the disaggregation of age groups in the demographic breakdown of households (see Figure 2 on page 12). This enables a separate analysis of primary school attendance among children age 6- 11, and secondary school attendance among children age 12-14.

Across the KRI, school attendance was the highest in primary school, with 93% of males and 97% of females aged 6-11 attending. There was significant variation of primary school attendance levels between camps, notably in the two negative outliers listed above: Gawilan had the lowest attendance rate, at 68%, and Arbat Transit the second lowest at 80%. Similarly to the pre-school attendance rate in Kawergosk, the primary school rate of attendance exceeded 100% in several camps (147% of females in Arbat Transit, 114% of males in Basirma, 135% of males in Darashakran, 103% of females in Domiz and 110% of males in Qushtapa). This means that the total number of children reported to attend this school type exceeded the total number of children in the corresponding age group (6-11). These figures suggest that children from a different age group, likely 12 and 13 year olds, who missed one or more years of education due to conflict and displacement, also attend this school type, swelling the number of total attendees. Arbat Transit reported the largest variation between sexes, with only 45% of males aged 6-11 attending compared to 147% of females in the same age group.

Figure 11 - Primary school attendance across KRI



Secondary school

Secondary school attendance dropped from the primary school attendance rate, with just under half of all children attending: 43% among males and 46% among females. Domiz II reported a much larger gender variation between children aged 12-14 attending secondary school than other camps, with 73% females attending and only 10% males attending. The distance from Domiz II to the school facilities in Domiz adds in creating a barrier for attendance, but the most likely explanation for the low attendance rate among boys is that many of them have to work.

¹⁶ The collected data showing an attendance rate in some camps / age groups greater than 100% is potentially the result of data entry error on the part of the enumerators. The questionnaire was constrained in such a way that the total number of children in a household attending school could not exceed the total number of children in that household. The questionnaire did not, however, restrict attendance of each school level to the number of children in the corresponding age group, in order to account for the likely fact that some children are placed higher or lower than the expected grade based on their age alone. While REACH cannot rule out that some of these responses are the result of data entry error, such mistakes are exceptional and cannot individually account for all >100% attendance rates.

Figure 12 - Secondary school attendance across KRI



High school

The lowest rate of attendance was found to be among high school students, with only 5% of males aged 15-17 and 18% of females attending. According to field observations, not all camps had a high school available, such as Akre. The difference between boys' and girls' attendance rate may be attributed to a greater need for male children to work. No males of this age group reported attending high school in Basirma, Darashakran, Gawilan or Kawergosk, nor females in Domiz II and Qushtapa. In contrast, in Gawilan and Kawergosk, as many as 21% of females reported attending, and 20% of females reported attending in Darashakran and Domiz. A much higher proportion of males aged 15-17 reported attending high school in Arbat Transit (36%) compared to all other camps.

Figure 13 - High school attendance across KRI



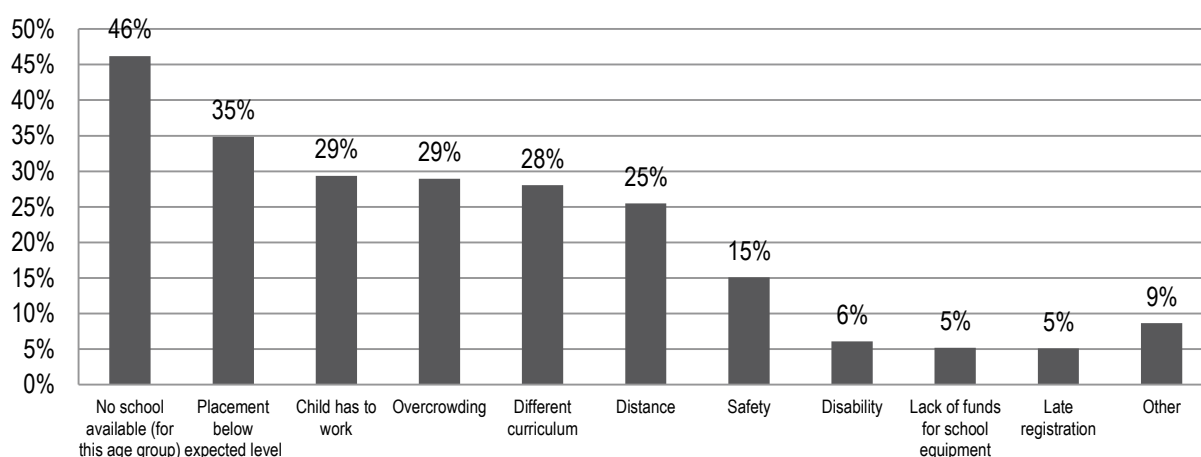
Reasons for school non-attendance

The most cited reason for not attending school, among all households whose children did not all attend school across the KRI, was the lack of an available school in the camp (46%). This answer specifically referred to the particular school level corresponding to the age of the child not attending, not to the availability of *any* school. Mostly, this referred either to pre-schools or high schools, as the other two school levels are available in each of the camps.

Second, 35%, reported their child's placement in a class level below expectation. Following registration, children are assessed by a placement committee of the Department of Education; lower placement may be due to missed school as a result of displacement, or lack of documentation. Some parents, however, reported this either as an affront, or a source of embarrassment to their child, who would be placed with children one or more years their junior.

A large proportion of 29% reported that the child was not able to attend school because he or she had to work – though respondents did not clarify whether this referred to child labour or work in or around the house. REACH did not find any correlation between this response and the average household income.

Other often cited reasons were overcrowding (29%) and differences in curriculum between the KRI and Syria (28%). REACH found that less than 1% reported early marriage as the reason for not attending school, though this reason may be underrepresented due to social stigma.

Figure 14 - Reasons for non-attendance across KRI¹⁷

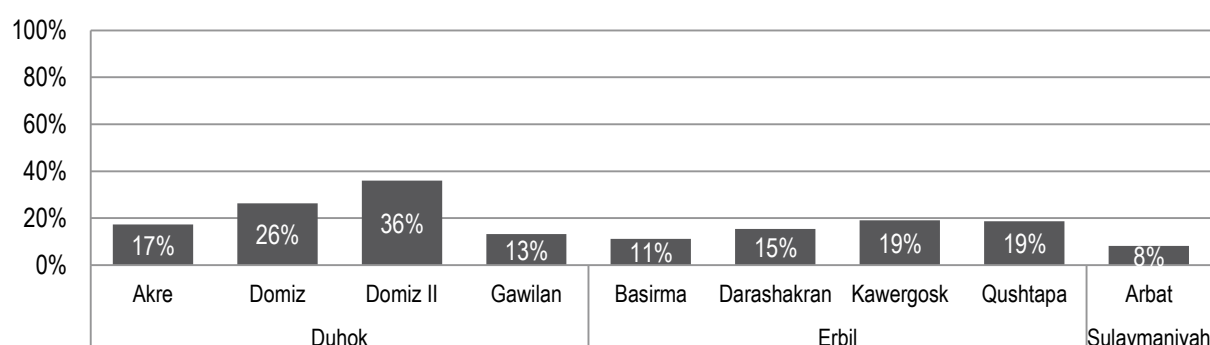
Language

Across primary, secondary and high school, Arabic was overwhelmingly present in the curriculum, reportedly taught in 100% of all camps apart from the 98% in primary school in Darashakran (where one respondent answered they did not know). Across all school levels, English and Kurdish were reported as available to some extent by most respondents in Domiz. The proportions were the same for both languages; 89% in primary school, 92% in secondary school and 67% in high school. There was no significant variation between English and Kurdish across the other camps. According to respondents, there was no Kurdish or English curriculum in high school in Basirma, Darashakran, Domiz II or Qushtapa.

HEALTH

Approximately 24% of households across KRI reported that one or more members of the household suffered from illness in the two weeks preceding the assessment. The highest incidence of illness during this period was reported in Domiz II (36% of households) and Domiz (26%). The lowest incidence rates were reported in Arbat Transit (8%), Basirma (11%) and Gawilan (13%).

Figure 15 - Households with one or more sick members in the two weeks preceding assessment



¹⁷ Respondents were able to provide more than one reason, as the question was asked only once, for all children in the household – as such, cumulative percentages exceed 100%.

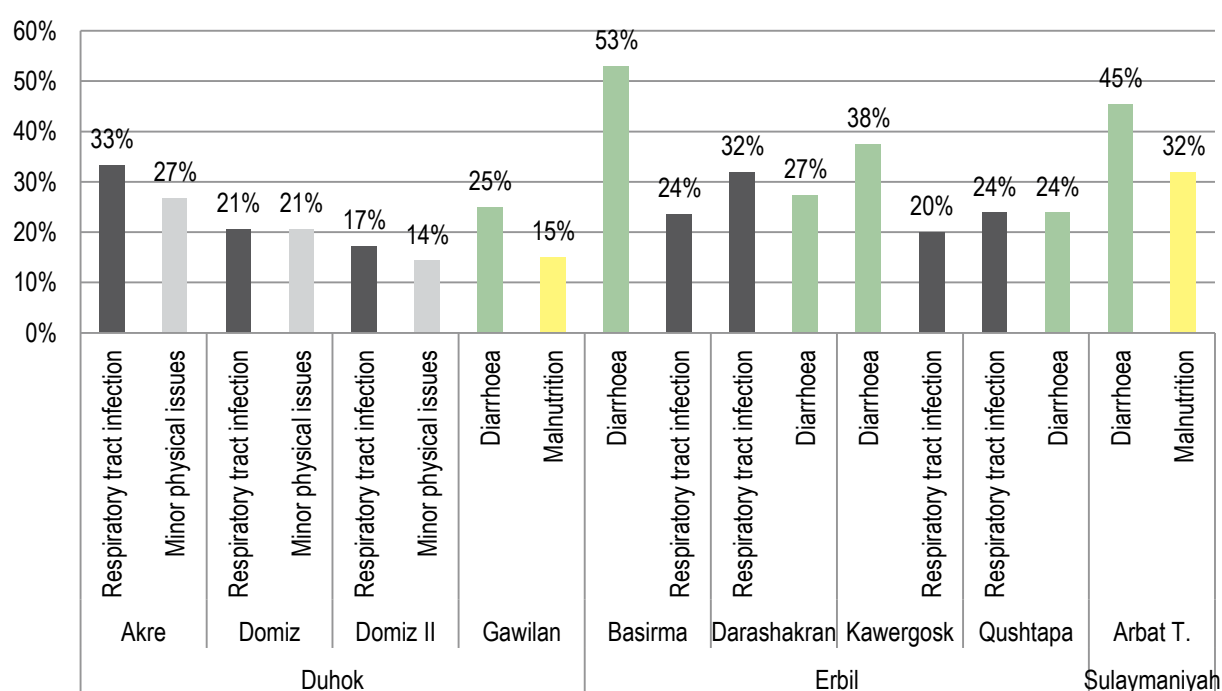
The most common ailments reported vary greatly across camps and across governorates. Respiratory tract infection is reported as the most common ailment in five camps (Akre, Domiz, Domiz II, Darashakran and Qushtapa), and second most common in two others (Basirma, Kawergosk). Diarrhoea was reported as the most common ailment in the four other camps, which include the three camps with the lowest reported proportion of sick household members in the two weeks preceding the survey. In three camps in Duhok (Akre, Domiz and Domiz II), minor physical injuries were reported as the second most common health issue. In Gawilan and Arbat Transit, the second most commonly reported ailment was malnutrition, which in combination with the high incidence of diarrhoea reported, suggests that intake of sufficient and good-quality food and water might be a concern in these two camps.

To further confirm these findings data were triangulated with statistics gathered monthly by health providers through the Health Information System. In May 2014 respiratory tract infection, followed by diarrhoea were reported as top causes for morbidity. Clinically diagnosed malnutrition rates on the other hand were below 0.1% in all camps, indicating that although people perceive their children as thin, they don't necessarily fall within formal malnutrition criteria.

Contrary to expectation, the data does not suggest a direct link between availability of sufficient drinking water and diarrhoea; although three of the four camps with the lowest water availability (Basirma, Kawergosk and Qushtapa) also showed that diarrhoea is among the top ailments, this was not the case in the fourth of these camps (Akre). Moreover, diarrhoea was also the most common ailment in Arbat Transit and Gawilan, where most households reported having sufficient drinking water at their disposal. This suggests that there is no simple correlation here, especially since quality of drinking water is verified at household level in all camps through daily monitoring by UNICEF and partner organisations. The prevalence of other ailments due to external factors, with diarrhoea as a symptom, may have played an important role.

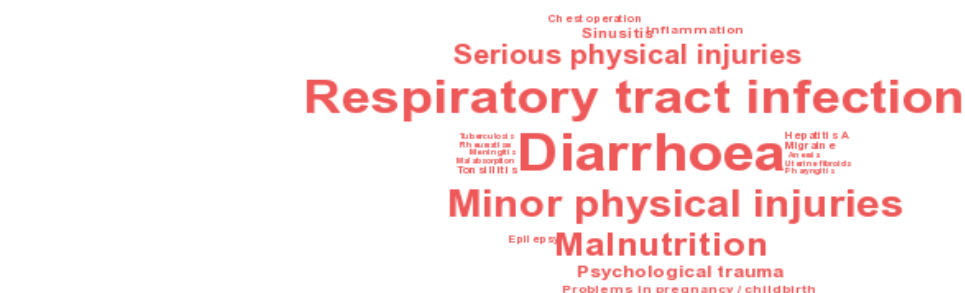
The link between malnutrition and food consumption, however, is more evident. Gawilan and Arbat Transit, where perceived malnutrition was the second most common ailment, ranked among the three lowest camps in terms of average food consumption score (both 77). Moreover, those families who did suffer from malnutrition had an even lower average food consumption score: 72 in Gawilan and 63 in Arbat Transit.

Figure 16 - Two most common ailments per camp



In addition to the four most commonly reported ailments, respondents listed a number of other ailments they had suffered from, as shown in Figure 17. Two notable afflictions which were reported more than once were psychological trauma as a result of the conflict, and problems in childbirth.

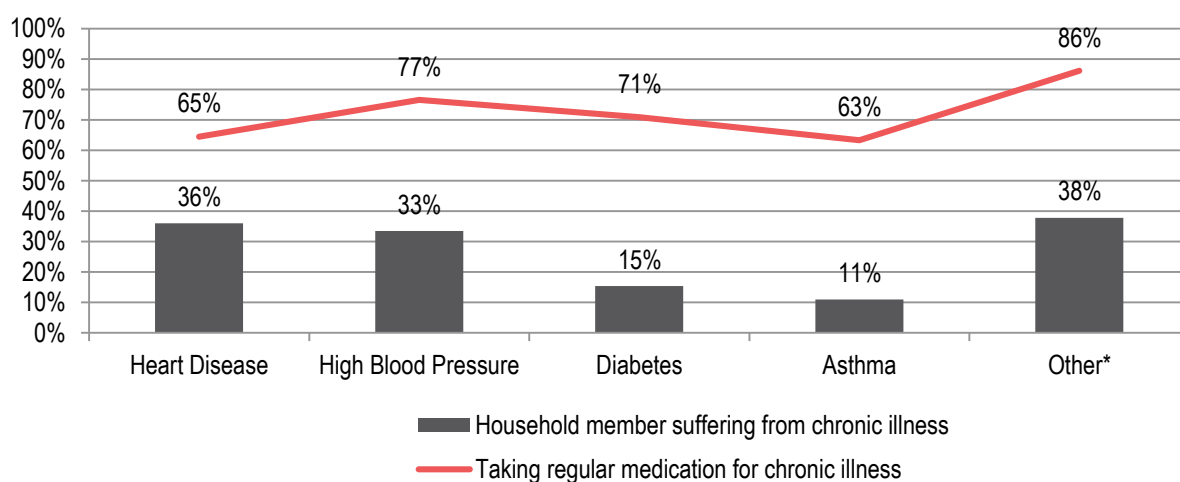
Figure 17 - Types of ailments reported



Chronic illnesses

One in every five refugee households across KRI had a member with a chronic illness. The proportion was lowest in Basirma (16%) and Kawergosk (17%), and highest in Akre (27%) but variation between camps falls within the margin of error of 10% and is therefore not statistically significant. As demonstrated in Figure 18, the most common type of chronic illness reported across KRI was heart disease (36% of all households with a chronic illness), closely followed by high blood pressure (33%). 38% of households who reported having a member with a chronic illness noted that this member (or these members) suffered from an ailment not listed in the questionnaire, including thyroid problems, liver disease or cancer.¹⁸

Figure 18 - Proportion of household members suffering from chronic illness, and proportion of those affected taking regular medication for that illness



* "Other" chronic illnesses includes liver disease, hepatitis, thyroid problems and cancer.

In most cases, the persons suffering from the above chronic illnesses took regular medication, but there were still a significant number of cases that do not: between 5% in Qushtapa to 36% in Basirma. People with 'other' chronic illnesses, including liver disease, thyroid problems and cancer, had the highest proportion taking regular medication

¹⁸ It is important to note that the questionnaire did not distinguish between different household members with different ailments (or one member with several), thus the percentages in Figure 18 do not necessarily add up to 100%.

(86% reported they did), whereas refugees suffering from asthma (63%) or heart disease (65%), both conditions which usually have a lower logistical threshold for treatment, showed a notable smaller proportion taking regular medication.

Households reporting one or more members with chronic illnesses spent considerably more on medical expenses in the month preceding the assessment than did those without. Proportions varied between camps because this is only a small subset of the sample. At KRI level, REACH found that households without a member with a chronic illness on average spent 25,000 IQD on medical expenses whereas households with a chronically ill member spent 40,000 IQD in the month preceding the survey.

Problems accessing health care

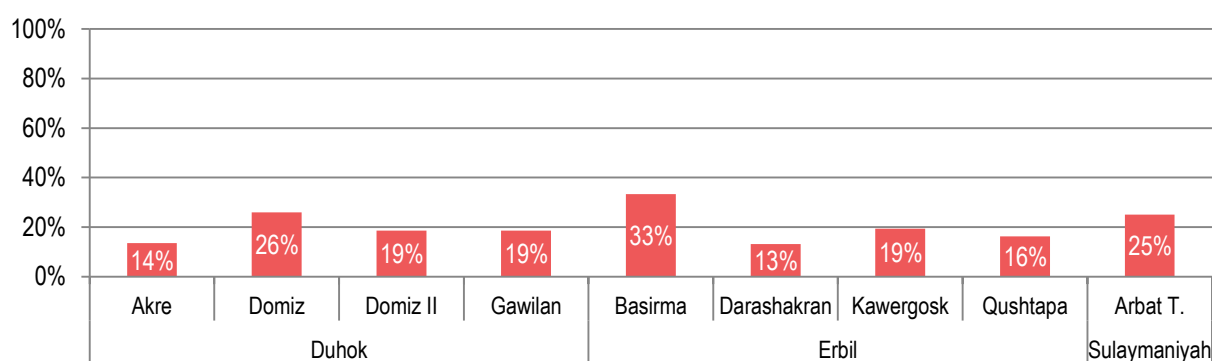
Approximately half of all households reported having required access to health care at one point since arriving in the KRI. The term “access” in this context is not restricted to physical access to a health facility – though this was included in the questionnaire as one of the possible answers – but rather is intended to cover the broader question of whether a person or household in need of medical assistance is able to actually acquire the required assistance. The highest proportion of households with difficulties accessing medical care were found in Domiz (57%), the first camp to be established and therefore the camp with the longest history of health care needs. Second highest was Domiz II which although recently established, was populated for a large part with former inhabitants of the transit and irregular sections of Domiz. The lowest proportions of households having required health care were found in Gawilan (30%) and Kawergosk (33%).

Thresholds to health care services may inhibit refugees with chronic or acute illnesses from taking regular medication or from receiving adequate care. Subsequently, REACH also asked refugee households whether any member of their household who had been in need of medical assistance since arriving in the KRI had experienced any difficulty accessing medical care. In general, refugees had access to a medical clinic in the camp for basic services, and to public hospitals across KRI for follow-up care.

Medical assistance and prescribed medicine at both the clinics and at the hospitals were provided free of charge, including to refugees, with only a small administrative charge applied by public hospitals. Private clinics and private pharmacies provided additional services, against charge.

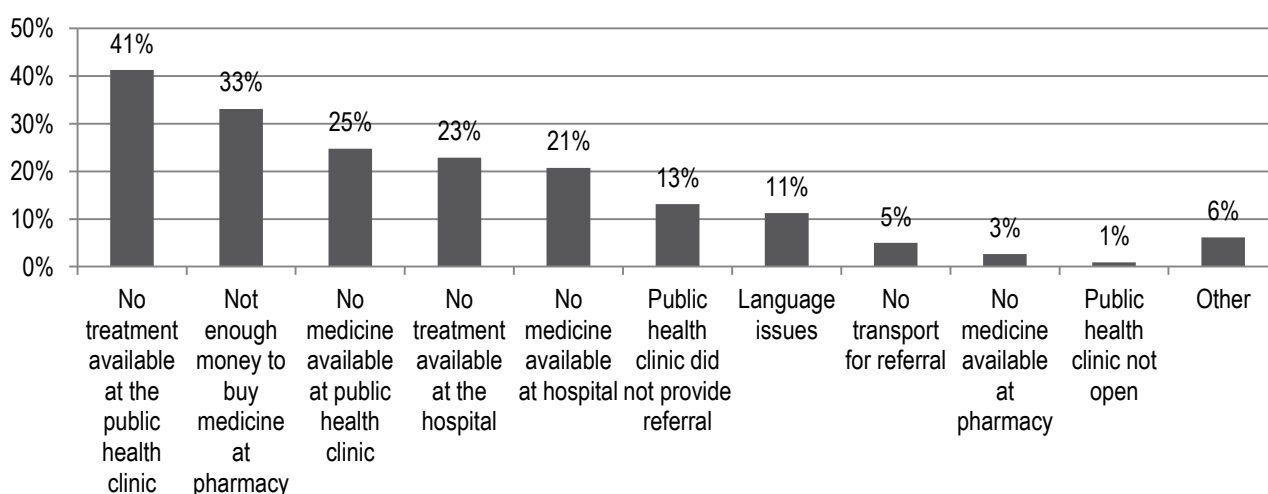
In the majority of cases respondents had experienced no problems accessing care, but approximately 1 in 4 households across the KRI did report some form of difficulty. The camp where most households experienced difficulty accessing health care was Basirma (33%), which is not surprising given its remote location; followed by Domiz (26%), where the overcrowding and scale of operations may complicate health service provision, and Arbat Transit (25%) - a transit camp with less well established services overall.

Figure 19 - Households experienced difficulty accessing health care



The most commonly reported access difficulties (see Figure 20) centred on the low availability of treatment or medicine, rather than logistical problems such as language or transportation. The single most reported difficulty was a lack of availability of treatment at the public health clinic (reported by 41% of all those experiencing difficulty), whereas 23% reported that the hospital did not offer the required treatment for their ailment. In addition to the lack of treatment, 25% reported that no medicine was available at the public health clinic and 21% reported the same for the hospital. It should be noted that respondents were able to report multiple difficulties experienced which resulted in significant overlap between identified problems, and compounding the issue for refugees trying to access the medical care they need.

Figure 20 - Types of difficulty experienced accessing health care reported



While four out of the five most common types of difficulty concerned the hospital and public health clinics, one other significant problem was the lack of funds to purchase medicine at the pharmacy. While treatment and medicine at public health clinics or hospitals was provided free of charge, several respondents mentioned that Syrian refugees often chose to rely instead on privately purchased medicine. Key informant interviews confirmed that this is mostly due to a sense of mistrust – REACH was unable to verify whether this mistrust is warranted or not – towards Iraqi medicine, which led Syrian refugees to try and find more familiar types of medicine on the private market. Although there was insufficient data to attach a confidence level or margin of error to this particular finding, the data available did show that households who reported having insufficient funds to purchase medicine had an average monthly income of 210,000 IQD, just below 50% of the overall average.

Households with one or more members with a chronic illness reported the lack of availability of medicine at the hospital (48%) or public health clinic (36%) as their main difficulties in accessing health care. In both cases, those

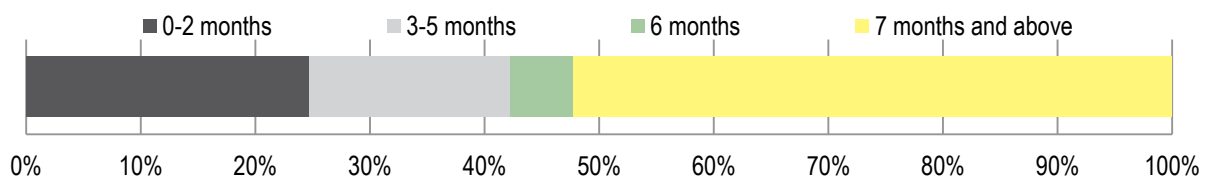
percentages are significantly higher than the KRI average for all households, 21% and 25% respectively. Lack of availability of treatment at hospital and public health clinic were both reported by 30% of households with a chronically ill member, within the margin of error of the corresponding KRI overall figures (41% for the clinic, 23% for the hospital). The ability to purchase medicine at the pharmacy was reported considerably less often by households with member with a chronic illness (15% compared to 33% overall).

Infant care

As mentioned in the section detailing the profile of households interviewed on page 12, half of the total camp population were under 18 years old, and a significant subset of this group (11% of the total population) were aged three or under. Looking at the household profile of the subset with children between 0-3 years old, 99.8% of the head of households were married – with exception of one respondent in Darashakran and two in Qushtapa. The average age of the head of household of those with infant children was 33, not surprisingly five years younger than the overall average of 38. Only 1% of the households in this subset (as opposed to 6% overall) reported a female earning an income – most of whom lived in Akre and Gawilan camp. This indicates, conforming to cultural norms that mothers overwhelmingly stayed at home to care for their children.

With regards to infant care, families with infant children had a higher average monthly expenditure on medical expenses – 35,000 IQD as opposed to 27,000 IQD overall. It is also important to consider infant nutrition. According to the World Health Organisation (WHO): “Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. [...] Exclusive breastfeeding for 6 months is the optimal way of feeding infants.”¹⁹

Figure 21 - Months of exclusive breastfeeding across camps in KRI



Since the subset was small, differences between data reported in the various camps would not be representative. Aggregating the results across the entire KRI, we saw that the average period of exclusive breastfeeding was approximately 8 months. However, this figure obscures the fact that while half of all households with children between 0-3 years old had breastfed their baby for more than 6 months, a quarter of all households breastfed their child exclusively not at all or less than 2 months. Only 5% of all households conformed to the World Health Organisation recommendation of exactly 6 months.

Indeed, households who weaned their infants after less than six months did overall also show a slightly higher proportion lacking food (9% as opposed to 6% overall), but this difference is well within the margin of error and can therefore not be interpreted as statistically significant. Nevertheless, of the households who continued to exclusively breastfeed their infants after the six month mark, only 1% reported lacking food.

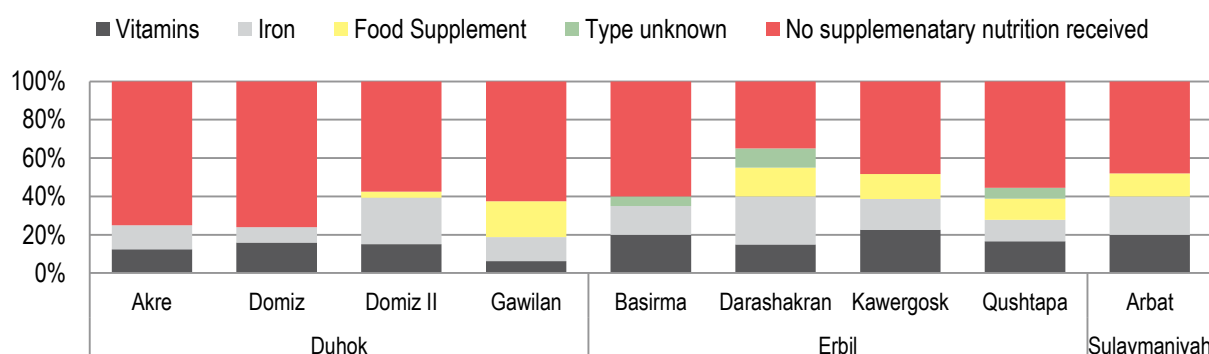
Supplementary nutrition

During the period of pregnancy and nutrition mothers will need to increase their nutritional intake, supplementary nutrition products can be an important help in assuring the health and proper nutrition of both mother and child. The

¹⁹ See “Exclusive breastfeeding,” http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/

most commonly distributed products in camps were vitamins and iron capsules. Between 37% (Darashakran) and 83% (Domiz) of pregnant or lactating women, however, did not report receiving any supplementary nutrition products.

Figure 22 - Pregnant or lactating women receiving supplementary nutrition products



Food

The analysis in this report utilizes two standard food security indicators: the Food Consumption Score (FCS) and the Coping Strategy Index (CSI).

The FCS is a composite score based on dietary diversity, food frequency and the relative nutritional importance of different food groups. The FCS serves as a key indicator for WFP's food security analysis.²⁰ It is also worth noting that the FCS proxy is only based on current consumption and does not account for seasonality or vulnerability to future exogenous shocks which could threaten future consumption patterns, nutritional intake and/or food security status. As such, it is important to remain aware that the onset of a sudden shock, such as the exhaustion of an income source or substantial financial outlays on health, for example, could push a household below the acceptable threshold.

The CSI is a rapid measurement tool of behavior, specifically the behavior of households when they are not able to access sufficient food. The CSI assesses the basic question: "What do you do when you don't have adequate food, and don't have the money to buy food?" Households were asked how many days in the seven days (for short-term coping strategies) or 30 days (for long-term coping strategies) prior to the assessment they employed different specific types of coping strategies in order to cope with a lack of food or money to buy food. Each strategy has a standard weight related to its severity, and a high CSI score indicates a high level of food insecurity.²¹

Food assistance

Nearly all refugee households across the KRI received food assistance. In seven of the nine camps in KRI (Akre, Arbat Transit, Basirma, Darashakran, Gawilan, Kawergosk and Qushtapa), WFP distributes food parcels on a monthly basis. These food parcels are distributed to each individual registered refugee, weighing 16.29 kg and composed of eight different food products (see Table 2). This means that a household of five members will receive five individual parcels, amounting to 81.45 kg. Of all households interviewed in the seven camps where WFP

²⁰ For further information on the FCS, please refer to WFP guide "Food consumption score: Construction of the FCS", which can be found at <http://home.wfp.org/stellent/groups/public/documents/ena/wfp196627.pdf>

²¹ For further information on the CSI, please refer to WFP guide "The Coping Strategies Index: Field Methods Manual", which can be found at http://home.wfp.org/stellent/groups/public/documents/manual_guide/proced/wfp211058.pdf

distributed the parcels, all but two respondents (in Arbat Transit) received the distributed food. The two households in Arbat Transit both consisted of a young married couple with one or two young children; despite not receiving the food parcel, in both cases they reported an acceptable – if below average – food consumption score. Since Arbat Transit is a transit site, these two households may have been recent arrivals. Still, distribution has appropriate coverage overall, reaching nearly all refugee households in the camps.

Table 2 - Contents of the WFP food parcel for individuals

Food type	Amount (kg)
Bulgur/wheat	3
Rice	4
Pasta	4
Lentils	1.8
Vegetable oil	0.91
Sugar	1.5
Tomato paste	0.83
Salt	0.25
Total	16.29

Since November 2012, WFP has been implementing a program distributing vouchers instead of food parcels in Domiz, and in Domiz II since its opening. All but one of the refugee households interviewed by REACH had received the food vouchers.²² The voucher is linked to the household's UNHCR registration number, and the voucher shop requires that the beneficiary present their registration certificate at the check-out. As a result, all respondents reported using the voucher to purchase food from the designated vendor²³, with none of the refugees interviewed selling the voucher or reporting re-selling any of the food purchased from the voucher shop.

Aside from WFP food distribution, in many of the camps – in particular in Erbil governorate – a majority of households reported having received food assistance from other agencies at some point since their arrival in KRI. In most cases in Erbil and Sulaymaniyah, respondents reported that they received this aid from the Barzani Foundation; in most cases in Duhok, the food assistance was mostly provided by the government agency DMC.²⁴

Food consumption score

During the assessment, REACH enumerators asked refugee households to recall how many days in the past week they had consumed each of the 12 food types found in Table 3.²⁵ Each food group was given a score ranging from zero (not eaten) to seven (eaten every day) based on the number of days this food type was consumed in the week preceding the assessment. The score of each group was then multiplied by a weight parameter assigned by WFP (see Table 3), and the FCS was calculated as the cumulative total of each of these weighted scores.

Whether a score is considered poor, borderline or acceptable depends on the cultural dietary habits of the country or region concerned. For the MENA region, including Iraq and Syria, WFP interprets a score of 28 or under to indicate a poor food consumption profile; a score from 28.1 through 42 to be borderline; and a score above 42 to indicate an acceptable food consumption profile of food security.²⁶

²² It should be noted that the Domiz sample did not include the small group of irregular shelters on the edge of the camp, which are scheduled to be removed shortly and relocated to Domiz II).

²³ Although preliminary results presented by REACH suggested that 10% of refugees did not use the voucher as intended, further analysis of follow-up responses and verification with the respective field teams has led REACH to conclude that this was the result of data entry error.

²⁴ Barzani Foundation is a charity funded by the family of Massoud Barzani, the President of the KRI.

²⁵ Food consumption score: Construction of the FCS (April 2008), <http://home.wfp.org/stellent/groups/public/documents/ena/wfp196627.pdf>

²⁶ The MENA threshold of 28 is lifted from the global threshold of 21, due to traditionally high intake of oils and sugar in the region.

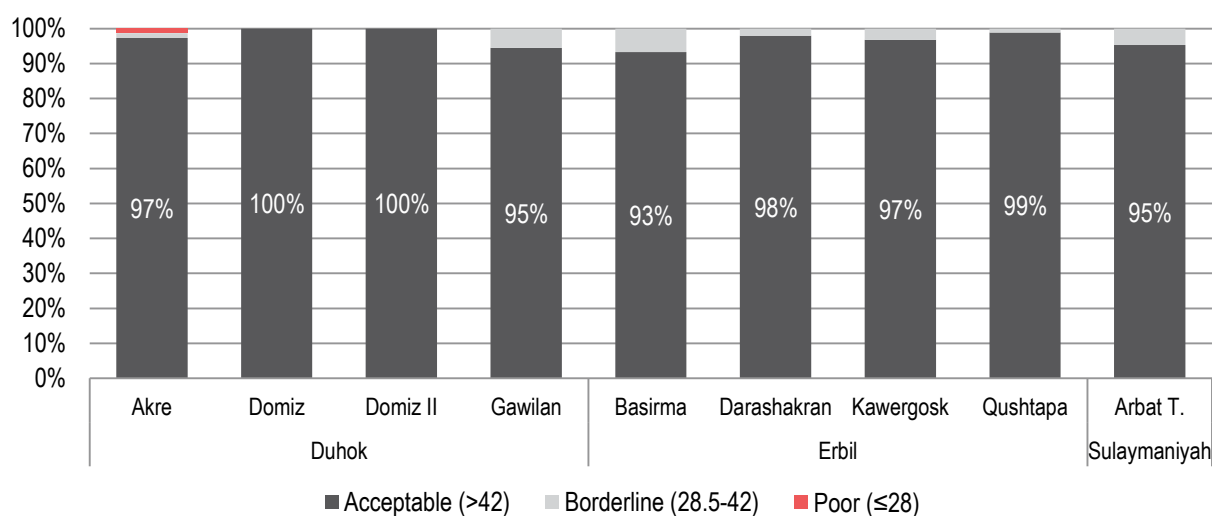
Table 3 - WFP Food types and corresponding weights for FCS calculation

Food type	Examples	Weight
Cereals	Bread, pasta, wheat flour, rice, bulgur	2
Tubers & Roots	Potato, sweet potato	
Pulses & Nuts	Beans, chickpeas, lentils	3
Vegetables	Tomatoes, carrots, pumpkins, lettuce, cabbage	1
Fruits	Apples, oranges, bananas	1
Meat	Red meat, chicken – incl. internal organs such as liver, kidney	4
Eggs	Eggs	
Fish	Tuna, sardines	
Milk & Dairy Products	Milk, cheese	4
Oils & Fats	Olive oil	0.5
Sweets & Sugar	Sugar, honey, jam, cakes, candy	0.5
Spices & Condiments	Salt, pepper, spices, sauces	0

In every camp in the KRI, at least 93% (up to 100%) of refugee households had an acceptable food consumption score. Of those camps below the acceptable threshold, only one case (in Akre) scored at the poor level (a score of 28); all other cases scored in the borderline category.

Domiz and Domiz II were the only two camps where 100% of respondents scored in the Acceptable category – these two camps also had the highest average FCS: 89 in Domiz and 88 in Domiz II, compared to an average FCS of 79 in the other seven camps. The camps with the lowest average FCS were Basirma (with an average score of 76 and 93% of families in the acceptable category), Arbat Transit and Gawilan (both with an average score of 77, and 95% acceptable). Akre, despite being the only camp with a household in the poor category, had an average FCS of 81.

Figure 23 - Acceptable, borderline and poor Food Consumption Scores per camp



The differences in levels of food consumption between various camps depended largely on two factors: WFP food assistance and livelihood opportunities. Domiz and Domiz II, the two camps with the highest average FCS and no families falling below the acceptable threshold, are also the only two camps where WFP has implemented its food voucher program.

Instead of distributing a monthly food parcel to refugees, as it does the other seven camps, in Domiz and Domiz II WFP distributes vouchers with a face value of \$31 per registered household member, which can be used to purchase food in a designated shop. There are currently three designated vendors located just outside Domiz camp. WFP provides free transportation to refugees from the distribution point in Domiz to and from the voucher shops. The sections on consumption patterns and expenditure below demonstrate that the food vouchers program has had a pronounced positive effect on the FCS in Domiz and Domiz II.

The other factor is economic in nature, as the camps with the lowest scores (Arbat Transit, Gawilan and Basirma) also reported the lowest average household income. This implies that these refugee households are less able to complement the distributed food with purchased foods. Gawilan and Basirma are also located farthest from major urban areas and from main roads, and have the least availability of shops inside the camp – meaning that not only do they have less funds available to purchase food, but the supply, quality and variety of food is also lesser.

Consumption patterns

As mentioned above, the FCS is compiled based on refugee household consumption frequencies. These frequencies refer to consumption in the most recent seven days preceding the assessment, rather than an estimated consumption rate in a 'normal' week. This helps to ensure more accurate recollection and prevents refugees from justifying a recent lack of food by assuming that their situation will improve.

Figure 24 show consumption frequency for cereals, pulses and nuts, vegetables, meat and fish. The first three charts show very little difference between camps, and indicate that cereals and vegetables, eaten seven days a week by the majority of households in each camp, are staple foods, whereas pulses and nuts are consumed much less frequently, between zero and three days a week.

With respect to consumption of meat, there is a significant difference between Domiz and Domiz II on the one hand, and the other seven camps on the other. In most camps, households eat meat zero to three days a week. In Domiz and Domiz II, however, refugee households eat meat considerably more often, up to seven days a week. A similar trend was found in the consumption of fish across the KRI camps, hardly any refugees ate fish even one day per week, but in Domiz and Domiz II a significant proportion of households ate fish one or two days a week.

Moreover, the consumption of both eggs and of milk products was higher in Domiz and Domiz II than elsewhere. Based on field observations and conversations with respondents, it is clear that the difference in consumption of meat, fish, eggs and milk products is for a large part due to the food voucher program in Domiz and Domiz II. Some form of each of these products (fresh chicken, canned tuna, eggs and cheese) are available in the voucher shop, enabling refugees to include this in their diet without additional expenditure. A notable absence from the voucher shop inventory are vegetables, which according to WFP officials is due to a lack of demand, possibly the result of a lack of storage capacity for perishable products. Overall, though, refugees in Domiz and Domiz II, benefiting from the food voucher program, have a greater variety and in particular a higher intake of protein in their diet.

Differences in food consumption patterns depend on more than just camp location, however. The data shows, for instance, that one-person households ('singles') had a lower chance of eating vegetables seven days a week than other households. Households with a higher income were more likely to eat vegetables seven times a week, and eat meat more than twice a week; however, if a woman in the household was working to earn an income, the likelihood of eating vegetables seven times a week decreased. Overall, then, the data suggests that if no adult woman is present (i.e. not buying the groceries, cooking the food or deciding what to eat) the household is less likely to eat vegetables.

Looking specifically at households with a poor or borderline FCS, it was found that they ate meat at most once a week, often not at all. Additionally, these families did not report eating fish, and reported eating both eggs and milk products no more than three days a week, whereas most refugees ate eggs every day. This lack of protein and dairy products explains the low FCS, seeing as the weighted calculation is designed to measure protein and calorie intake specifically. This further underscores that Domiz or Domiz II do not have households with a less than acceptable score because the food voucher program makes meat, fish, eggs and milk products more easily available for consumption.

From a vulnerability perspective, larger family size did not appear to have a negative effect on the FCS. On the contrary, households of eight or more members were actually slightly better off than average. They were found to have an average food consumption score (89) three points higher than households of three to seven members, and seven points higher than households of less than three members. They reported the same consumption frequencies for meat, vegetables, eggs and milk products. Given the number of mouths to feed – families of eight or more members on average contained five children – it is not surprising that the average household expenditure on food was significantly higher, but at the same time the average food expenditure per capita in the household was significantly below average. Moreover, since the WFP food parcel contains a 16,29kg of food items irrespective of the age of the recipient, households with more children actually receive more food proportional to their expected consumption. One related concern for large families especially, however, is food storage capacity, in particular in the hot summer climate, as the WFP voucher can only be redeemed in maximum two instances per month.

Families with a female head of household had a lower average score than those with a male household head, by nearly five points. And families with one or more sick members in the two weeks preceding the assessment had an average FCS of five points less than those with no sick members, suggesting that these vulnerabilities not only had a negative effect on food security, but indirectly also on health risks.

Perceptions on food sufficiency

When asked directly whether they had lacked food in the week preceding the survey, 94% of refugee households interviewed reported that they did not lack food in any way – meaning 6% of refugee households did. The lowest proportion of households lacking food was found in Arbat Transit (1%), whereas at least 1 in every 10 refugee households reported lacking food in Basirma (10%), Gawilan (11%) and Kawergosk (13%).

Overall, the households who reported lacking food had a significantly lower average income: 260,000 IQD compared to the national average of 425,000 IQD. These households also had a much lower FCS (67) than households who reported they did not lack food in any way (82). Importantly, most households with a borderline FCS did not report lacking food, whereas several of the households with an acceptable score did. This paradoxical finding may result from the fact that the thresholds used to categorize the FCS are somewhat cosmetic in nature, turning a continuous scale into a few rigid categories. Perceptions of food shortage are inherently subjective, so some families with a score just below borderline may feel they have enough, or may be too proud to admit they do not have enough; whereas some families with a score just above borderline may find that they do lack food. Nevertheless, the difference in average score demonstrates that these perceptions are not without value.

Figure 24 - Consumption frequency (number of days) in the seven days preceding assessment of four key food types

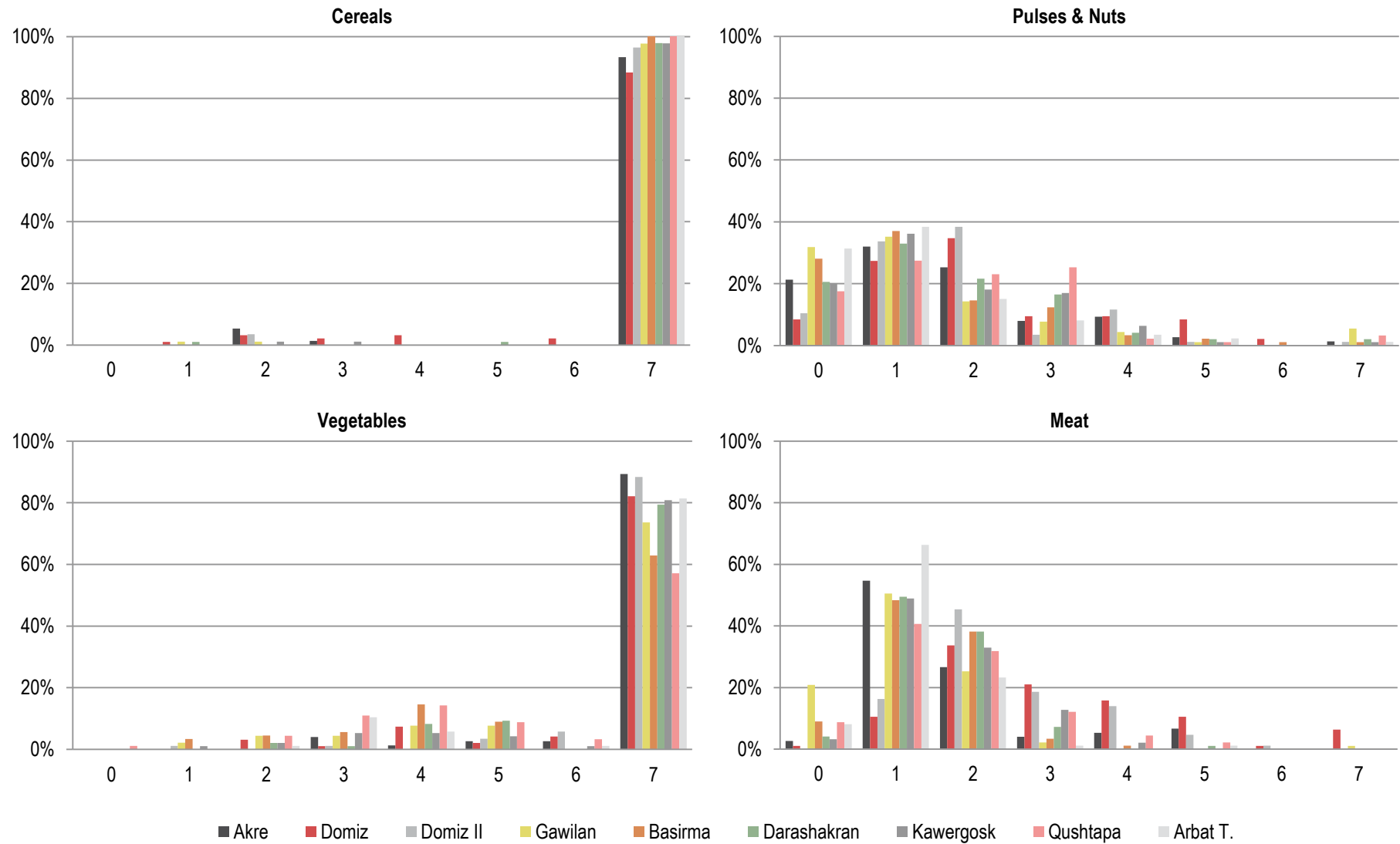
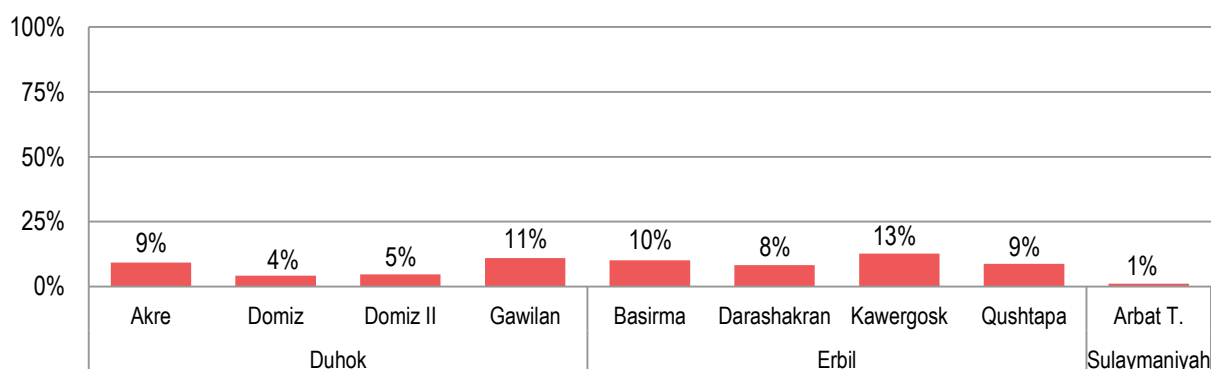


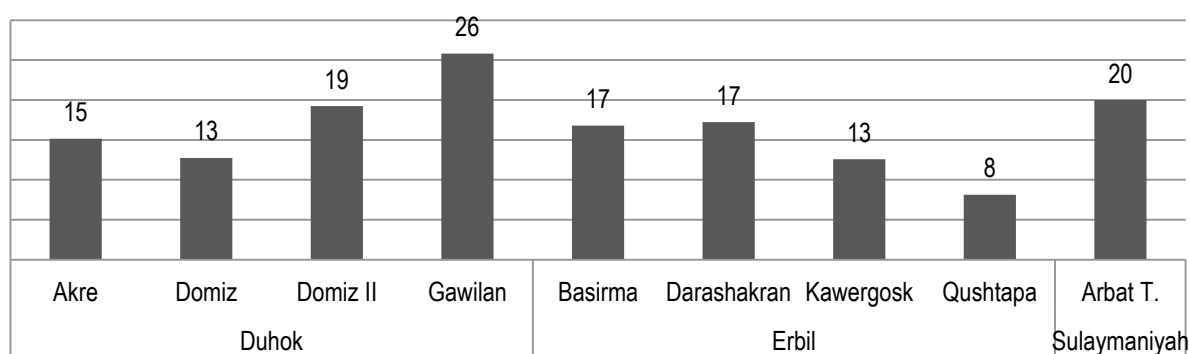
Figure 1 - Households who reported lacking food in the seven days preceding assessment



The average CSI across KRI was 13, with significant variation between camps. Of all camps, Gawilan had the highest CSI, with 26, followed by Arbat Transit (20) and Domiz II (19), whereas Qushtapa (8), Domiz and Kawergosk (both 13) had a much lower CSI.

The most commonly applied coping strategy in order to deal with the lack of food was to rely on lower quality, less expensive food – especially in Gawilan and Kawergosk, where families who reported lacking food applied this strategy on average six and four days per week respectively. Other commonly applied “consumption-based” strategies – as opposed to livelihood strategies such as spending savings – were limiting adult portions in favour of children, and limiting portions overall.

Figure 2 - Average Coping Strategy Index per camp



Sale of Food Assistance

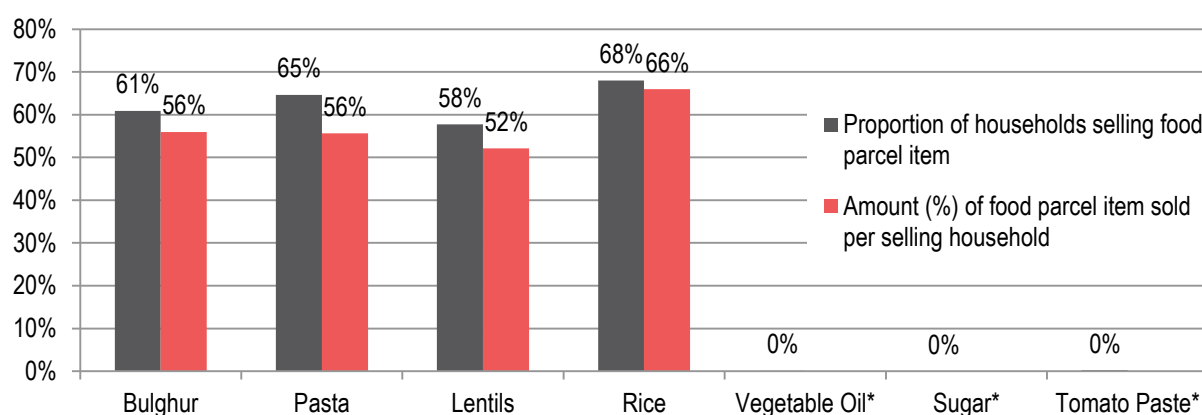
Confirming anecdotal reports collected during the assessment, the results showed that around 60-70% of refugee households receiving food assistance sold some of the received food items. The items most commonly sold were the rice (sold by 68% of households), pasta (65%), bulgur (61%) and lentils (58%), whereas next to no one reported selling the vegetable oil, sugar or tomato paste. Salt was not included in this question following consultation with WFP, as it was assumed to be the least likely item to be sold.

Not only was rice the most common item to be sold, those households who did sell rice sold more of it than of their other food assistance items. On average, counting only households who reported selling at least part of their food parcel, two thirds (66%) of the received rice was sold on. Of the other three items, households reported selling just over half the amount received: 56% of bulgur and pasta, and 52% of lentils. Anecdotal evidence further suggests that

in addition to selling part of the food parcels, some refugee households share the distributed food with friends or family living outside the camps.

After comparing the data on food parcel sales with several of the basic household profile data, REACH found no evidence to support the hypothesis that one-member households sold less than other households, nor did we find a significant correlation between sales levels and the average income of a household. However, the data did suggest that female-headed households sold less of their food items than male-headed households.

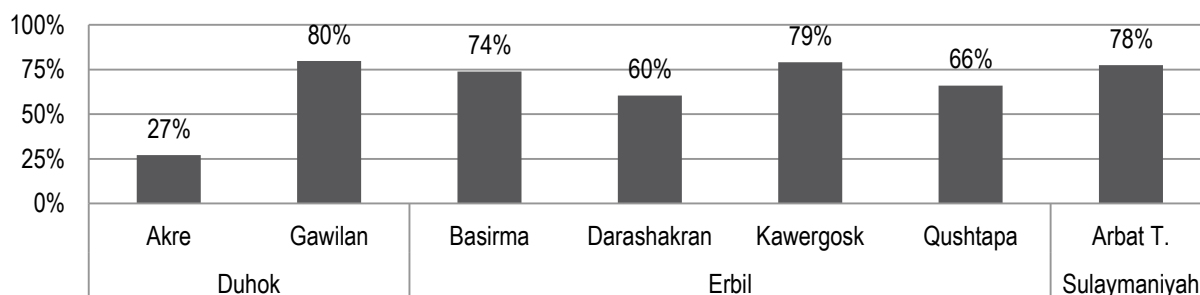
Figure 3 - Reported sales of WFP food parcel items



* Since only 1 respondent reported selling either vegetable oil or tomato paste, and none reported selling sugar, there is no reliable data for the amount of these items sold per selling household.

Looking at differences between camps, in Akre and to a lesser extent in Darashakran and Qushtapa, fewer families reported selling their food parcel than elsewhere. In Akre, 27% of households sold at least the rice in their food parcel; in Darashakran, 60% of households reported selling the rice, compared with 78% in Arbat Transit, 79% in Kawergosk and 80% in Gawilan. Sales figures for other food types were generally slightly lower than for rice, but followed the same general trend.

Figure 4 - Reported sales of rice received in WFP food parcel



In Akre, respondents who reported not selling their food told REACH enumerators that this was not because they do not want to sell, but because camp management control was tight in Akre (it is the smallest of the nine camps and located inside a former prison building). Similar reasons were voiced in Darashakran as reasons not to sell as well.

This finding was confirmed by focus group discussions held in June by ACTED in Darashakran and Kawergosk.¹ Refugees participating in the discussion cited the quality of the food products distributed and the monotony of eating the same foods constantly as key reasons for selling the distributed foods. In multiple cases, refugees reported

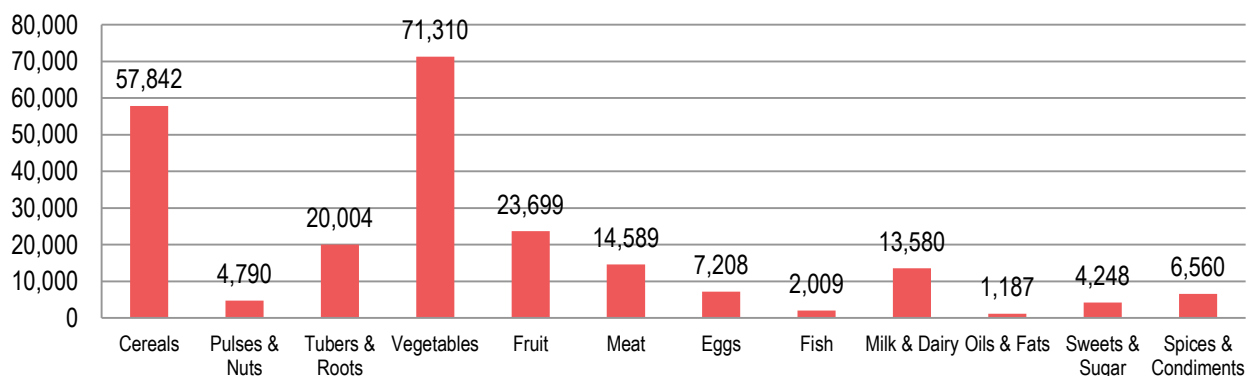
¹ "Results of WFP Food FGDs," internal ACTED memorandum (19 June 2014). Results have not been published to date.

selling the distributed food in order to purchase vegetables, breakfast items and other food types not included in the parcel. The refugees participating in the focus group discussion in Darashakran further confirmed that controls by government authorities limited their ability to sell.

Food Expenditure

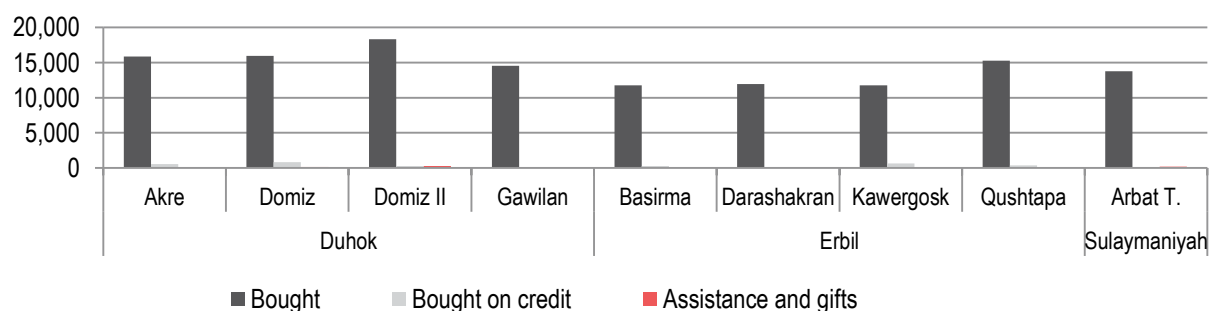
Excluding food distributions or food vouchers, refugee households on average spent approximately 230,000 IQD per month on food. More than half of this, a combined 130,000 IQD, was spent on cereals (bread, rice, pasta etc.) and vegetables alone. Naturally, household expenditure on food varied depending on household size. Per person, households on average spent 27,000 IQD on vegetables (15,000 IQD) and cereals (12,000 IQD) combined.

Figure 5 - Average household expenditure (IQD) on specific food types in the 30 days preceding assessment



Vegetables were by far the largest single expenditure of the twelve food types, as shown in Figure 29. This explains how the majority of refugee households eat vegetables every day of the week, despite the fact they are not included in the food parcel, nor are they available in the food vouchers shops in Domiz. The second largest expenditure was cereals, despite the fact that bulgur, pasta and rice form the bulk of the dry food provided in the WFP parcel. This confirms the reports from the abovementioned ACTED focus group discussions that refugees sell large proportions of the distributed cereals, and use the proceeds to purchase different, preferred types of cereal products / brands.

Figure 6 - Average value (IQD) per person of vegetables consumed in the 30 days preceding the assessment



The expenditure patterns further show that refugees in Domiz and Domiz II spent significantly less of their cash on meat, eggs and milk products, despite having higher consumption rates of these food types. This is a direct result of the fact that they were able to purchase these products with their food vouchers, and indeed the data shows that refugees in Domiz and Domiz II used their vouchers to purchase predominantly meat, eggs, milk products and fish, such as canned tuna and canned sardines.

Figure 7 - Average value (IQD) per person of meat consumed in the 30 days preceding the assessment

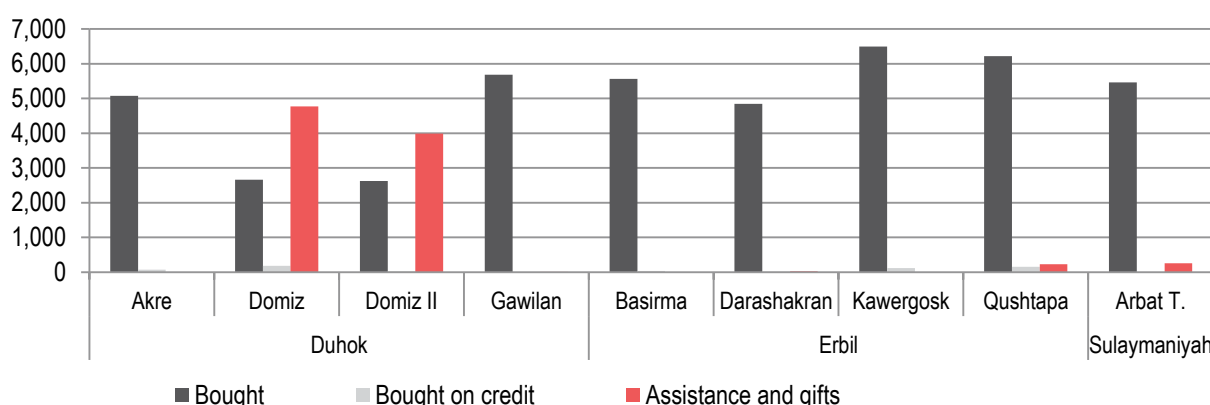
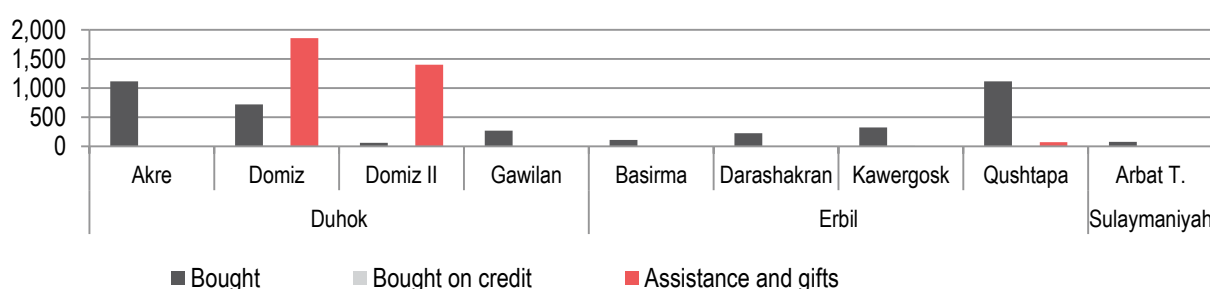


Figure 8 - Average value (IQD) per person of fish consumed in the 30 days preceding the assessment



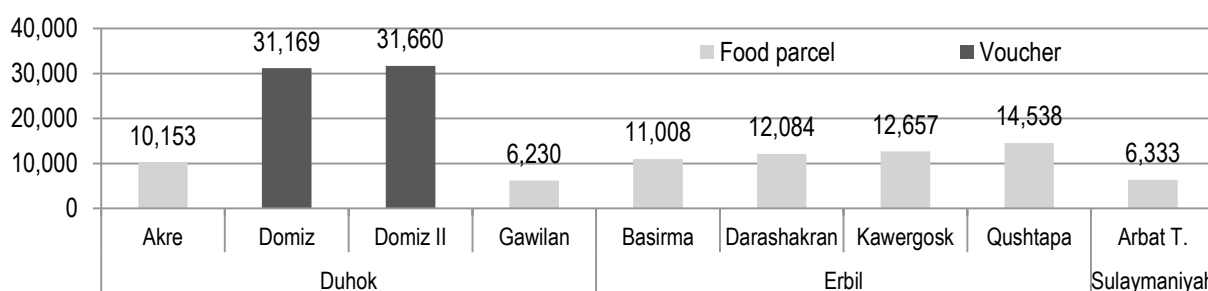
When asked to estimate the value of the consumed food which was received through assistance, recipients considered the vouchers to provide more than double the value of the food parcels. In part, this accurately reflects the fact that production and distribution cost of the parcels is considerably lower than the face value of the voucher. The reported value received through the voucher was approximately 31,500, which corresponds to approximately 26\$.²

Bearing in mind that the list of food types valued was not exhaustive compared to the voucher shop inventory – tea and coffee being the most notable goods available for purchase not included in the assessment – this result shows that the face value and the ascribed value of the voucher are approximately the same. Unfortunately, as procurement of the food parcel contents is organised at a global or regional level, and costs fluctuate due to sourcing changes, price fluctuations and changing distribution costs, it was not possible for WFP to provide an approximate price tag for an individual food parcel.

The gap between the value of the voucher and the food parcel illustrated in Figure 9, however, likely reflects not only a difference in value but also a difference in appreciation. Vouchers give refugees greater flexibility and ownership of their dietary choices than food parcels. Moreover, the very fact that food parcels are distributed in bulk undermines the perceived value of the combined components.

² At the exchange rate applicable in May 2014, 1\$ to 1,220 IQD.

Figure 9 - Value (IQD) per person ascribed to WFP food assistance used for consumption by the recipient



Overall, most households have an acceptable Food Consumption Score, averaging between 76 and 89 per camp, with only 0 to 7% of households per camp falling below the acceptable threshold of 42. Those whose score fell below acceptable tended to have a lower average income, confirming that the underlying cause for food insecurity was not availability of food, but the ability to purchase food. More than half of the money that was spent on food by refugee households across the KRI was spent purchasing vegetables and cereals, indicating that vegetables are the number one desired food not covered within the parcel or in the WFP voucher shops. It also indicates that refugees purchased cereals (bread, rice and pasta) despite the fact that this was actually included in the food parcel distribution. Indeed, a majority of refugees receiving the food parcels sell on average half of the bulgur, lentils, rice and pasta they receive, as a secondary source of income. This revenue was usually used directly to purchase different, more desirable, or better quality food.

In turn, refugees who received vouchers spent most of them on meat, fish, eggs and milk products (fruit and vegetables were not available in the voucher shops at time of assessment). As a result, they had a higher FCS and a more varied diet, particularly including a greater portion of protein than provided to refugees under the parcel system. Crucially, refugees receiving food vouchers were able to use the assistance provided as they saw fit, which created a greater sense of appreciation and ownership. The food vouchers system, in other words, has had a resoundingly positive impact on the food security situation of refugees in the camps where it has been implemented.

LIVELIHOODS

A REACH assessment report from April 2014 on the economic situation of refugees in camps noted that Syrian refugees have fewer opportunities to build a livelihood than the local population, particularly in camp contexts.³ Not only do they face institutional barriers to accessing the labour market on the basis of their residency status or their ability to prove qualifications, many also face logistical challenges based on distance from economic centres, transportation and language. Some of the camps, in particular Domiz and to a lesser extent Kawergosk and Darashakran, have developed their own local economies with shops, restaurants and small businesses inside the camp. However, without income to spend from external livelihood opportunities there can be no demand for such local services. Moreover, refugees are dependent on licenses issued by camp management, and some form of start-up capital in order to be able to start their own business. As a result, as it detailed further into this section, local trade is reported as the primary source of income by only 3% of all refugee households.

Livelihood opportunities are central to many aspects of the short and long-term wellbeing of Syrian refugees. A steady income enables refugees to meet basic needs, improve living conditions in the camp (e.g. through shelter improvement or purchase of household items) and save for plans ahead. Lack of a steady income, on the other hand,

³ REACH, Thematic Assessment Report, "Economic Survey of Syrian Refugees, Refugee Camps, Kurdistan Region of Iraq", April 2014. Report can be found at <http://www.reach-initiative.org/countries/on-going-field-presence/iraq>

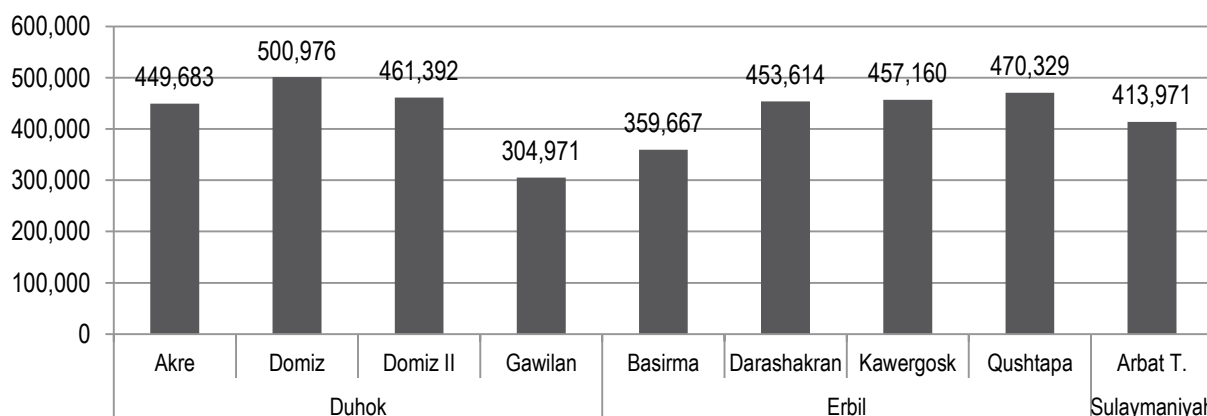
makes a refugee household dependent for their basic needs on coping strategies with a negative impact on well-being, and on services provided by the Kurdish government, UN and partner organizations, and local charities.

Income

In the month preceding this assessment, the average household income for refugees in camps across KRI who reported earning an income (88% of all households) was 485,000 IQD. There were however considerable differences between camps: Domiz ranked highest in terms of average monthly income, at approximately 500,000 IQD, above the KRI average. This is due to its proximity to economic opportunities in Duhok as well as the fact that Domiz has the most developed camp economy in KRI. In Qushtapa, Domiz II, Kawergosk, Darashakran and Akre each, the average household income was slightly below the KRI average, between 450,000 IQD and 470,000 IQD. The remaining three camps, however, reported a significant deviation from the KRI average: in Arbat Transit, a relatively isolated and small transit camp, the average household income was 415,000 IQD. The lowest average monthly incomes were recorded in Basirma (360,000 IQD) and Gawilan (305,000 IQD), the two most isolated camps, located more than one hour away from the nearest major urban centre (Erbil) and, in the case of Gawilan, located 20 minutes away from the main road between Erbil and Duhok.

Interestingly, the correlation between average household income, and one or more family members living outside the camp for work is less straight forward than might be expected. In Akre, Darashakran and Qushtapa, households with a family member outside the camp reported a household income at least 50% above the average. In Domiz, Domiz II and Gawilan, however, the resulting income was significantly below the camp average, suggesting that moving outside the camp is a gamble which may or may not pay off.

Figure 10 - Average household income in the month preceding the assessment

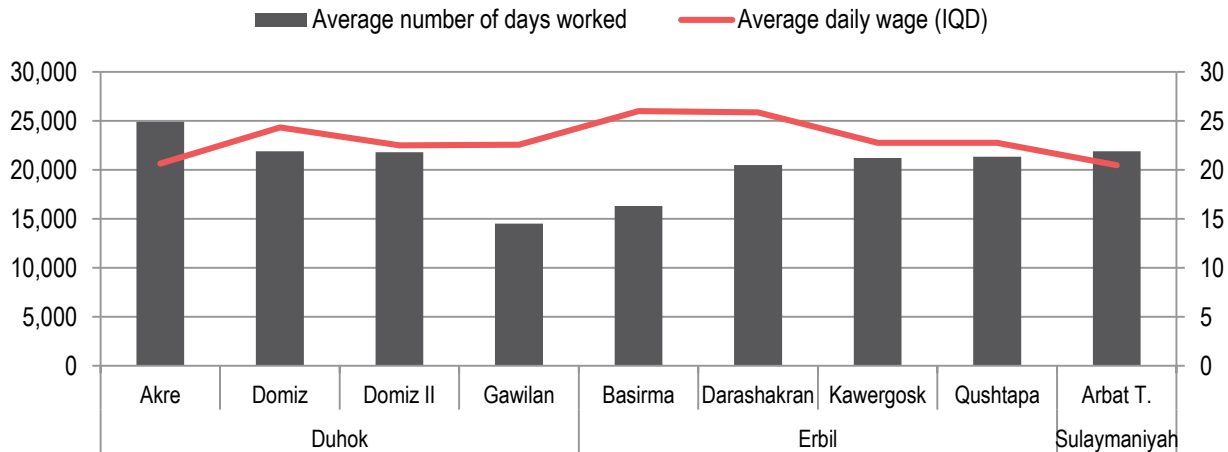


Interestingly, when breaking down the average household income to a daily wage, there was little difference between Gawilan, Basirma and the other camps. In fact, looking purely at average household income and average number of days worked per month, the highest daily wage was recorded in Basirma, at 26,000 IQD, above the KRI-wide average of 23,100 IQD. Gawilan scored just below average, but not enough to explain the gap of 180,000 IQD per month compared to the KRI average. The lowest average daily wages were recorded in Akre and Arbat Transit, both around 20,500 IQD per day.

In most camps, the average number of days worked per month was either 21 or 22, which is equivalent to a normal working week. In Akre, which had one of the lowest average daily wages, the number of days worked per household was 25, a deviation which is easily explained by looking at the number of people working per household: Akre has

the highest rate of two-income households across the KRI (24%). The most notable result, however, was that in Gawilan and Basirma, households on average worked no more than 15 (Gawilan) or 16 (Basirma) working days in the preceding month, resulting in the low average household incomes noted above despite the average or above-average daily wages cited. This indicates that even for those households who were able to find work in or near Gawilan or Basirma, the two most remote camps in the KRI, there was not enough work available to amount to a full-time job.

Figure 11 - Average daily wage and number of days worked in month preceding the assessment



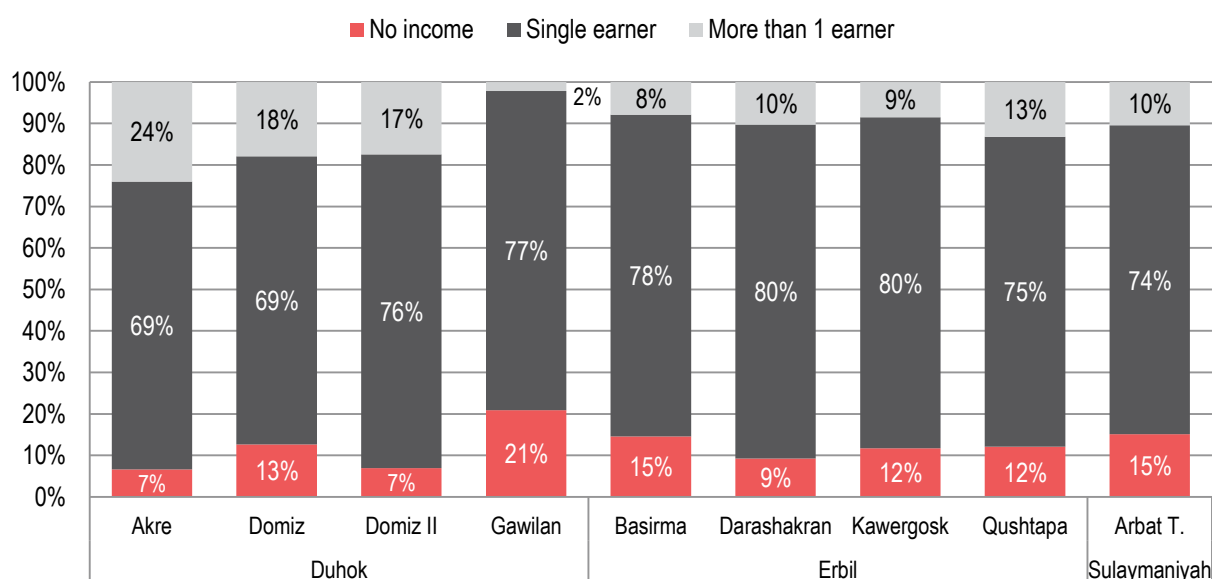
Sources of income

The vast majority of refugee households across KRI relied on one person to provide the income for the household, as can be seen in Figure 12. 82% of all refugee households had one male earner, whereas only 2% of all households reported one female earning the income. In 4% of all households, at least one person from both sexes earned an income for the household in the month prior to the assessment. Female-headed households reported an average income that was only marginally lower than the KRI-wide average: 415,000 IQD. Households with an elderly (60+) head of household did report a significantly lower average monthly income, at 285,000 IQD.⁴

While most respondents reported earning a daily or a monthly wage, 8% of refugee households reported that they earned at least part of their income through their own business. For three quarters of these respondents, their business was the only source of income. The majority of small business owners were based either in Domiz (11% of all respondents reported having an own business) or in Darashakran (11%), which is not surprising as these are the two camps with the most developed local economy.

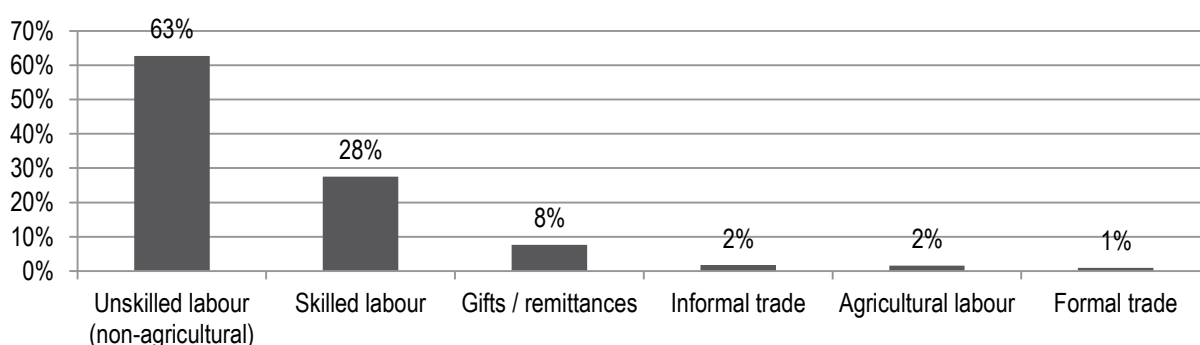
⁴ Nota Bene: The subset of households with an elderly (60+) head of household is only 4% of the total sample, meaning that the confidence level of this finding falls short of 95%.

Figure 12 - Number of persons earning an income - per household



Predictably, the daily wage for refugees engaging (primarily) in skilled wage labour (26,500 IQD) was significantly higher than that of persons engaging in unskilled labour (22,500 IQD), small business or various other trade activities (20,500 IQD) or agricultural labour (18,500 IQD). Nevertheless, the largest source of income in each of the camps was unskilled non-agricultural labour (63% of households across KRI reported this as a source of income), with skilled labour a distant second (28%). 8% of households reported they relied in whole or in part on gifts or remittances for their daily needs, making them a vulnerable part of the camp refugee population.

Figure 13 - Sources of income across KRI

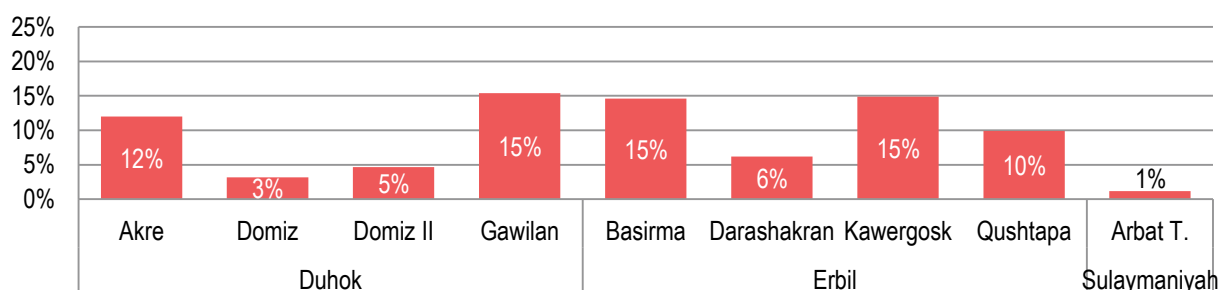


Basic needs

Across all camps, most of households report that they were able to meet all their basic needs in the 30 days preceding this assessment (95%). This picture fluctuates somewhat per camp as 15% of refugee households in Gawilan, Basirma and Kawergosk were not able to meet their basic needs. Unsurprisingly, the average household income of those households who could not afford their basic needs was less than half (190,000 IQD) of the KRI-wide average. For Gawilan and Basirma, this aligns with the lower average income reported in those camps; for Kawergosk, however, average income does not appear to be an adequate cause. Instead, it is possible that answers

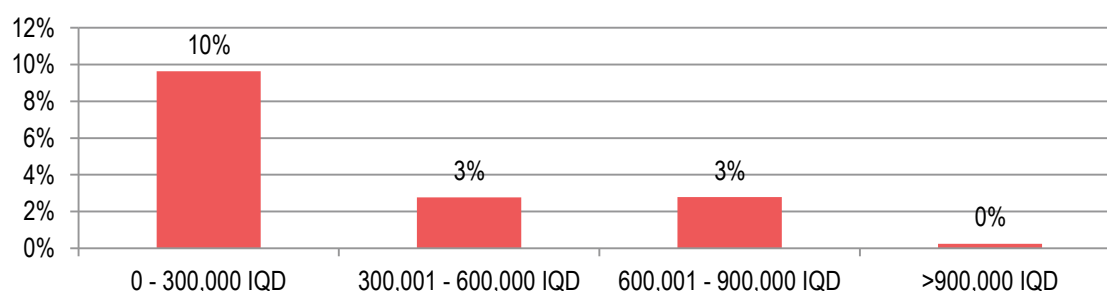
in Kawergosk were influenced by an overall negative outlook on the situation in that camp, with many people unsatisfied with services and impatiently waiting to move to the newly constructed area. This may well have created a bias in their perception about the degree to which their basic needs were met.

Figure 14 - Households unable to meet basic needs



Households who reported not having a regular income (12%) are generally those who rely in whole or in part on gifts or remittances for their daily needs (8% of households across KRI). 21% of households without an income in the preceding month reported being unable to afford basic needs, which is more than double the KRI average. As shown in Figure 15, most households who were unable to meet their basic needs earned 300,000 IQD or less in the month preceding the assessment. Of the households unable to meet their basic needs in the higher income brackets, the majority (89%) had 5 or more household members.

Figure 15 - Households unable to meet basic needs - per monthly income bracket

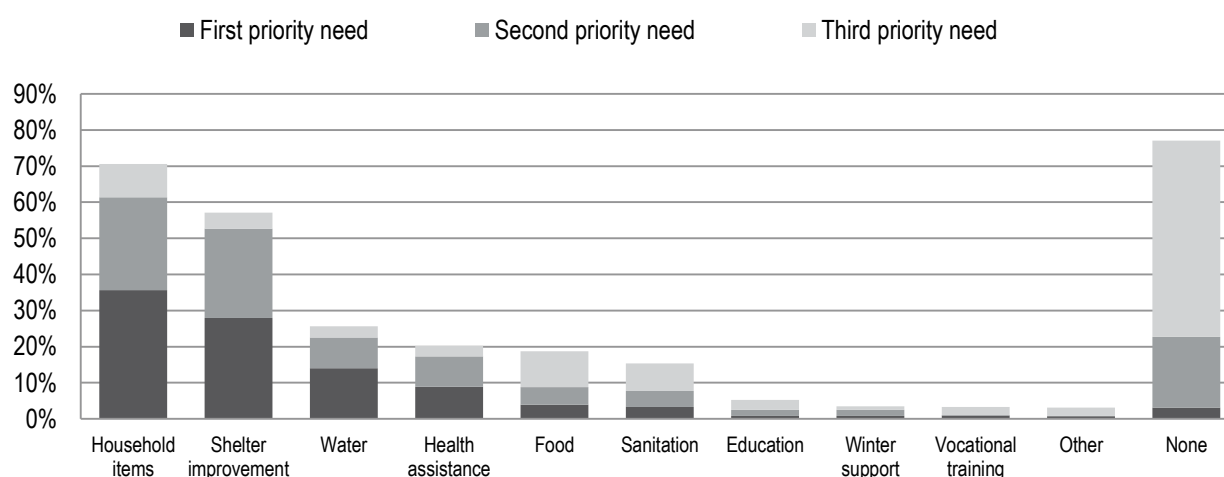


REACH asked respondents to list their top 3 priority needs, ranked in order of importance: overall, respondents listed household items and shelter improvement as their main priority needs. Household items were listed as the top priority by 36% of respondents overall, and was listed as one of the three priorities by 71%. In turn, shelter improvement was the top priority for 28% of refugees and listed as a priority by 57%. Water, health assistance, food and sanitation each were listed as a priority by approximately one in five refugee households, though their importance strongly fluctuated depending on the respective camp context. For instance, 32% of households in Kawergosk and 28% in Qushtapa listed water among their priorities, making it the most commonly reported need in Kawergosk and second most common in Qushtapa. In contrast, most refugees in Akre (32%) listed food as a priority above any other need - indeed more so than in any other camp, which may be due to the limited availability of shops inside the small transit camp. Food was also among the top three most commonly reported needs in 7 of the 9 refugee camps, with

exception of Domiz and Domiz II – once again suggesting that the WFP voucher programme is more effective than the food parcel distributions in addressing the food security needs of refugees.⁵

It is worth noting that 54% of refugees did not list a third priority need at all. This can be interpreted in two ways; either respondents perceived all of their other needs to have been met, or respondents found that they had too many needs to properly rank a third priority.

Figure 16 - Needs ranked across KRI



Expenditure

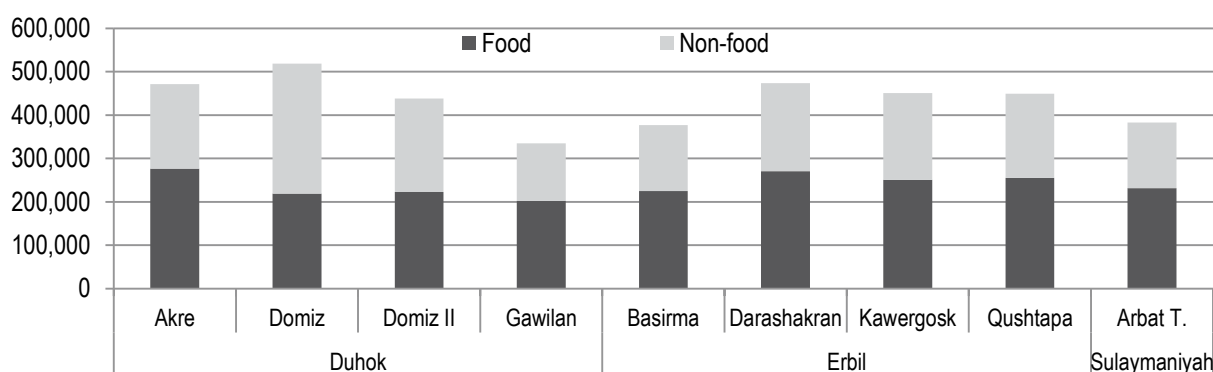
As part of the household questionnaire, REACH asked respondents to estimate the amount they had spent on a set of household costs, in order to identify expenditure patterns and priorities. While this recollection exercise is inevitably approximate in nature, it gives an interesting perspective on the spending patterns of refugee households in camps across KRI.

The average expenditure on *food* items across all camps amounted to just less than half the total household expenditure package: 225,000 IQD. This amount was fairly stable across camps, with food expenditure highest in Akre (275,000 IQD) and lowest in Domiz (220,000 IQD). That food is the main expenditure is perhaps unsurprising, since food is one of the most vital basic needs and as such would be one of the last types of expense to decrease during times of crisis. Households without an income in the month preceding assessment, however, spent on average 25% less on food than the KRI average.

The trend across camps in *non-food* expenditure, on the other hand, showed more variation and in fact, closely followed the trend in average income. While the average non-food expenditure across the KRI was approximately 265,000 IQD, the average was much lower in camps with a significantly lower average household income: in Gawilan, average non-food expenditure amounted to just 135,000 IQD and in Arbat Transit and Basirma, to approximately 150,000 IQD. The greatest deviation from the KRI average on the upper end was in Domiz, where total non-food expenditure per household averaged nearly 300,000 IQD – excluding shelter improvement, but including potentially related costs such as hiring labour.

⁵ Cf. the section on food security, starting on page 17

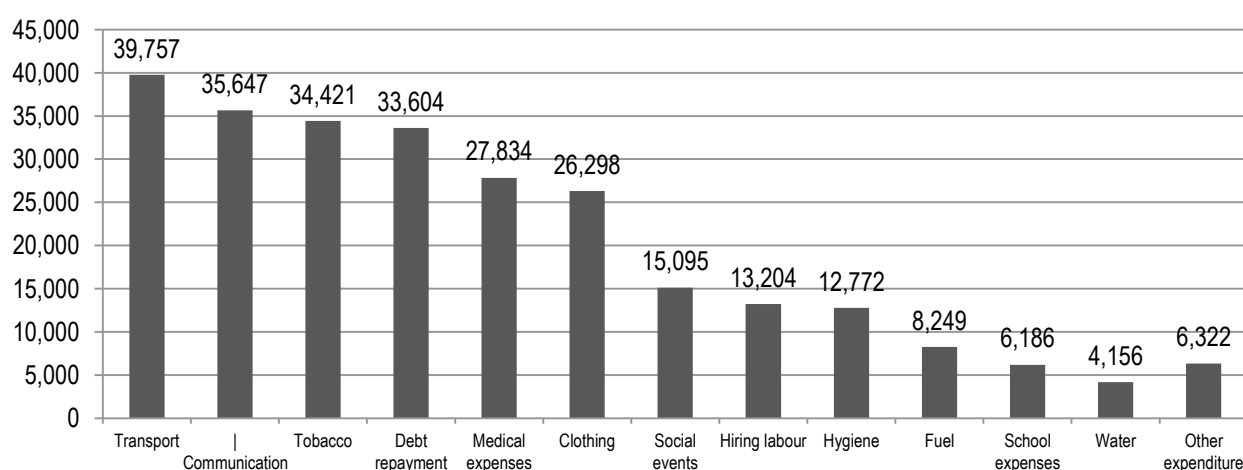
Figure 17 - Average household expenditure, food and non-food



The most significant types of non-food expenditure across camps were transportation (approximately 40,000 IQD per month), communications (35,500 IQD), tobacco (34,500 IQD) and repayment of debts (33,500 IQD). Upon initial review of the data, it appeared as though shelter improvement was the single largest type of expenditure across KRI, and on average this is true. However, analysis revealed that in fact this result was due to a relatively small proportion of households in Domiz who had received permits from DMC to undertake a construction project for shelter improvement, and had thus taken out significant debt or spent savings in order to finance the project. The high amounts paid by this subset of households, coupled with the strong weight assigned to Domiz respondents due to its population size, pushed up the average household spending on shelter improvement to 70,000 IQD – this despite the fact that 90% of respondents (and 93% of respondents outside Domiz) spent less than half that amount

As expected, goods and services provided in the camps were the lowest on the list: fuel, water and school expenses. Medical expenses were the exception to this rule, as they remained a significant source of expense (30,000 IQD), due to the cost of private medical care or medicine purchased without prescription. Finally, confirming the earlier assertion that most refugee households were able to meet their basic needs, it was found that they spent an average of 15,000 IQD per month on social events. Noting the prevalence of weddings across all camps, this can be interpreted as a testimony to the social spirit of Syrian refugees in the face of adversity.

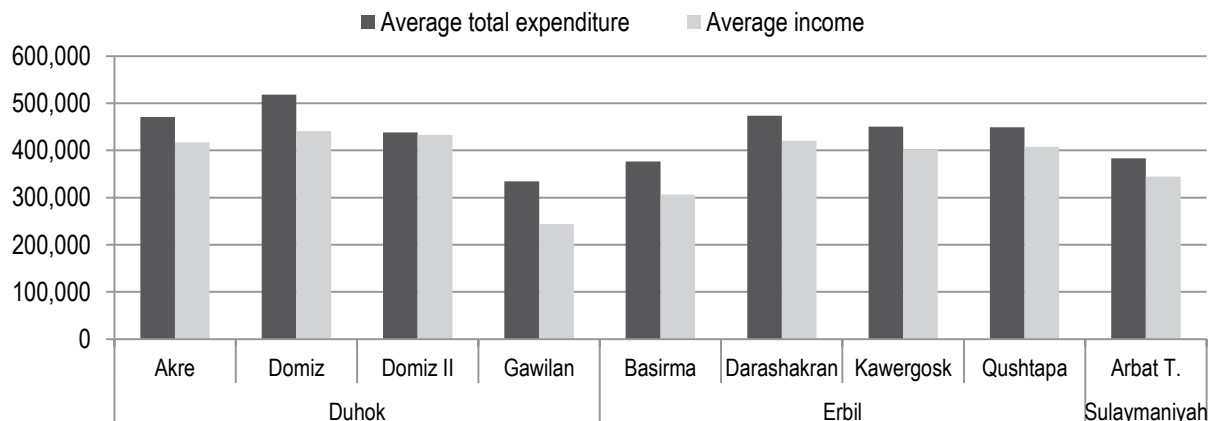
Figure 18 - Average household expenditure per type



Coping strategies

Overall, there was a clear correlation between average household income and average household expenditure, as can be seen in Figure 10. In each camp, expenditure was between 0 and 10,000 IQD more than the average household income – suggesting that refugee households plan their expenditure based on income. It is also plausible that refugee households have small alternative sources of income or coping strategies to cover this gap, such as spending savings, borrowing money or selling food assistance.

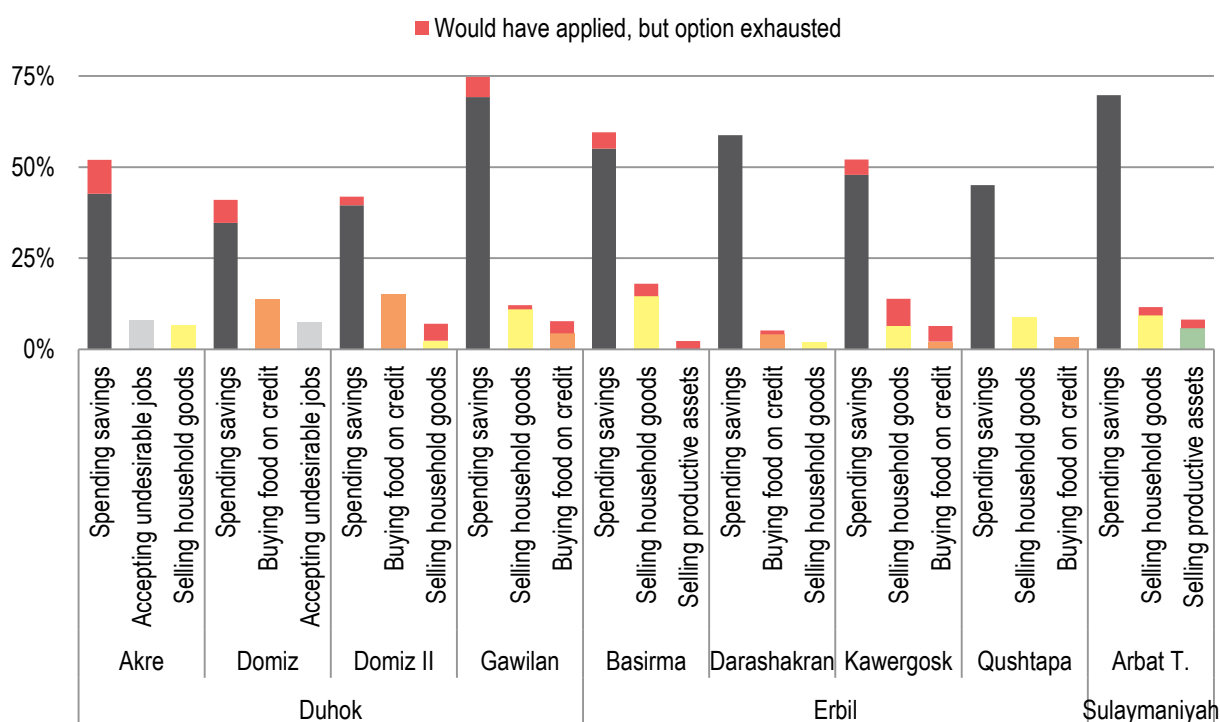
Figure 19 - Average household income and average household expenditure



The most commonly applied coping strategy, spending savings was applied by 40% of refugee households across the KRI, and by up to 70% of households in Arbat Transit and Gawilan. The propensity of this strategy is likely due to the relatively high level of development in Syria, ensuring that many families who came to KRI had some form of savings to fall back on. It may also reflect the irregularity in available work, in that certain households may have more income some months than others, and have to save what they can for contingencies. At the same time, it is worth noting that another 5% of households across the KRI reported they would have spent savings if this option had been available to them but that they had already exhausted this option. This finding is in line with the REACH Economic Survey published in April 2014, which stated that many refugees had exhausted their savings at that time.

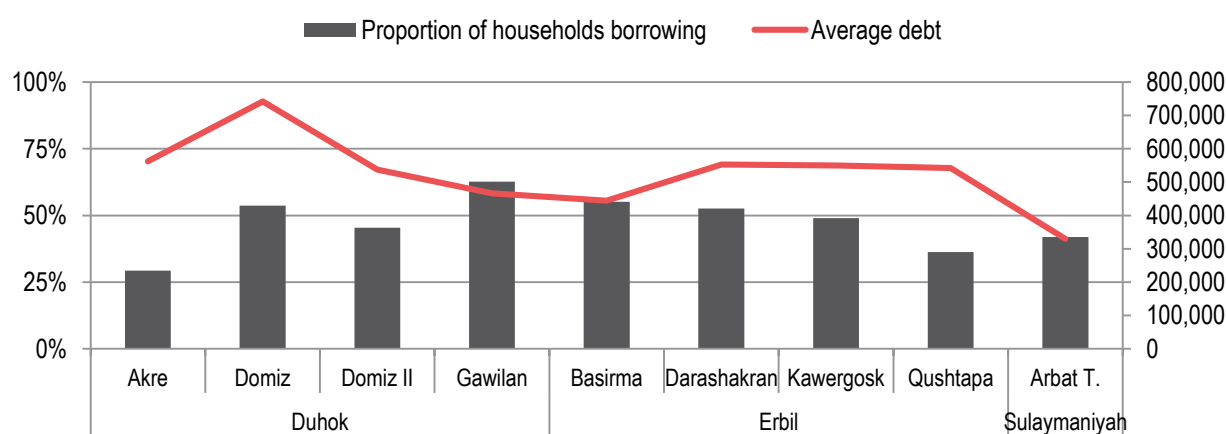
Other coping strategies were considerably less common, but are nevertheless worth noting as they indicate which families are more vulnerable. 11% of households reported they bought some of their food on credit, and the amount of debt these households accumulated to purchase food on credit alone amounts to approximately 45,000 IQD (as opposed to 8,000 IQD across all households). Moreover, 6% of households reported selling household goods such as phones, electrical appliances or jewellery, and another 2% of households would have done the same if possible but had already exhausted this option. Conversely, only 1% of all households reported to have sold productive assets such as a sewing machine, wheel barrow or a car. Finally, 5% of households across KRI reported they (or rather, a member of this household) had accepted high risk, degrading or generally undesirable jobs and 3% reported reducing spending on non-essential items such as school equipment, in order to meet their household's basic needs. Notably, this coping strategy was reported only in Akre, Domiz and Domiz II, and the households who did report accepting undesirable jobs had an average household income which was equivalent to the KRI-wide average.

Figure 20 - Top 3 most common livelihood coping strategies applied



The final coping strategy covered by this assessment was borrowing money. Across all camps in the KRI, just over half (52%) of all households interviewed reported to have borrowed money since their arrival. The lowest debt rates were found in Akre (29% of households), Qushtapa (36%) and Arbat Transit (42%), whereas the highest rate was found in Gawilan (63%). Interestingly, every single household with a debt reported that they had borrowed this money from a friend or relative and not from a bank or informal money lender. While this is evidence of a strong social support network among refugees in camp, it may also suggest that Syrian refugee households experience insurmountable barriers when trying to access banking services or any other credit-lending institutions.

Figure 21 - Coping strategy: borrowing money



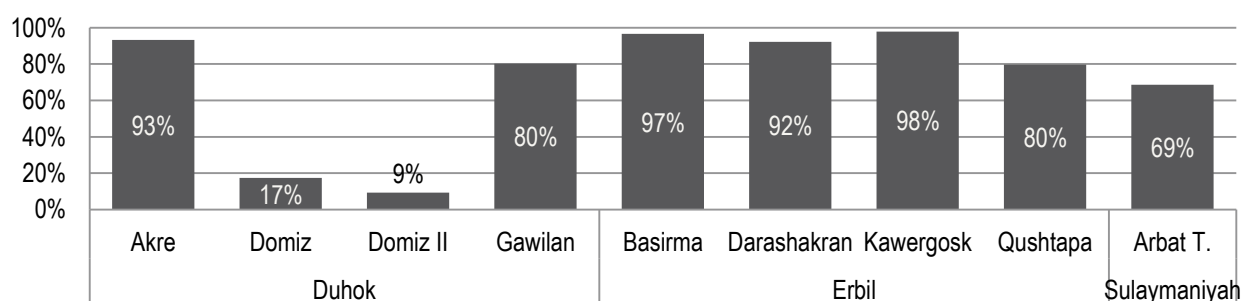
The average amount of debt held across KRI at the time of this assessment was approximately 675,000 IQD per household. However, Domiz again stood out as a significant outlier due to the abovementioned shelter improvement projects, which produced a spike in debt held by those households. Moreover, as this figure refers to debt accumulated since arrival in KRI, and Domiz was the first camp to be established, it is not surprising that refugee households in Domiz have accumulated more debt than average. It is worth noting, therefore that the average amount of debt held by households in all camps except Domiz was approximately 515,000 IQD.

Cash assistance

The high rate of reported debts suggests that access to cash was a primary concern – especially for households without a steady income stream. Cash assistance was therefore a potentially useful short-term tool to prevent refugees from having to employ negative coping strategies that would increasingly put them at a disadvantage for the future.

The data shows that in the majority of camps, with the exception of Domiz and Domiz II, most refugees have at least at one point since arrival to KRI received cash assistance. In Akre, Basirma, Darashakran and Kawergosk, over 90% of households had received cash assistance; four in five households in Gawilan and Qushtapa had received cash assistance; and 69% in Arbat Transit. In Domiz and Domiz II, however, no more than one in five households had received cash assistance since their arrival. That being said, when asked whether the cash assistance they had received came in the form of continuous assistance (i.e. the respondent knew that they would benefit from this assistance again in future) or a single cash injection, the overwhelming majority reported the latter.

Figure 22 - Households who received cash assistance since arrival in KRI

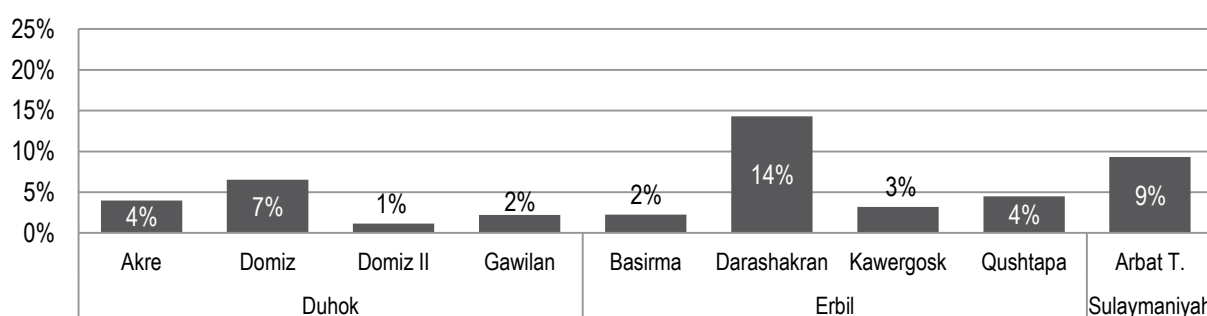


Vocational training

Across camps, only an average of 6% of refugee households had a member who had received vocational training, including small business set up trainings, since their arrival in KRI. The highest proportion of vocational training beneficiaries was found in Darashakran (14%), followed by Arbat Transit (9%) and Domiz (7%). In most cases training was provided by UN agencies, international or local NGOs, in particular in Erbil and Sulaymaniyah, but in the Duhok camps of Domiz and Akre, some training was organised by the government agency DMC or by individuals, respectively. Across camps in the KRI, there was no significant correlation between vocational training and the sex of the head of household.

It should be noted that since only 6% of refugee households across all camps reported having received vocational training since arriving in the KRI, the information collected about the type and duration of those trainings should be treated as indicative rather than informative.

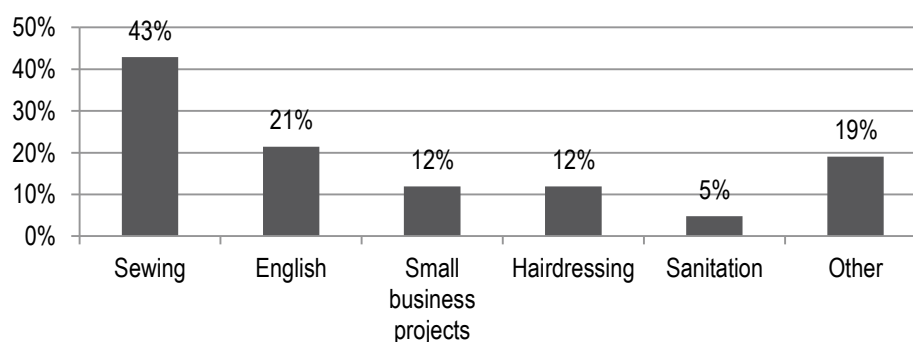
Figure 23 - Households having received vocational training since arrival in KRI



Responses about the types of training received do provide an interesting picture: sewing was the subject most often reported, followed by English language, small business projects and hairdressing. It should be noted that English language training listed here refers specifically to vocational training for interpreters, translators or other jobs directly linked to language ability, not basic English language courses. Other topics reported were computer training, sanitation, make-up, wool work and language courses in Kurdish and Arabic.

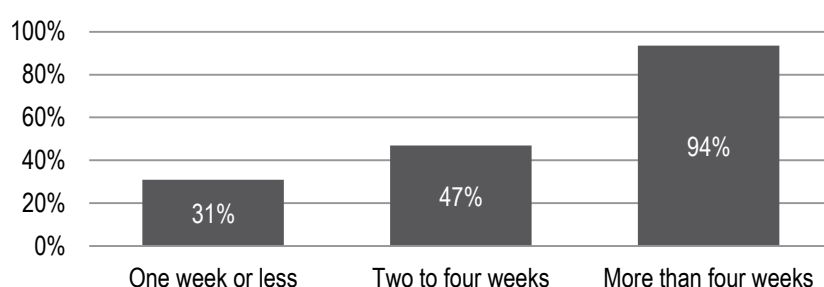
The data also shows that the range of vocational training that has been provided in each camp differs greatly. Judging from the responses received, sewing courses have only been provided in the four Erbil camps (Basirma, Darashakran, Kawergosk and Qushtapa) and in Arbat Transit. Small business management courses were reported in Darashakran and Domiz camps; Darashakran was also the only camp where refugees reported benefiting from training on sanitation infrastructure instalment and maintenance. On the other hand, training in hairdressing was reported in five different camps across the three governorates in the KRI (Arbat Transit, Basirma, Kawergosk, Qushtapa and Domiz). Hairdressing is a popular business venture in the camps, with high and stable demand, and relatively low investment needed up front. Other types of training reported included computer training, nursing and wool working.

Figure 24 – Most common types of vocational training



When asked whether the course improved their livelihood situation, only a slight majority of respondents answered in the affirmative. Respondents were most positive about the impact of trainings in small business management and sanitation. As demonstrated in Figure 25, respondents were – unsurprisingly – most positive about the impact of courses lasting more than 4 four weeks (94% answered that these courses helped change their situation), whereas the perceived positive impact of shorter courses lasting one week (31%) and 2-4 weeks (47%) was considerably lower. Small business management courses presented an exception as they tended to last no longer than one week, but were regarded as having a positive impact by all beneficiaries.

Figure 25 - Households who considered training to have helped

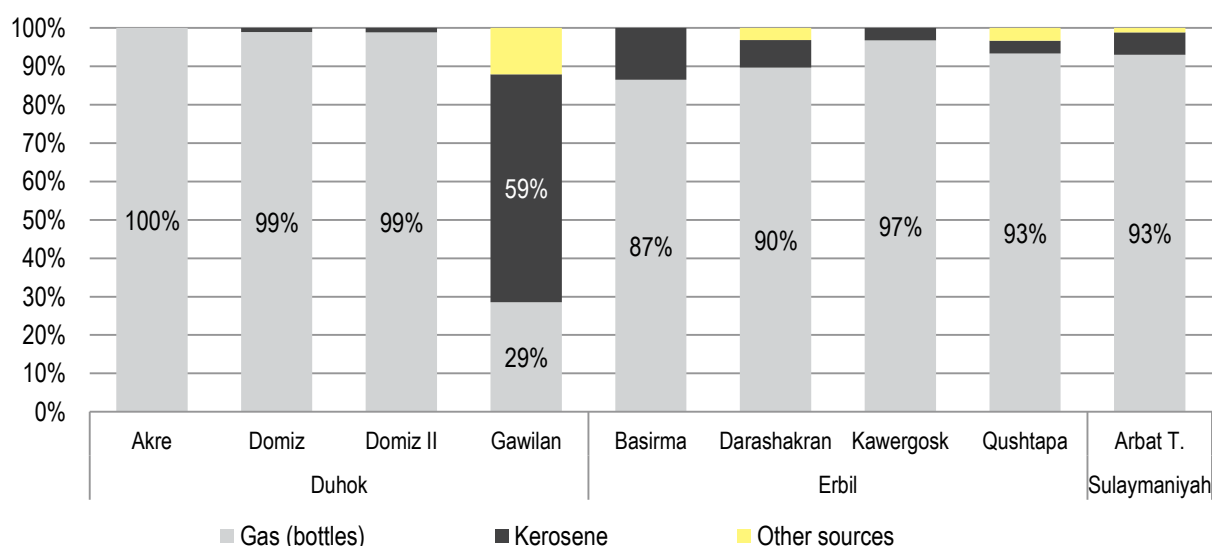


ENERGY/FUEL

Lack of appropriate cooking fuel can contribute to food insecurity, when refugee households are forced to reduce or even skip a meal because of an inability to properly prepare their food. Therefore this assessment includes a short section on fuel availability in order to complement the module on food consumption.

A vast majority of refugee households across KRI (99.7%) reported having sufficient fuel for their daily cooking needs. This score ranged per camp from 96-100%, with the lowest score recorded in Gawilan. Refugee households in each of the camps received monthly kerosene distributions. These distributions are organised by the government agency DMC in Duhok camps; by partner organisations of UNHCR in Erbil camps: ACTED in Darashakran and Kawergosk; Danish Refugee Council in Basirma and Qushtapa; and in Arbat Transit by Youth Activity Organisation (YAO), a partner of UNICEF. These distributions covered between 90% - 100% of households in all camps, with the lowest coverage in Darashakran (91%), providing most households with a free source of fuel. Most refugee households (90%) who reported having insufficient fuel responded that this was due to increases in the price of fuel. A small proportion (14%) reported not having enough fuel because they had to prioritise spending on other needs.⁶

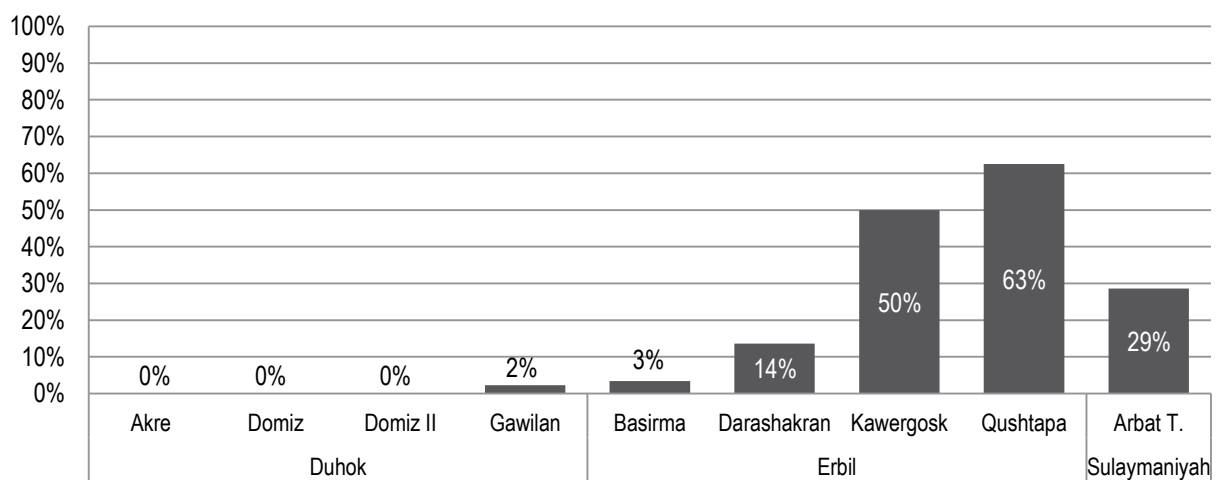
Figure 26 - Main type of fuel used for cooking purposes



⁶ NB. Respondents were able to provide more than one reason for shortage of fuel.

A significant proportion of the population in Qushtapa (63%) and Kawergosk (50%), and to a lesser extent in Arbat Transit (29%) and Darashakran (14%) chose to sell part of the kerosene received through these distributions, whereas none of the households questioned in Akre, Domiz or Domiz II (0%), and hardly any in Gawilan (2%) and Basirma (3%) reported selling the distributed fuel. This contrast may reflect different attitudes of camp authorities to the practice of selling distributed goods, differences in demand for kerosene in the market, and storage capacity on the part of the refugees. It may however also reflect immediate cash needs and different priorities among refugee households with respect to short-term versus longer-term planning: for example, some households in Domiz informally reported that they did not currently have a need for kerosene for heating - given the heat in the summer - but rather than selling the fuel they were instead stockpiling the distributions for the harsh winter.

Figure 27 - Households selling distributed fuel



Despite the distribution of kerosene, an overwhelming majority of refugee households (between 87-100%) used (bottled) gas as their primary source of cooking fuel. Only in Gawilan did a majority of 59% of assessed households use kerosene for cooking, while 29% used gas. It is clear that bottled gas is the preferred type of cooking fuel, and that kerosene is preferred for purposes such as heating. Of the households who did report gas as a need they could not afford to fully meet, mainly in Basirma, Kawergosk and Gawilan, the majority used kerosene for cooking. This did allow them to fulfil their cooking needs, but the fact that they reported gas as a basic unmet need means this was not necessarily a sufficient remedy.

Anecdotal evidence gathered by REACH community mobilizers in Gawilan suggests that a lack of funds is the primary reason for using the freely available kerosene rather than gas. An alternative explanation might be found in the distance between Gawilan and the nearest town, which limits supply and increases the price of gas bottles supplied by private vendors. Indeed, data collected on expenditure patterns confirms that refugee households in Gawilan on average spend less than half of the amount spent on fuel in the other camps.

Map 1 - Proportion of households selling distributed fuel per camp

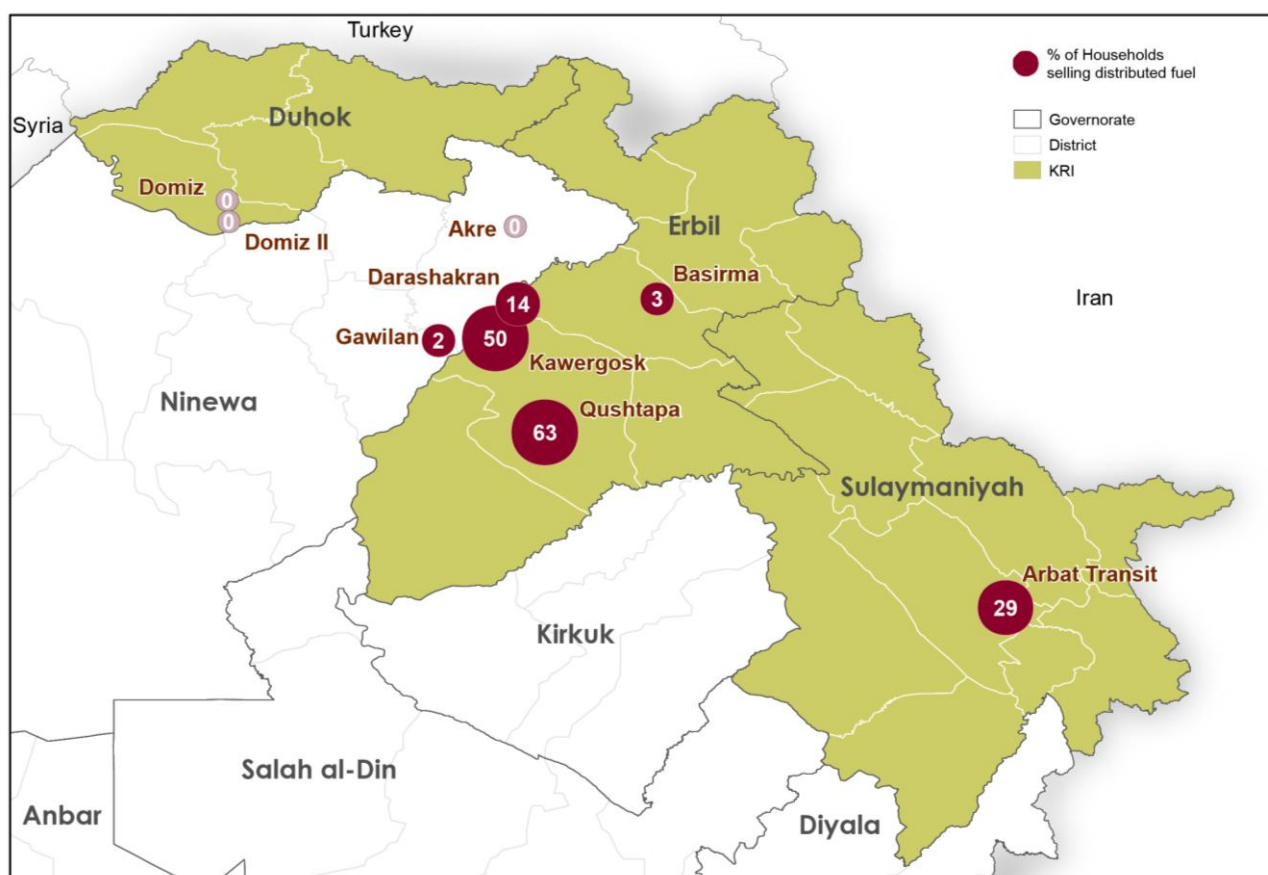
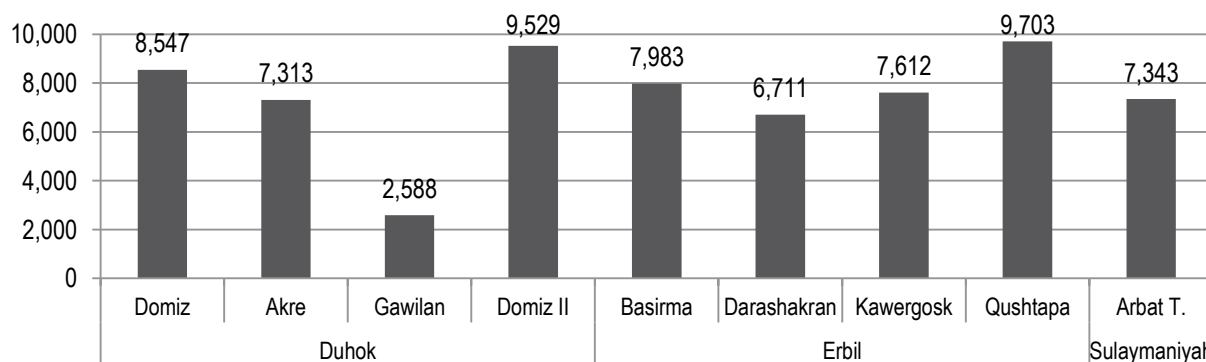


Figure 28 - Amount spent (IQD) on fuel in the month preceding assessment



Almost all Syrian refugee households have sufficient fuel to meet their daily cooking needs, suggesting that fuel availability is not a significant factor in regards to food security in camps in the KRI.

WATER

REACH asked households about the availability of water for drinking and other purposes. As a basic life necessity, in particular given the hot summer climate in the KRI because refugees run an increased risk of dehydration and overheating, adequate supply of drinking water is a crucial indicator. Moreover, standing water is increasingly prone

to bacterial pollution, leading to an increased risk of digestive system afflictions such as diarrhoea.⁷ In addition, water is essential for cooking, for hygiene and for cooling mechanisms within camps.

The questions asked were not based on a measurable volume of water needed per household or per person, but rather measured the respondent's perception of their drinking water security. This methodology was adopted due to the potential for inaccuracy when measuring the volume of water intake and water availability in a camp setting. While water mains supply and overall average consumption figures are available, it is difficult to obtain a reliable measurement of consumption at the household level. There is great variety in the design and size of water containers used, and tap meters are not available in camps with a water mains system.

Moreover, water provision systems differ from camp to camp, and sometimes even within camps. For example, the water mains network in Domiz was extended to serve three additional blocks in May, providing 56 to 74 litres per person per day, but leaving other sections still relying on water trucking.⁸ In those camps with a functioning water network, because supply is turned on only several hours every few days, consumption is directly linked to storage capacity. As such, the 56 to 74 litres per person per day in Domiz is an average very difficult to achieve and even harder to verify.

The picture of water availability as perceived by the refugees also varied strongly between camps. On one hand, nearly all refugee households report having sufficient drinking water in Darashakran (98%), Arbat Transit (93%), Gawilan (89%) and Domiz II (94%). In contrast, one in five households in Domiz report not having sufficient drinking water. The difference between Domiz II and Domiz is telling, as the latter is more crowded and has developed with less structured site planning than its smaller neighbour. In the remaining four camps, an even lower proportion of refugee households reported having sufficient drinking water available, in particular in Qushtapa where three in every five households reported not having sufficient drinking water to meet their basic needs.

REACH field observations further suggest that in several camps, including at least Domiz and Qushtapa, there is significant variation also between quarters. The data collected in this assessment, however, does not allow disaggregation beyond the camp level.

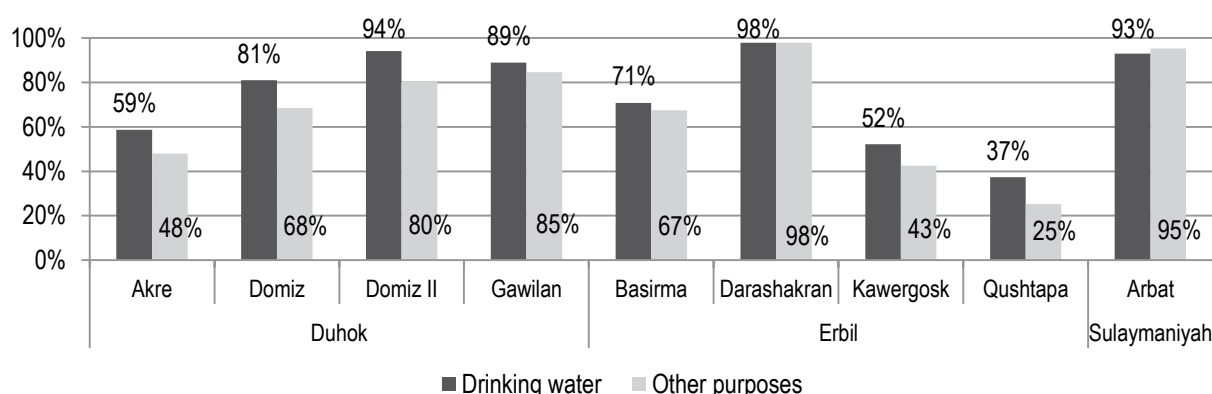
With regards to availability of water for other purposes than drinking, provision appeared insufficient in Qushtapa, where a mere 25% report having enough water for non-drinking purposes, followed by Kawergosk (43%), Akre (48%), Basirma (67%) and Domiz (68%). The situation in Darashakran and Arbat Transit was overwhelmingly positive, with 98% and 95% respectively reporting having enough water. Darashakran site was planned and constructed before the admittance of refugees, facilitating the organisation of sufficient water provision. Arbat Transit was planned to accommodate a much larger population than it currently houses, which could explain why the water infrastructure is able to provide such a high level of coverage.

Whether for drinking or other purposes, in all camps in KRI water is supplied through one source. Assuming that drinking is the first priority usage of water, this means that households who don't have enough drinking water also don't have enough water for other purposes – though households who do have enough drinking water may still not have sufficient water for other purposes. This logic is illustrated in Figure 29, which shows that with exception of Arbat Transit, all camps have a slightly higher or equal proportion of households with sufficient drinking water than sufficient water for non-drinking purposes.

⁷ The impact of limited access to drinking water on health will be discussed in the chapter on health on page 49

⁸ Monthly Information Kit Syrian Refugee Response / Iraq May 2014, found on the UNHCR Syria Regional Refugee Response Inter-agency Information Sharing Portal, <http://data.unhcr.org/syrianrefugees/country.php?id=103>

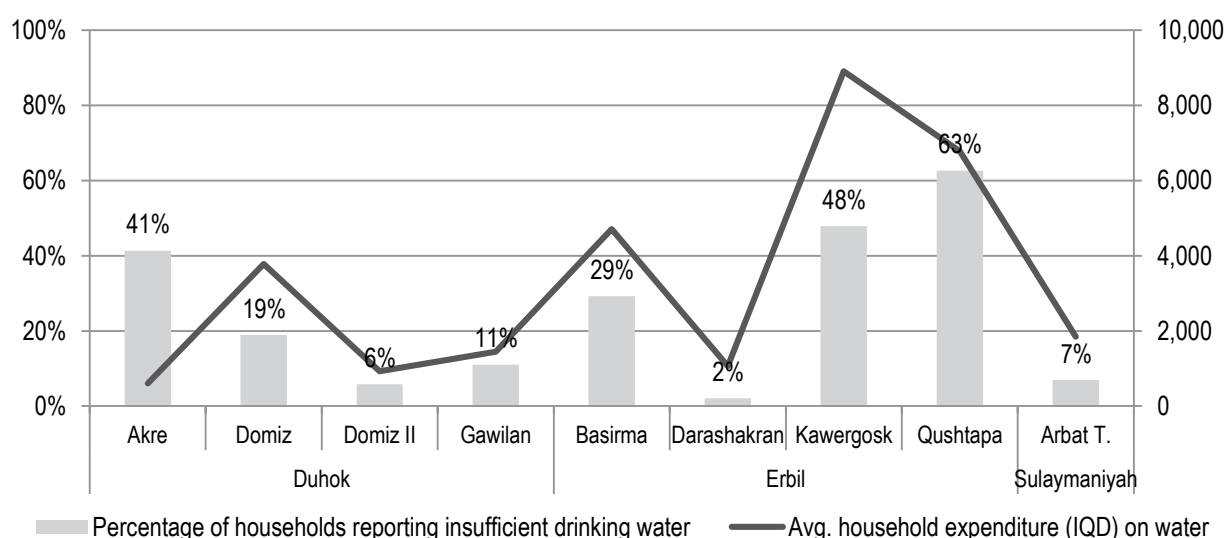
Figure 29 - Households reporting having sufficient water in 30 days preceding assessment



Expansions currently under construction in Kawergosk, Gawilan, Qushtapa and Domiz II, and the new camp at Arbat Transit all use the same site planning model as at Darashakran, which will facilitate, among other things, more efficient provision of water. In the meantime, basic services in Qushtapa and Kawergosk have seen less development than other camps, in anticipation of the majority of camp inhabitants moving to the newly constructed sections.

There was a strong correlation between the monthly amount spent on water per household, and whether or not a household considered their drinking water supply to be sufficient. With the exception of Akre, camps where more households reported not having sufficient drinking water also reported a higher average amount spent on water in the 30 days preceding the assessment (see Figure 30).

Figure 30 - Lack of drinking water and household water expenditure



A comparison of the responses from households comprising four members or less with those of five members or more showed no significant difference between camps, except for Basirma and Qushtapa. This suggests that in most camps, the question of whether or not a household had sufficient drinking water available was not dependent on household size. However, out of families of five individuals or more 18% fewer reported having sufficient drinking water in Basirma, and 26% fewer in Qushtapa compared with smaller families (four members or less). This suggests that the water provision infrastructure did not provide an equal amount of drinking water to each refugee, and that in addition to storage capacity, household size is another factor which directly influences refugees' access to sufficient drinking water.

CONCLUSION

One year since the influx of Syrian refugees of August 2013, the overall situation in refugee camps across the KRI appears to have stabilized. The number of camps has been reduced to seven, with construction of new sections with improved infrastructure on-going in several of the existing camps. Vital services have been established across camp sites. These developments however do not allow for disengagement. Events in Iraq over the past two months have taken over the headlines and have shifted, understandably, the attention of aid actors in the KRI away from Syrian refugees. Moreover, the influx of internally displaced Iraqi populations into KRI will inevitably increase the pressure on Syrian refugees living among the host community, raising housing rent prices and increasing competition for jobs. Local actors are warning this may cause the displacement of Syrian refugees staying in host communities towards camps, as they can no longer afford to live outside.

Through this MSNA, REACH identified refugee households with specific needs and vulnerabilities, notably in terms of food security and livelihood opportunities. 24% of the female household heads (1% of all households) reported they were widowed. 4% of households had an elderly (≥ 60) head of households. 99% of households in Akre reported not having a member with a residency card, 88% in Arbat Transit and 84% in Gawilan. 5% of households reported not being able to afford basic needs in the 30 days preceding the assessment. All of these groups reported a significantly lower average monthly income, resulting in a lesser ability to purchase of the crucial food types (vegetables, meat, eggs, milk products) needed to compliment WFP food distributions.

Among the assessed Syrian populations, school attendance rates for each age group varied significantly between refugee camps, and even more so between age groups. The highest attendance rate was found among 6-11 year olds in primary school (93% among boys and 97% among girls), followed by 12-14 year olds in secondary school (43% of boys and 46% of girls) and 4-5 year olds in kindergarten / pre-school (47% boys, 39% girls). The lowest rate of attendance found was among 15-17 year olds in high school, of whom only 18% of girls and 5% of boys attended. The main reasons cited for non-attendance were the lack of an available school in the camp, in particular for pre-school and high school (46%) and placement of the child in a level below its age group (35%). The former can be an attention point for program development, while the latter can be mitigated by enhancing refugees' understanding of the reasons for this lower placement, for instance through a mass information campaign.

In regards to health, 24% of Syrian refugee households staying in camps across the KRI reported that one or more members of the household suffered from an ailment in the two weeks preceding the assessment. The most common ailments were respiratory tract infection and diarrhoea, with significant variation between camps. In addition, one in every five refugee households across KRI had a member with a chronic illness. Approximately half of all assessed households reported having required health assistance at one point since arriving in the KRI, and 24% of these households reported having experienced some type of difficulty accessing care.

Most households showed an acceptable Food Consumption Score, averaging between 76 (Basirma) and 89 (Domiz) per camp, with just 3% of households who received the WFP food parcel below the acceptable threshold of 42. Households in Domiz and Domiz II, under the WFP food voucher scheme, had a higher intake of meat, eggs and milk products than their counterparts receiving the WFP food parcel, and no households in these two camps fell below the threshold of 42. It is clear that the food voucher system has had a resoundingly positive impact on the food security situation of refugees in the camps where it has been implemented, and one key recommendation of this report is that the system should be rolled out in other locations where suitable vendors can be identified. Overall, just 6% of households across KRI reported lacking food in the seven days prior to the survey, though 22% of households across KRI reported not having sufficient drinking water. 68% of households report selling all or some of the contents of the distributed food parcels. Rice (66% of the amount received is sold) is the most sold item, followed by pasta (56%), bulgur (56%) and lentils (52%).

From a livelihoods perspective, it is clear that Syrian refugee households in Gawilan and Basirma are worse off than those in the other camps. The average household income in the month preceding the assessment was 305,000 IQD in Gawilan and 360,000 IQD in Basirma, well below the KRI average monthly household income of 485,000 IQD. This was due to the limited availability of work, as working households in Gawilan and Basirma worked an average of 15 and 16 days respectively, compared to 22 days per month on average in all camps across KRI. This is evidently due to the distance from the nearest economic centre (Erbil) and, in the case of Gawilan, limited mobility due to a lack of residency permit.

Based on the assessment findings, the following priority actions have been identified in collaboration with sector leads, in line with the main objectives of the Syrian Regional Response Plan (RRP):

- Address the lack of purchasing power of the refugees to buy sufficient foods by implementing a food voucher system in camps across the KRI, where possible, to enable greater flexibility and independence in refugees' dietary choices. The main input to the lack of purchasing power will be through strengthened livelihoods activities.
- In locations where the voucher system cannot be implemented, evaluate the content of the food package and possibly adjust to better align with refugees' needs and preferences.
- Support appropriate solutions to improve households' food storage capacity, especially during summer.
- Address the limited access of refugees to the labour market or other means of livelihoods. Specific attention must be given to groups who are more vulnerable from a livelihood perspective, notably women and elderly, as well as refugees without residency privileges and refugees who have not completed any education, to remove specific cultural or institutional barriers to the labour market. This may take the form of vocational training programs, in particular in camps with high unemployment; stimulation of local economy by enabling refugees to open small businesses in the camps; or advocating for the KRG to issue residency permits to refugees.
- With a view to improving labour market access for refugees in Gawilan, in addition to the above, support infrastructure development or provision of a system of public transportation.
- Support pre-educational programming for young children under six years old.
- Raise awareness among refugees on the Department of Education's placement process and criteria, to ensure realistic expectations and to reduce or remove possible misconceptions and social stigma surrounding placement at a level below their age group.
- Address specific child protection issues which pose a barrier to access to education for Syrian refugee children, including child labour and early marriage.
- Assess the foundation of apparent trust issues regarding treatment or medicine provided in hospitals or public health clinics and raise awareness on the usage of particular types of medicine unfamiliar to Syrian refugees.
- Raise awareness on infant nutrition best practices and support targeted distribution of nutritional supplements to Pregnant and Lactating Women (PLW).

Livelihood opportunities are key to understanding differences in the situation in the different camps. Concomitantly to humanitarian assistance, aid actors should consider providing support for the development of economic activity in and around camps, and to improve access to existing economic centres. This is particularly vital for the remotest camps, Gawilan and Basirma. Removing physical, institutional and cultural barriers for refugee participation in the labour market or other economic activity, is an important step towards enabling Syrian refugees straying in- and outside camps to secure sufficient income and address their own needs. The introduction of a 'Resilience' component to be led by UNDP into 2015 planning and budgeting is expected to bring much needed attention and support to addressing the longer-term needs of Syrian refugee populations in the KRI.

ANNEXES

Annex I: Indicators List

		CROSS-CUTTING THEMES		
		Protection	Gender	Age
General	% of HH by head of household specifics (gender, age, marital status)	✓	✓	✓
	Average number of household members by age group and gender	✓	✓	✓
	% of HH by highest level of education in the HH	✓		
	% of HH with at least one immediate family member living outside the camp (inside KRI) - by reason why	✓		
	% of HH that are registered with UNHCR			
Food Security	% of HH where at least one member holds a residency card			
	% of HH that consumed food in the past 7 days - by type of food (WFP food groups)	✓		
	% of HH that consumed types of food - by main source of food	✓		
	Average food consumption score			
	% of HH with a "poor" and/or "borderline" food consumption score			
	Average cash expenditure on food consumed - by type of food	✓		
	Average amount of short-term debt accumulated to purchase food - by type of food			
	Average value of food consumed not purchased with cash - by type of food	✓		
	% of HH experiencing food shortage in the past 7 days	✓		
	% of HH that experienced food shortage - by type of coping strategy used	✓		
	Average reduced coping strategy index			
	% of HH receiving WFP food vouchers in the last 3 months (where applicable)	✓		
	% of HH using WFP food vouchers as intended	✓		
	% of HH receiving WFP food parcels in the last 3 months (where applicable)	✓		
	% of HH selling contents of WFP food parcels - by type and proportion of commodity sold	✓		
Water	% of HH receiving other food assistance since arriving in KRI, by provider	✓		
	% of HH that had enough drinking water to meet needs in the past 30 days	✓		
Fuel	% of HH that had enough water for purposes other than drinking in the past 30 days	✓		
	% of HH by main type of cooking fuel			
	% of HH that experience fuel shortage - by reason why	✓		
Livelihoods	% of HH that have received fuel distribution since arrival in KRI - by provider	✓		
	% of HH that have sold distributed fuel - by percentage sold			
	Average expenditure per household per month, by type of expense			
	% of HH that have not been able to fully afford basic needs in the past 30 days - by type of needs not afforded	✓		
	% of HH that could not meet basic needs in the past 30 days - by type of coping strategy used	✓		
	% of HH by top three priority non-cash needs, ranked	✓		
	% of HH earning an income in the past 30 days - by type of primary, secondary and tertiary source of income	✓	✓	
	Average household income in the past 30 days			
	% of HH earning an income in the past 30 days - by type of payment scheme			
	% of HH in which a member earned an income in the past 30 days - by number and gender of members	✓	✓	
	Average number of days worked in the past 30 days by working HH	✓	✓	
	% of HH that have received vocational training since arrival in KRI - by type, length and provider of training			
	% of HH that have received cash assistance since arrival in KRI - by provider and modality of assistance			
	% of HH that have not received any type of assistance since arrival in KRI	✓		
	% of HH that have borrowed money since arriving in KRI	✓		
Education	% of HH that have borrowed money in the last 30 day, by type of creditor	✓		
	Average debt held per household			
	% of school-age (3-17) children receiving education - by gender and school level	✓	✓	✓
Health	% of school-age children attending school - by type of curriculum offered at school and level		✓	✓
	% of school-age children not attending school - by reasons why not	✓	✓	
	% of HH with one or more members who suffered from health issues in the 2 weeks - by type of illness and number of cases	✓		
	% of HH with one or more members with a chronic illness - by type of chronic illness	✓		
	% of HH with member(s) with a chronic illness who take regular medication			
	% of HH with one or more members who have required medical care since arriving in KRI			
	% of HH who have experienced problems accessing medical care - by nature of problem	✓		
	% of children under age 3 who are or have been exclusively breastfed for at least 6 months	✓	✓	✓
	% of PLW getting access to supplementary nutrition products	✓	✓	✓

Annex II: Household-Level Questionnaire

0.1	GPS location	N	E	0.2	Governorate		0.3	Camp																												
0.4	Respondent gender	Male	Female	0.5	Date		[DD/MM/YY]																													
A GENERAL																																				
A.1	Did you register with UNHCR?	Yes, currently registered				Yes, but expired		No																												
A.2	Does any member of your household have a residency card (iqama)?	Yes				No																														
A.3	How many members of your HH are living outside the camp?																																			
A.3.1	Yes: What are the reasons they are living outside the camp?	School	Work	Health	Other:																															
A.4	How many members in each age group are in your household?	<table border="1"> <tr> <td></td> <td>0-3 y</td> <td>4-5 y</td> <td>6-11 y</td> <td>12-14 y</td> <td>15-17 y</td> <td>18-30 y</td> <td>31-59 y</td> <td>60 y and over</td> </tr> <tr> <td>Male</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Female</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									0-3 y	4-5 y	6-11 y	12-14 y	15-17 y	18-30 y	31-59 y	60 y and over	Male									Female								
	0-3 y	4-5 y	6-11 y	12-14 y	15-17 y	18-30 y	31-59 y	60 y and over																												
Male																																				
Female																																				
A.5	What is the gender of the head of household?	Male				Female																														
A.6	What is the age of the head of household?																																			
A.7	What is the marital status of the head of household?	Single		Married		Divorced/Separated		Widowed																												
A.8	What is the highest level of education in the household?	Primary School		Secondary School		High School		Institute																												
		University		No education		Other:																														
B ASSISTANCE																																				
B.1	Have you received any assistance in KRI?	Yes				No																														
B.1.1	Yes: What have you received?																																			
B.1.1.1	Yes: From whom?	Government	NGO / UN	Business	Private	Do not know	Other:																													
B.1.1.2	Yes: Was this a single payment or continuous assistance?	Single payment				Continuous assistance																														
B.1.2	Yes: Vocational training?	Yes				No																														
B.1.2.1	Yes: From whom?	Government	NGO / UN	Business	Private	Do not know	Other:																													
B.1.2.2	Yes: What was the duration of the most useful training?	One week or less				Four weeks or less		More than four weeks																												
B.1.2.3	Yes: What kind of training was this?																																			
B.1.2.4	Yes: Did this training help you improve your situation?	Yes				No																														
FOR DOMIZ & DOMIZ 2 ONLY																																				
B.1.3a	Yes: WFP Food Vouchers?	Yes				No																														
B.1.3a.1	Yes: In the most recent 3 months, did you receive the vouchers every month?	Yes				No																														
B.1.3a.1	Yes: Did you use the vouchers by going to a designated vendor and purchasing food items?	Yes				No																														
FOR ALL OTHER CAMPS ONLY																																				
B.1.3b	Yes: WFP Food Parcel?	Yes				No																														
B.1.3b.1	Yes: In the most recent 3 months, did you receive the parcel every month?	Yes				No																														
B.1.3b.2	Yes: What percentage of each of these commodities in the food parcel did you sell?	<table border="1"> <tr> <td></td> <td>Bulghur</td> <td>Pasta</td> <td>Lentils</td> <td>Rice</td> <td>Vegetable Oil</td> <td>Sugar</td> <td>Tomato Paste</td> </tr> <tr> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									Bulghur	Pasta	Lentils	Rice	Vegetable Oil	Sugar	Tomato Paste	%																		
	Bulghur	Pasta	Lentils	Rice	Vegetable Oil	Sugar	Tomato Paste																													
%																																				
ALL																																				
B.1.4	Yes: Did you receive any other food assistance?	Yes				No																														
B.1.4.1	Yes: From whom?	Government	NGO / UN	Business	Private	Do not know	Other:																													
B.1.5	Yes: Fuel (kerosene) distribution	Yes				No																														
B.1.5.1	Yes: From whom?	Government	NGO / UN	Business	Private	Do not know	Other:																													
B.1.5.2	Yes: If yes, what percentage of the distributed kerosene did you sell?	%																																		
C FOOD SECURITY																																				
C.1	Yesterday, how many meals were eaten by your family? (meals comparable to breakfast lunch, dinner)																																			
		A	B	C	D	E																														
		Over the last 7 days, how many days did you consume the following foods?	What was the main source of the food in the past 7 days? OPTIONS: Purchased with cash, Purchased on credit, Borrowed, In exchange for labour or other non-food items, Own production, Fishing / Hunting, Gathering, Begging, Gift from relatives or friends, Food assistance (WFP, NGOs, government)	Please estimate the amount of money you spent on the following food items bought with cash over the last 30 days.	Please estimate the amount of money you spent on the following food items bought with credit over the last 30 days.	Please estimate the cash value of the non-purchased (received as gift, food assistance, borrowed) food items consumed during the last 30 days																														
C.2.1	CEREALS (bread, pasta, wheat flour, rice, bulghur)																																			
C.2.2	PULSES, NUTS & SEEDS (beans, chickpeas, lentils, etc)																																			
C.2.3	WHITE TUBERS & ROOTS (potato, sweet potato)																																			
C.2.4	VEGETABLES (tomatoes), YELLOW TUBERS (carrots, pumpkins), LEAVES (lettuce, cabbage)																																			
C.2.5	FRUITS (apples, oranges, bananas, etc)																																			
C.2.6	MEAT (red meat and chicken - including the internal organs such as liver, kidney, etc)																																			
C.2.7	EGGS																																			
C.2.8	FISH & OTHER SEAFOOD																																			
C.2.9	MILK & DAIRY PRODUCTS (milk, cheese, etc)																																			
C.2.10	OIL & FATS																																			
C.2.11	SWEETS (Sugar, honey, jam, cakes, candy, etc)																																			
C.2.12	SPICES & CONDIMENTS																																			

MSNA of Syrian Refugees in Camps in the Kurdistan Region of Iraq, September 2014

C.3	During the last 7 days, did your HH lack food in any way?				Yes	No
C.4	Yes:	During the last 7 days, how many days did your household have to employ one of the following strategies to cope with a lack of food or money to buy it? Borrow food or relied on help from relative(s) or friend(s) <input type="text"/> Restrict consumption by adults in order for small children to eat <input type="text"/> Reduce number of meals eaten in a day <input type="text"/> Limit portion size at mealtime (different from above: ie less food per meal) <input type="text"/> Rely on less preferred and less expensive food (ie cheaper lower quality food) <input type="text"/> Other: <input type="text"/>				
-	In the past 30 days, did anyone in your household have to engage in any following behaviours due to a lack of food?					
C.5.1	Spent savings		Yes	No	No, I have exhausted this strategy already and cannot do it anymore	
C.5.2	Bought food on credit or borrowed money to purchase food		Yes	No	No, I have exhausted this strategy already and cannot do it anymore	
C.5.3	Reduced essential non food expenditures such as education/health		Yes	No	No, I have exhausted this strategy already and cannot do it anymore	
C.5.4	Sold household goods (jewelry, phone, furniture, electrodomeotics etc)		Yes	No	No, I have exhausted this strategy already and cannot do it anymore	
C.5.5	Sold productive assets or means of transport (sewing machine, wheel barrow, bicycle, car, motorbike)		Yes	No	No, I have exhausted this strategy already and cannot do it anymore	
C.5.6	Accepted high risk, illegal, socially degrading or exploitative temporary jobs		Yes	No	No, I have exhausted this strategy already and cannot do it anymore	
C.5.7	Sent adult household members to beg		Yes	No	No, I have exhausted this strategy already and cannot do it anymore	
C.5.8	Sent children household members to beg (under 18)		Yes	No	No, I have exhausted this strategy already and cannot do it anymore	
D	WASH					
D.1	In the past 30 day, did you have enough drinking water to meet your household needs?				Yes	No
D.2	In the past 30 day, did you have enough water for purposes other than drinking to meet your household needs?				Yes	No
E	FUEL					
E.1	What is your main source of fuel for cooking?	Gas mains	Gas individual	Electricity	Kerosene	Wood
			Coal	Oil	Other:	
E.2	In the last 30 days have you had enough of your main source of fuel to meet daily cooking needs?				Yes	No
E.2.1	No: If no, why did you not have access to enough fuel?	Lack of availability		Distance to market	Prioritising other immediate needs	
		Price increase		Other:		
F	LIVELIHOODS					
F.1	Did any male household member earn an income in the past 30 days?				Yes	No
F.1.1	Yes:	How many males in the household worked in the past 30 days?				
F.1.2	Yes:	What was the method(s) of payment?		Daily salaried	Monthly salaried	Own business
F.1.3	Yes:	How many days in total did they work?				
F.1.4	Yes:	What was the total income received by males in the household in the past 30 days?				IQD
F.2	Did any female household member earn an income in the past 30 days?				Yes	No
F.2.1	Yes:	How many females in the household worked in the past 30 days?				
F.2.2	Yes:	What was the method(s) of payment?		Daily salaried	Monthly salaried	Own business
F.2.3	Yes:	How many days in total did they work?				
F.2.4	Yes:	What was the total income received by females in the household in the past 30 days?				IQD
F.3	Please estimate the amount of money you spent on the following items over the last 30 days.					
	Water	IQD	Debt repayment	IQD	Clothing, shoes	IQD
	Communication (phone, internet)	IQD	Transport (including fuel)	IQD	Shelter repairation	IQD
	Tobacco	IQD	Social events	IQD	Hiring of labour	IQD
	Hygiene articles (soap, sanitary supplies)	IQD	Medical expenses	IQD	Any other expenditure	IQD
	Fuel for cooking / heating	IQD	School expenses	IQD	TOTAL	IQD
F.4	How much money did you put aside as savings in the last 30 days?				IQD	
F.5	What were the primary (1), secondary (2), tertiary (3) sources of income to cover HH expenditures in the past 30 days?				Own agricultural production (crop/livestock)	
	Unskilled non-agricultural wage labour	Gifts from family/relatives	Formal trade	Sale of household assets		
	Agricultural wage labour	Remittances	Informal loans (shops, friends)	Sale of food aid		
	Skilled wage labour	Begging	Informal trade	Sale of non-food assistance		
	Cash from humanitarian organisations	Savings	Formal loans	Other:		
G	COSTS OF LIVING					
G.1	During the last 30 days, has your household been able to afford basic needs?				Yes	No
G.1.1	No: If not, which essential needs could you not fully afford? (Select all applicable)	Food	Water	Rent	School costs	
		Medical / Medicine	Electricity	Hygiene products	Clothes	
		Gas	Transportation	Other:		
G.2	What are your household's top three non-cash priority needs?		Food	Water	Shelter improvement	
			Sanitation	Household Items	Rental support	
			Health Assistance	Winter Support	Education	
			Vocational training	Other:		
H	DEBTS					
H.1	Since the arrival of your household in KRI, did you borrow money?				Yes	No
H.1.1	Yes:	If yes, what is the current amount of the debt contracted since your arrival?				IQD
H.1.2	Yes:	From whom did you borrow? (primary source)		Bank/formal lending institution	Friend/Relative	Money lender
				Informal savings group	Other:	

I EDUCATION																							
I.1	How many children in your household are between the age of 3 - 17?																						
-	How many children in your household attend school?																						
								Male	Female														
I.2.1	Pre school? (ages 3-5)																						
I.2.2	Primary school? (ages 6-12)																						
I.2.3	Middle school? (ages 13-15)																						
I.2.4	Secondary school? (ages 16-17)																						
-	If any of the children in your household attend this type of school, which curriculum are/is the school(s) following? (Select all applicable)																						
I.3.1	Pre school? (ages 3-5)								Arabic	Kurdish	English	Don't know											
I.3.2	Primary school? (ages 6-12)								Arabic	Kurdish	English	Don't know											
I.3.3	Middle school? (ages 13-15)								Arabic	Kurdish	English	Don't know											
I.3.4	Secondary school? (ages 16-17)								Arabic	Kurdish	English	Don't know											
I.4	If any children aged 3-17 are <u>not</u> attending school, why is that? (Select all applicable)								Lack of funds for school equipment	Child has to work	Overcrowding												
									Lack of funds for tuition	Difference in curriculum	Language barrier												
									Distance	Safety issues	No school available												
									Placement below expected level	Other:													
J HEALTH																							
The enumerator is to make sure that, where possible, this section is posed to a female member of the household.																							
J.1	Since arriving in KRI, has any member of the household required health care?								Yes	No													
J.2	Yes:	Did any member of the household experience any problems in accessing the health care needed?								Yes	No												
		Which of the following problems did members of the household experience in accessing the health care needed?								Language problems													
J.2.1	Yes:	<table border="1"> <tr> <td>Public health clinic not open</td> <td>No treatment available for my disease/ problem at the hospital</td> </tr> <tr> <td>No treatment available for my disease/ problem at the public health clinic</td> <td>No medicine available at hospital</td> </tr> <tr> <td>No medicine available at public health clinic</td> <td>Insufficient funds to purchase medicine at pharmacy</td> </tr> <tr> <td>Public health clinic did not provide referral</td> <td>No medicine available at pharmacy</td> </tr> <tr> <td>No transport available for referral</td> <td>Other:</td> </tr> </table>								Public health clinic not open	No treatment available for my disease/ problem at the hospital	No treatment available for my disease/ problem at the public health clinic	No medicine available at hospital	No medicine available at public health clinic	Insufficient funds to purchase medicine at pharmacy	Public health clinic did not provide referral	No medicine available at pharmacy	No transport available for referral	Other:				
Public health clinic not open	No treatment available for my disease/ problem at the hospital																						
No treatment available for my disease/ problem at the public health clinic	No medicine available at hospital																						
No medicine available at public health clinic	Insufficient funds to purchase medicine at pharmacy																						
Public health clinic did not provide referral	No medicine available at pharmacy																						
No transport available for referral	Other:																						
J.3	In the most recent 2 weeks, have HH members suffered from any health issues?								Yes	No													
J.3.1	Yes:	<table border="1"> <tr> <td>How many members suffered from these issues?</td> <td>Psychological Trauma</td> <td>Minor physical injuries</td> </tr> <tr> <td></td> <td>Respiratory tract infections</td> <td>Malnutrition / Poor diet</td> </tr> <tr> <td></td> <td>Diarrhoea</td> <td>Serious physical injuries / Trauma</td> </tr> <tr> <td></td> <td></td> <td>Other health issue:</td> </tr> </table>								How many members suffered from these issues?	Psychological Trauma	Minor physical injuries		Respiratory tract infections	Malnutrition / Poor diet		Diarrhoea	Serious physical injuries / Trauma			Other health issue:		
How many members suffered from these issues?	Psychological Trauma	Minor physical injuries																					
	Respiratory tract infections	Malnutrition / Poor diet																					
	Diarrhoea	Serious physical injuries / Trauma																					
		Other health issue:																					
J.4	Does any member of your household suffer from a chronic illness?								Yes	No													
J.4.1	Yes:	How many members of your household suffer from a chronic illness?																					
J.4.2	Yes:	Please indicate which of the following chronic diseases they have suffered from:								Diabetes	Asthma	Heart disease (ischaemic heart disease, other cardiovascular diseases)											
										High blood pressure (Hypertension)	Other (chronic obstructive pulmonary disorder, liver disease/ hepatitis, Thyroid problems, cancer)												
J.4.3	Yes:	Do they take regular medication for all these chronic illnesses?								Yes	No												
J.5	Is there any pregnant or lactating woman in your household?								Yes	No													
J.5.1	Yes:	If yes, did she receive any nutritional supplements through an organised distribution?								Yes	No	Do not know											
J.5.1.1	Yes:	Which ones?								Iron (ferrous sulfate)	Food supplement	Vitamins	Other:										
ONLY IF CHILDREN 0-3 YEARS																							
J.6	Earlier in the questionnaire, you mentioned you had X children aged 3 or younger. For how many months has the child been exclusively breast fed?																						

Annex III: Excluded Variables Due to Suspected Data Entry Mistakes

Question Nr.	Question	Nr. of suspected mistakes	Follow-up questions excluded as a result
B.1	Have you received any assistance in KRI?	3	B.1.1 - B.1.5.2
B.1.3b	What have you received? – WFP Food Parcel?	1	B.1.3b.1 – B.1.3b.2
-	Entire questionnaire	1	0.1 – J.6