



# MULTI-SECTOR NEEDS ASSESSMENT

April 2015

# KIRKUK CITY / IRAQ



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### ACRONYMS

**FGD:** Focus Group Discussion  
**IDP:** Internally Displaced Person  
**NFI:** Non-Food Item  
**SGBV:** Sexual and Gender-Based Violence  
**WASH:** Water, Sanitation and Hygiene

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## EXECUTIVE SUMMARY

Kirkuk is a multi-ethnic city located in Kirkuk Governorate, in the Kurdistan Region of Iraq and at a crossroad between Turkmen towns, Arab farmlands and Kurdish highlands. Suffering from a lack of investment and economic opportunities, the governorate of Kirkuk has also been facing numerous sanitation and public health issues even before the crisis, ranging from lack of garbage collection services, limited connection to the water public network and poor quality of water.<sup>1</sup> Those issues depicted at the governorate level are indicative of the context in Kirkuk city, which has suffered from epidemics and diseases caused by poor sanitation and water quality in the past decade. Kirkuk City faced cholera outbreaks affecting the whole governorate and wider areas in 2007 and 2012.<sup>2,3,4</sup>

There are currently more than 221,000 IDPs in Kirkuk city and the immediate surrounding areas.<sup>5</sup> Displaced populations have been arriving in Kirkuk due to the on-going conflict since early 2014. Displacement to Kirkuk city grew and 55,000 IDPs fled to the city in December and 79,000 in January alone, further stretching the city's already depleted resources and increasing the potential for social unrest.<sup>6</sup>

<sup>1</sup> In Kirkuk governorate, 42% of the population indicated disposing of garbage in open spaces, only 70% reported being connected to the public network and around 50% ranked the availability of drinking water from bad to very bad (Governorate Profile Kirkuk, Joint Policy Unity – UNDP (2013))

<sup>2</sup> [Cholera in Iraq - update 3](#), World Health Organization (03/10/2007)

<sup>3</sup> [Cholera Outbreak Investigation, Kirkuk](#) (10/2012)

<sup>4</sup> [Cholera outbreak hits north Iraq, 8 October](#), World Health Organization (08/10/2012)

<sup>5</sup> [Displacement Tracking Matrix](#), International Organization Matrix

<sup>6</sup> Kirkuk City is home to Kurds, Turkmens, as well as Shia and Sunni Arabs.

The United Nations High Commissioner for Refugees (UNHCR) launched a call for action on 6 April 2015 (see Annex.) The call for action reports that “with 59,230 families Kirkuk Governorate remains the third largest IDP host in the country according to the March 2015 IOM DTM [International Organization for Migrations, Displacement Tracking Matrix] reports. MoDM [Iraqi Ministry of Migration and Displacement] and data indicate Kirkuk as the second largest IDP host with 74,000 families.”

The majority of those IDPs live in critical conditions, in public and religious structures, parks and garages.<sup>7</sup> In December 2014, Médecins Sans Frontières (MSF) outlined that those shelters are overcrowded and health issues are increasing. IDPs have reported ailments such as urinary and chest infections, skin diseases and anaemia. Limited access to food and water,<sup>8</sup> poor shelter conditions and a deficient sanitation system are contributing to spreading those diseases and infections.

Despite the magnitude of needs and continuous arrivals of IDPs to Kirkuk City, the humanitarian response there has been considerably smaller than in nearby Erbil, Suleymania and Dohuk; and the lack of humanitarian information remains one of the constraints to support the city. To this end CARE conducted a rapid needs assessment in Kirkuk City to identify priority needs and recommendation for implementation.

Key findings were triangulated with secondary data and analysed by sector-specific advisors. They are organised in the following categories:

<sup>7</sup> Displacement Tracking Matrix, [Shelter Arrangements](#) International Organization for Migrations (03/2015)

<sup>8</sup> [Iraq: Thousands of displaced in Kirkuk lacking essential aid](#) Médecins Sans Frontières (04/12/2014)

(1) Shelter / Non-Food Items, (2) Water, Sanitation, Hygiene and Health and (3) Food Security and Livelihoods.

## OVERVIEW

- The three main priorities as prioritised by IDPs are shelter, livelihoods and food security.
- IDPs in unfinished buildings reported the most severe cases of lack of services and are the most vulnerable affected population group. Those in smaller dwellings (below 5 families) are more often disconnected from the limited services available as they live in disparate locations with varying needs.
- The most vulnerable groups are those living in dire dwelling conditions, and particularly pregnant and/or lactating, single/widowed women and persons with disability.
- 68% of IDPs said the host community was willing to assist them with their needs for a limited time. The host community is bearing the weight of the impact and support for the IDP influx.
- Although WASH and Health have not been prioritised despite the fact that respondents have access to a small amount of water per day, those sectors should be prioritised in responses due to the relatively recent cholera outbreaks and high occurrence of water-borne diseases in Kirkuk City.
- The encroaching summer should also be taken into account in particular with regards to the poor conditions of sewage and garbage disposal in Kirkuk city – particularly for IDPs in unfinished buildings and settlements.

## SHELTER & NFIs

- IDPs and host families reported the support received so far as being insufficient at best. Nearly half of respondents reported they felt they were in life-threatening situations resulting from shelter conditions in their dwelling. 60% of the buildings

respondents live in are either unusable or in need of heavy repairs, often overcrowded, poorly insulated and unhygienic. Those issues pose health, protection and safety risks.

- The situation will likely worsen as 27% of IDPs reported the population in their building was increasing. 39% of IDPs pay a rent or compensation for those dwellings, and cannot afford renting a more adequate accommodation. Very few IDPs in unfinished buildings or settlements have adequate tenure rights.
- Many IDPs assessed the situation to be that “there is adequate accommodation available but they cannot afford it”. Cash for rent for prioritised vulnerable families would help alleviate the stretch on space in the most poorly developed buildings.
- Cash or voucher assistance is the preferred intervention, to proceed to shelter improvements and purchase of items such as bedding, clothing, ventilation systems and hygiene kits. Cash is also preferred because of the widely varying needs for shelter and NFI as different waves of IDPs have arrived and received differing levels of support. Availability of goods in the market is said to be good (but further assessment is needed) and there is a good level of skilled labour available

## WASH (& HEALTH)

- The public network infrastructure for water and sewage are overstretched by demand. Water taps are not always close to the unfinished buildings, and affected populations lack storage space to save it when available. Respondents also reported resorting to alternative sewage disposal methods such as septic tanks, makeshift latrines or even simple pits. IDPs and host families are exposed to a range of issues resulting from the lack of latrines and garbage collection services, posing health hazards.

- Respondents reported numerous health issues at above normal rate and mostly related to shelter conditions, such as respiratory and water-borne diseases. 36% of respondents further reported they perceived there to be life-threatening situations in their dwellings due to poor water quality, limited access to health services and lack of health support. Psychological trauma resulting from the crisis and its consequences were also reported by respondents across categories.
- Increased capacity to the pumping station, water treatment plant and public networks are recommended and should be in line with local authority plans.
- Also prioritised is the construction of latrines and washing facilities in unfinished buildings, setting up a garbage management system, purchase storage space and water treatment products. Hygiene kits distribution is also needed, especially for women and children.

#### FOOD SECURITY & LIVELIHOODS

- 80% of respondents are facing food insecurity, with more than a third of IDPs living in large unfinished buildings or settlements reporting they felt they faced life-threatening situations in their dwelling. Women resort to coping mechanisms harmful to their health, such as restriction of food consumption, whilst men tend to resort to external solutions such as borrowing or purchasing food on credit, further increasing the financial pressure on their household.
- Only 11% of IDPs reported that displaced persons in their building had managed to find employment, for an average of 272,795 dinars per month (\$234.)

### KEY FINDINGS

#### ◆ SHELTER

*99% of respondents reported that shelter support had been insufficient (70%) or non-existent (29%). IDPs perceive there to be enough adequate shelter but they cannot afford it. Also, the unfinished buildings are substandard (60%). For this reason, cash for rent is recommended. Cash or voucher assistance for shelter improvement is also recommended to make use of the skilled labour force in the IDPs and support livelihoods (second priority.)*

#### ◆ WaSH

*There is a history of cholera epidemics in Kirkuk. The city's infrastructure in terms of garbage collection and public water network has potential for increased capacity and improved water treatment through relatively practical and quick solutions (detailed in WaSH sections). IDPs are resorting to potentially hazardous sewage disposal where more comprehensive or site-specific solutions are needed. Furthermore women are suffering from lack of separated latrines and bathing areas in the unfinished buildings and settlements. Respiratory infections, skin diseases, psychological trauma and diarrhoea were reported consistently to be above "normal rates", especially according to the IDPs in damaged/unfinished buildings or settlements.*

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## ASSESSMENT OBJECTIVES

- (1) Show priority interventions and sectors of intervention per affected group and gender by interviewing all affected groups and genders (except IDPs in camps).
- (2) Provide an understanding of underlying factors, to better inform and guide the humanitarian response there.
- (3) Analyse the severity of needs by providing indicators on (a) quantity and type of aid received, (b) proportion of people in need and/or life-threatening situation, (c) sector-specific issues.
- (4) Provide an analysis of needs through gender-specific interviews.
- (5) Focus on shelter and WaSH using NFI, food and health as proxies and to gain a more comprehensive understanding of needs.



## INTRODUCTION

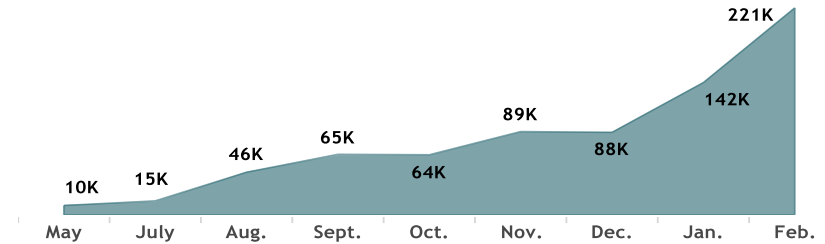
Kirkuk city, located in central Iraq, between Baghdad and Erbil and surrounded by oil fields that form a substantial part of Iraq's total oil production, has long been an area with an ethnically diverse population composed of predominantly Kurds, Turkmen, and Arabs.

Kirkuk City saw massive demographic changes throughout the 20<sup>th</sup> century and since the beginning of the 21<sup>st</sup> century. Between 1991 and 2003, around 500,000 Assyrian and Kurdish populations were relocated from Kurdish areas including Kirkuk City. After the beginning of the Iraq War in 2003, thousands of those internally displaced persons returned to their homes and have repopulated the city.

Since January 2014, Kirkuk and its surroundings witnessed a growing threat to its security that further exacerbated sectarian tensions within the city.<sup>9</sup> In the same period the city has had to absorb huge and growing waves of displacement. While the overall security situation in the city has improved since September 2014, humanitarian needs keep increasing and local authorities have been requesting emergency assistance. There are currently more than 221,000 IDPs in Kirkuk city and the immediate surrounding areas.<sup>10</sup> 55,000 IDPs fled from conflict affected governorates (Figure 1) to the city in December and 79,000 in January alone, further stretching the city's already depleted resources and increasing the potential for social unrest.<sup>11</sup>

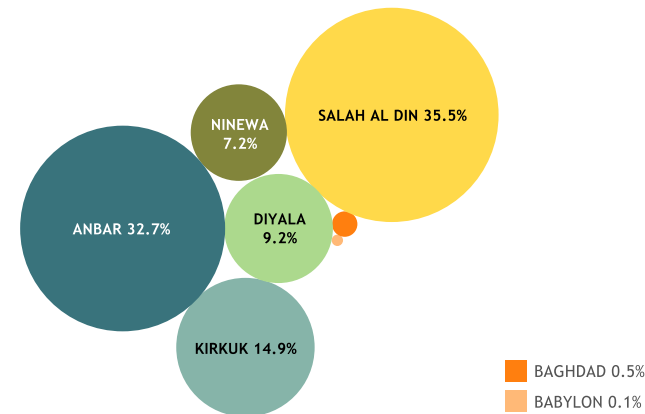
<sup>9</sup> [Iraqi Kurds 'fully control Kirkuk' as army flees](#), BBC (12/06/2014)  
<sup>10</sup> [Displacement Tracking Matrix](#), International Organization Matrix  
<sup>11</sup> Kirkuk City is home to Kurds, Turkmen, as well as Shia and Sunni Arabs.

The displaced population has grown as follows in Kirkuk City:<sup>12</sup>



To provide further information on humanitarian needs in Kirkuk City, CARE conducted a rapid needs assessment with IDPs and host families to identify priority needs and recommendation for implementation.

Figure 1: Areas of Origin of IDPs in Kirkuk District (2014)<sup>12</sup>



<sup>12</sup> Data Source: [Displacement Tracking Matrix](#), International Organization Matrix



## METHODOLOGY

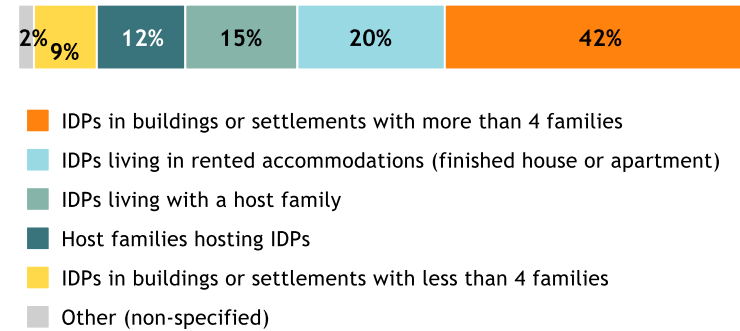
*HH survey across the city with different affected groups, including male and female respondents.*

In January 2015, CARE carried out a rapid assessment in Kirkuk City to capture priorities of affected populations as well as the main issues they encounter. During this assessment, CARE conducted a mapping exercise through qualitative interviews including visit of IDPs in their shelters and identified 17 quasi-homogenous geographic sectors. Those sectors cover both the ethnic diversity and the multiple areas of origins of IDPs who have relocated there.

A team of CARE advisors then trained a group of female and male enumerators as well as a roaming supervisor. Enumerators were trained on filling in collected information on the [KoBo platform](#). CARE sampled the population to ensure it was representative of the demographic and social stratification in Kirkuk City, before distributing the 17 geographic sectors amongst the enumerators.

These enumerators conducted 241 interviews of IDPs and host families in Kirkuk City with 124 women (interviewed by women) and 117 men (interviewed by men). Respondents were selected based on purposive sampling and replied to the questions they were asked on behalf of the people of the same gender living in the dwelling they reside in.

**Figure 2: Respondents Breakdown (%)**

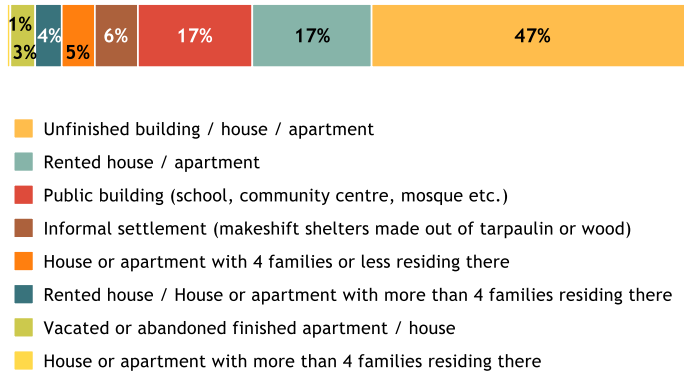


**Figure 3: Respondents Breakdown per Gender (%)**



Secondary data review was undertaken for each sector to triangulate, validate and further inform field data. A Gender in Emergencies advisor also carried out a follow-up focus group discussion (FGD) with eight women from Kirkuk City. This FGD provided clarification and further information regarding gender-disaggregated findings.

Figure 4: Respondents' Accommodation Types (%)



All mentions of life-threatening situations are in reference to the IDPs' only perceptions and not in reference to medical or any other kind of evaluation. It is very difficult to assert what a life-threatening situation is, however it serves as a proxy for IDPs' concern relative to their affected population group and sector.

Food security was studied to understand level of livelihoods income and the varying impact of coping strategies on women compared to men.

Health was studied as a proxy for underline WaSH and Shelter problems. The findings are only the IDPs and host communities' perception, not resulting from medical or any other kind of evaluation.

All recommendations are purely to aid relevant decision-makers to take their own course of action.

## AFFECTED POPULATION GROUPS BY THEIR DWELLING

For clarity purposes, population groups have been renamed throughout the report and are slightly different from the graphs to the narrative:

IDPs in buildings or settlements with more than four families.  
→ **IDPs in large unfinished buildings or settlements.**

IDPs in buildings or settlements with less than four families.  
→ **IDPs in small unfinished buildings or settlements.**

IDPs in building or settlements with more than four families and less than four families.  
→ **IDPs in damaged/unfinished buildings or settlements.**

*Within the affected population, sometimes there is confusion over whether the building is privately or publicly owned. Within these categories lay some public buildings.*

## GENDER BRIEF

In Iraq, women, men, boys and girls have distinct gender roles and responsibilities. Understanding these gender norms is crucial to understand the impact of displacement in Kirkuk and how best to provide assistance. In pre-crisis Kirkuk only 12.6% of women worked, which was below the national average<sup>13</sup>, whilst more than 40% of Iraqi men reported that they do no household chores at all<sup>14</sup>. In Iraq, women's main role is to look after their families and home and men are primarily responsible for providing for and protecting their families<sup>15</sup>. The recent displacement has made both roles more difficult for IDPs.

**DECISION MAKING WITHIN FAMILIES** – Understanding intra-household decision-making and control over resources is especially important for effective cash programming in Kirkuk. Overall decision-making usually lies with the male head of household or a male relative for female-headed households. Men in Kirkuk tended to emphasize this role. The male head of household usually manages all finances of the household: every income earned by family members is usually given to him, who then controls the budget deciding when to make purchases. Displaced women in Kirkuk reported making many decisions related to the home, food, children, and local trips to visit neighbours or relatives. For most Iraqi women, decisions about accessing medical services or taking longer journeys usually require a man's permission. Widows reported more decision-making power than other women. In focus group discussions in March 2015, women also reported selling their

'traditional insurance' of gold jewellery, which they received when they married, and indicated having done so to pay for rent, medical fees, and even food.

**ACCESS** – The assessment found a “*Gender Role Swaps*” in Kirkuk where some men were less able to leave the home due to security concerns resulting in more women and boys going out. This has happened during previous times of insecurity in Iraq<sup>16</sup>. Assistance was thus requested for the family unit rather than targeting women or men as specific recipients for general aid.

**PROTECTION** – Women and men reported high levels of psychological trauma related to the conflict and to displacement. In addition, qualitative research highlighted child labour, physical violence against children and intimate partner violence. Social norms appear to prevent women from living without men, leaving female-headed households particularly at risk of violence.<sup>17</sup> An estimated 9% of the country's women are widows<sup>18</sup> and older women have specific vulnerabilities especially if they are also female-headed households<sup>19</sup>. Furthermore, polygamous households are quite common (12%); and are more common amongst older age groups and those from rural areas<sup>19</sup>.

<sup>13</sup> Governorate Profile Kirkuk, Joint Policy Unity – UNDP (2013)

<sup>14</sup> *Iraq-Woman Integrated Social and Health Survey* (I-WISH), Ministry of Planning Iraq (2012)

<sup>15</sup> *GBV in Iraq: the effects of violence – real and perceived- on the lives of women, girls, men and boys in Iraq*, Siobhan Foran (2008)

<sup>16</sup> *Family Health Survey 2006/2007*, Republic of Iraq (2008)

<sup>17</sup> *Gender Assessment*, USAID Iraq (2010)

<sup>18</sup> *Iraq in Women's Rights in MENA: Progress Amid Resistance*, Huda Ahmed (2010), ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)

<sup>19</sup> [Iraqi widow numbers have grown but aid lags](#), New York Times (24/11/2011), from Ministry of Planning Iraq (2011)

## I. CROSS-SECTOR PRIORITIES

*The first priority for women is shelter, as dwelling conditions have led to life-threatening situations. For men, it is livelihoods.*

Male respondents outlined livelihoods/income as the main priority for men in their building. Their second and third priorities are shelter/housing and food security (Figure 5.)

IDPs in large unfinished buildings or settlements clearly prioritised shelter/housing over food security: 48% of them live in unfinished and public buildings offering poor protection against summer conditions.

Conversely, female respondents (Figure 6) outlined shelter/housing as a priority for women in their building. In the follow-up focus group discussion, women interviewees mentioned that “[they] can stand to be without food, to be without water even, but [they] cannot stand to be without a home.”

Those different prioritisations underline traditional roles, with men being the “provider” for the household and women’s focus being towards the home. Also, protection/safety/security is the least highly ranked by male respondents when it is a key priority for female respondents, especially when they are hosted IDPs or host families, as they likely experience tensions and risks associated with sharing a living space. Women and girls were also more disposed to be aware of protection issues in the home such as child labour, physical violence against children and intimate partner violence.

Figure 5: Priorities for Male Respondents (Heat Map<sup>22</sup>)

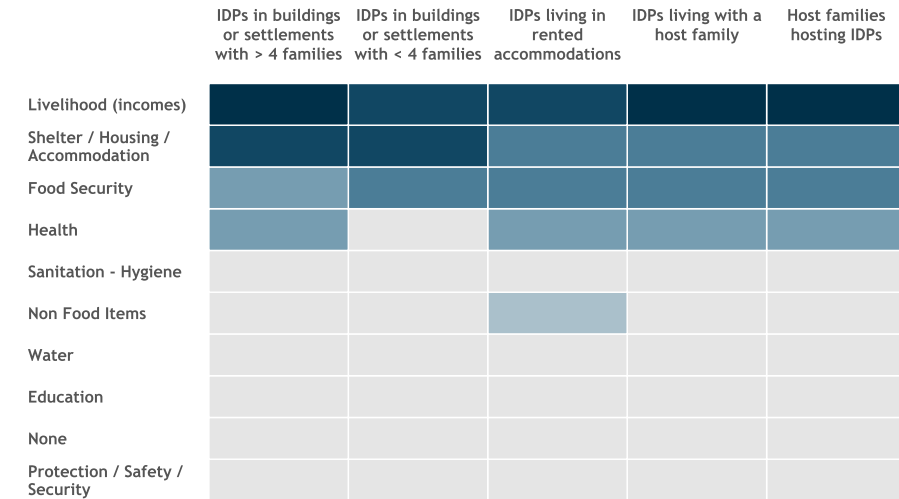
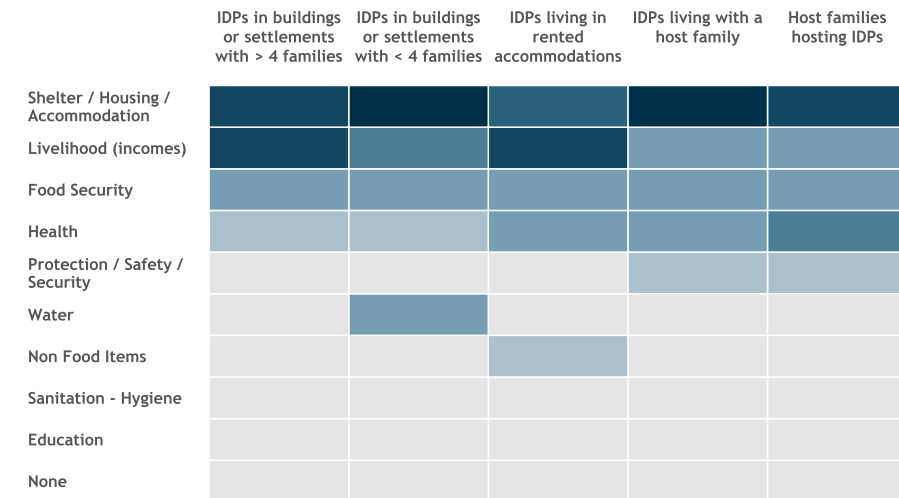


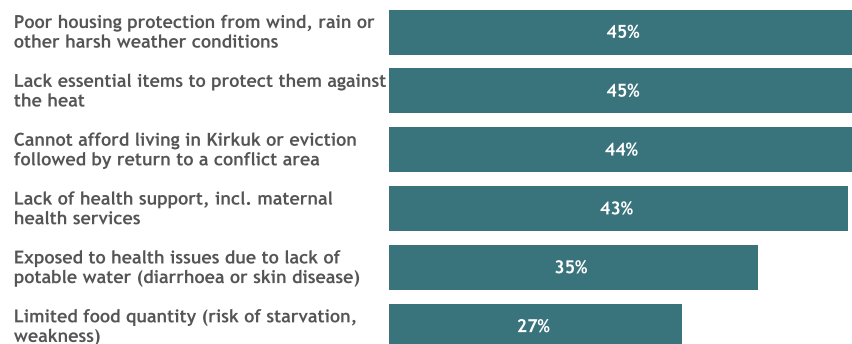
Figure 6: Priorities for Female Respondents (Heat Map<sup>22</sup>)



Respondents were asked if persons in their building were in a life-threatening situation due to sector-specific issues. Shelter is further emphasised as a crucial issue, as nearly half of the respondents reported people being in a critical situation due to the inadequacy of their dwelling (Figure 7) either due to lack of shelter improvements to protect against the elements or due to a lack of tenure rights.

Approximately a third of respondents believe their lives are at risk due to unsafe water and lack of health services.

**Figure 7: Life-Threatening Cases<sup>20</sup>**



<sup>20</sup> % of surveyed respondents per affected group who replied that persons in their building were in a life-threatening situation as a result of this scenario.

## II. PRIORITY & VULNERABLE GROUPS

### SNAPSHOT

- IDPs living in dire dwelling conditions are in most urgent need of assistance.
- Pregnant and lactating women, single/widowed women as well as persons with disability are the most vulnerable IDP populations.
- Children and elderly are the most at risk age groups amongst IDPs.

## 1. GROUPS MOST IN NEED

*Displaced people living in unfit shelters are most in need*

Both male and female respondents across affected group categories (Figure 8) singled out displaced people living in damage/unfinished accommodations and displaced people living in public buildings as the priority groups. This is in line with further findings that this group is the group that feels most at risk, that the vast majority of this group does not know how long they can stay in shelter and that 80% of these buildings are heavily damaged or unusable with the concomitant finding that shelter is a top priority. Those groups' vulnerability is probably increased by their dwelling conditions.

## 2. VULNERABLE GROUPS

*Most vulnerable groups are pregnant or lactating women and disabled persons*

Respondents outlined persons with disability, pregnant and lactating women as well as single/widowed women, as the three most vulnerable groups (Figure 9.) Chronically ill persons were also ranked amongst vulnerable groups. Medicine shortages and limited health facilities functionality is a major problem in Kirkuk City.<sup>27</sup>

Female respondents emphasised pregnant and lactating women amongst the three most vulnerable groups (Figure 10) as they are at risk of limited access to pre- and post-natal care and particularly suffer from food insecurity. Men respondents outlined single/widowed

women, as this group is traditionally thought of as being "at risk."<sup>21</sup> Female respondents did not generally agree with this ranking. Female-headed households likely have less financial resources than other IDP families and are at greater protection risks due to the absence of a male figure. Men, based on their traditional role in the household configuration, tend to perceive this group as problematic.

Figure 8: Priority Groups (Heat Map<sup>22</sup>)

	IDPs in buildings or settlements with > 4 families	IDPs in buildings or settlements with < 4 families	IDPs living in rented accommodations	IDPs living with a host family	Host families hosting IDPs
Displaced people living in damage / unfinished apartments / buildings	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Displaced people in collective shelters (schools, public buildings, etc.)	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Displaced people in "camps" that are "self-settled"	Medium Blue	Medium Blue	Medium Blue	Medium Blue	Medium Blue
Displaced people in rented accommodations	Medium Blue	Medium Blue	Dark Blue	Light Blue	Light Blue
Displaced people living in host families (no rent fees)	Light Blue	Light Blue	Light Blue	Medium Blue	Light Blue
Displaced people living in organised, structured camps	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Resident populations hosting displaced persons	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Resident populations who have not been displaced	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue

<sup>21</sup> Huda Ahmed (2010) *Iraq in Women's Rights in the Middle East and North Africa: Progress Amid Resistance*, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House; Lanham, MD: Rowman & Littlefield, 2010)

<sup>22</sup> The Borda count is a method used to visualise the priority ranking by respondents. It determines the most "preferred" priority amongst the listed options by giving each response between 0 and 3 points, corresponding to the position in which each respondent ranks it.

Figure 9: Most Vulnerable Groups (Heat Map<sup>22</sup>)

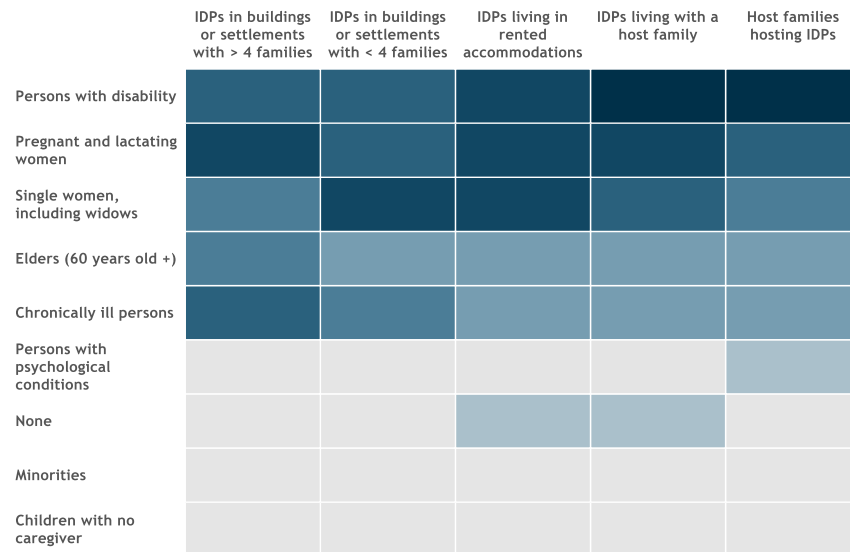
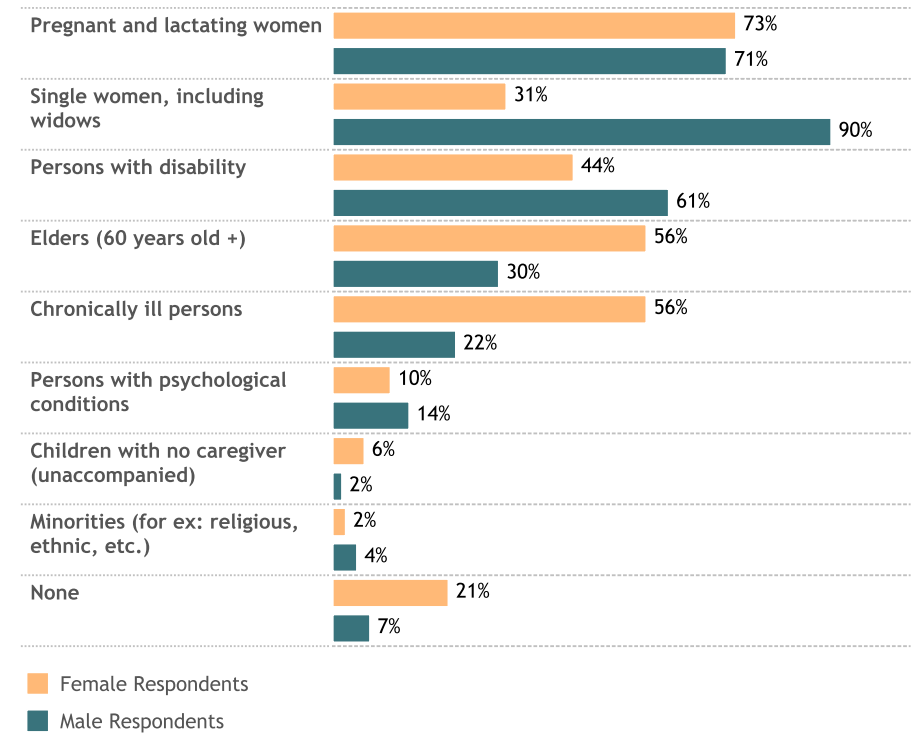


Figure 10: Most Vulnerable Groups (Gender Breakdown %<sup>23</sup>)



<sup>23</sup> The ratio for this chart is: how many times a group is listed as one of the top three most vulnerable groups by female and male respondents / total number of female and male respondents

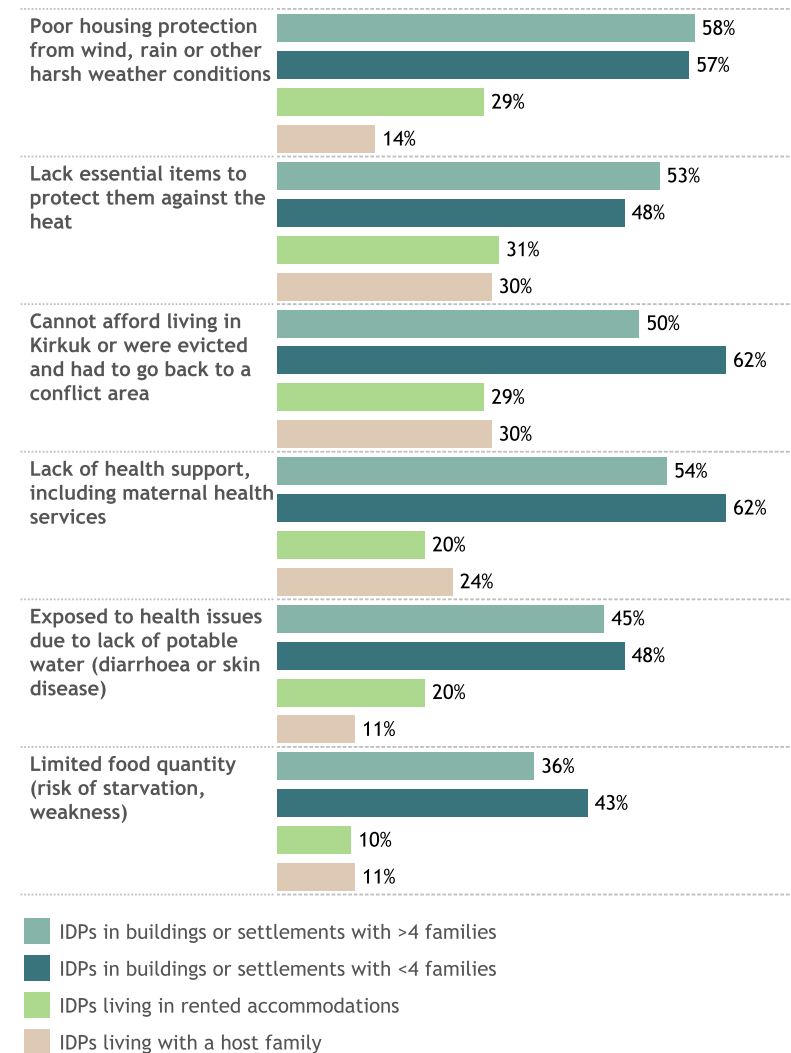
### 3. PERCEPTION OF LIFE-THREATENING CASES

*IDPs in damaged/unfinished buildings or settlements feel most at risk*

IDPs were asked whether people in their building were in a life-threatening situation due to restricted access to and availability of basic services and commodities. From each group’s answers, there is a clear trend indicating that IDPs in damaged/unfinished buildings or settlements are facing the greatest challenges (Figure 11.) This group most likely had to relocate to inadequate shelters, which quickly became overcrowded, due to the constant influx of IDPs towards Kirkuk City since June 2014.<sup>24</sup>

For each presented scenario, usually more than 40% of IDPs in large unfinished buildings or settlements mentioned there were persons in their dwelling whose lives were at risk.

Figure 11: Life-Threatening Cases



<sup>24</sup> [Displacement Tracking Matrix](#), International Organisation for Migrations



### III. SHELTER & NFIs



*“We can stand to be without food, to be without water even, but we cannot stand be without a home.”*

Focus Group Discussion with women from Kirkuk City,  
March 2015

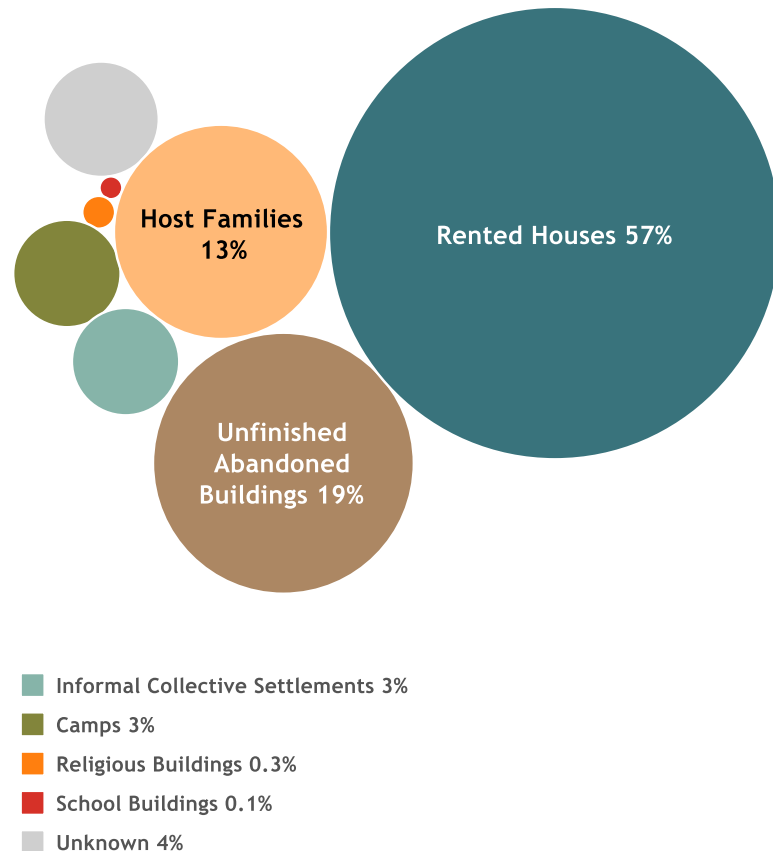
### A) SHELTER

#### SNAPSHOT

- **99%** of respondents reported that **shelter support had been insufficient (70%) or non-existent (29%)**.
- Shelter is the **priority sector** across all affected groups for women. It is second priority, after livelihoods, for men.
- **18% of IDPs** may leave their dwelling situation in the next 15 days, showing the **transitional nature of their stay**.
- **39% of IDPs** pay a **rent or compensation** for their housing, many of whom are concerned that their scarce and finite resources will soon run out.
- **68% of respondents** said the host community was willing to **assist for a limited time**.
- 70% of IDPs reported there were other more appropriate accommodations available, but they could not afford them. Nearly **60% of the buildings** in which respondents are living are **unusable or in need of heavy repairs**.
- 59% of IDPs in damaged/unfinished buildings, 29% of IDPs renting an accommodation and 22% of hosted IDPs reported perceiving people in a **life-threatening situation in their building due to Shelter issues**.
- **Cash or voucher assistance and shelter improvements including summerisation** should be implemented concomitantly.

## 1. OVERVIEW

Figure 12: Breakdown of IDPs (%) per Type of Shelter in Kirkuk District (2014)<sup>26</sup>



## 2. ISSUES

*Overcrowding, poor protection against weather, and tenure rights are the main reported issues.*

IDPs in unfinished buildings and settlements of all sizes are the most affected by shelter conditions, although those in rented accommodation may also start to face the same issues if their savings run out and they can no longer afford rent.

Women prioritised protection from elements, the unhygienic conditions in shelter, and problems with the landlord more than men.

In terms of affected groups, IDPs in small unfinished buildings and settlements perceived themselves to be at risk (Figure 11) due to lack of protection from elements or possible eviction. IDPs in large unfinished buildings came a close second. Those in small unfinished buildings were also more likely to report receiving insufficient or no shelter support, probably as those in smaller dwellings are harder for humanitarian agencies to find.

Male and female respondents gave considerably different answers. Women stressed the poor conditions of their housing as well as issues encountered with their landlord, whilst men outlined overcrowding and lack of electricity/lighting (Figure 14.)

Figure 13: Shelter Issues (Heat Map<sup>22</sup>)

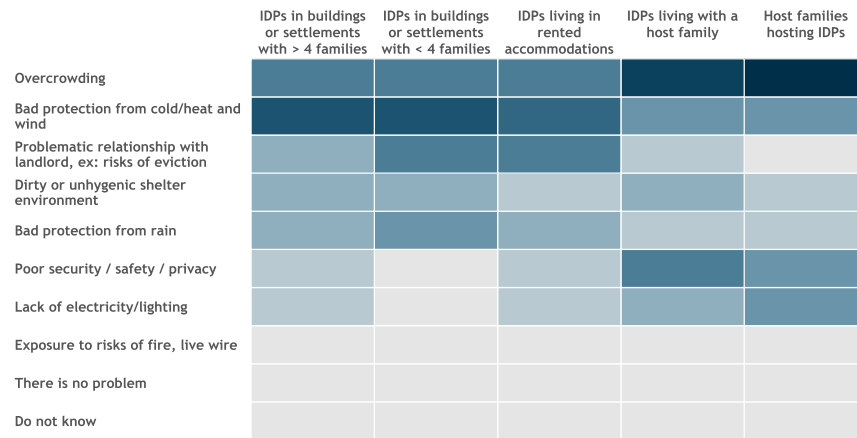
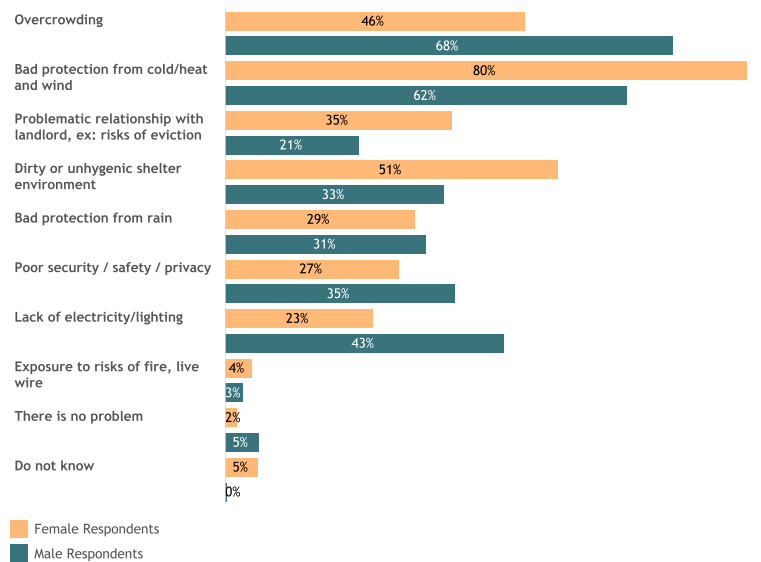


Figure 14: Shelter Issues (Gender Breakdown %)<sup>28</sup>



## (1) OVERCROWDING

*70% of respondents reported families sharing rooms in their dwelling.*

*Women and children may be worst affected. Incidents of families splitting up due to overcrowding resulting in protection concerns for children were reported.*

*27% of dwellings experienced a further influx of IDPs in the last 30 days.*

Overcrowding was reported as one of the main issues across affected groups, and 70% of respondents reported that families shared a room in their building. This is especially a problem for IDPs living with a host family and host families (Figure 13) who also reported a lack of security/safety/privacy outlining possible tensions between each other.

90% of respondents said there were no separate rooms for female and male inhabitants in their housing. In the follow-up interviews, women mentioned that families often share a room with a variety of others, including polygamous<sup>25</sup> families, extended family, neighbours, and strangers.

As SGBV aggressors tend to be relatives or friends, overcrowding and lack of private space increase protection concerns for these women and girls. This situation may also increase stress on women and girls, since they lack space to bathe, change clothes and remove their veil.

<sup>25</sup> Over 10% of households in Iraq are polygamous, and those located in Kirkuk City are likely to be sharing one space between wives and children. This would be a significant source of tension, exacerbated by family aid being registered only for one family, e.g. polygamous families are not taken into account ([Iraqi widow numbers have grown but aid lags](#), New York Times (24/11/2011), from Ministry of Planning Iraq, 2011)

Female interviewees mentioned cases of children who have been separated from their parents due to overcrowding. Those children are at risk of financial exploitation, child labour, limited access to food and NFIs, as well as physical abuses.

27% of IDPs reported that displaced persons were still arriving in their building in the past 30 days (Figure 15); large unfinished buildings and settlements reported the most increases in populations within the dwelling. These large dwellings are most likely worst affected by IDP population increases due to them being easiest to find and a first stopping ground for new IDPs that are less likely to have connections and family inside the city. However, when compared to the vast increases in population 27% increase is still a small increase further confirming the finding that most IDPs feel that there are suitable accommodations available in Kirkuk but they cannot afford them (Figure 16.)

Figure 15: IDP Population Status in the Past 30 Days within assessed dwellings

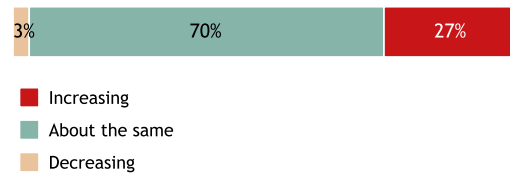


Figure 16: Shelter Situation (All Respondents)

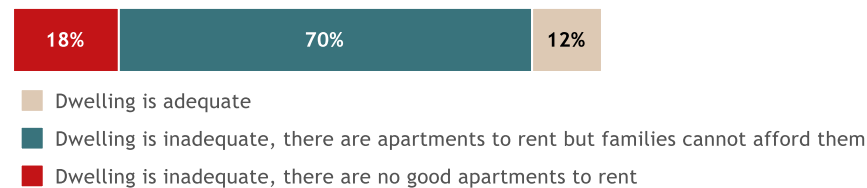
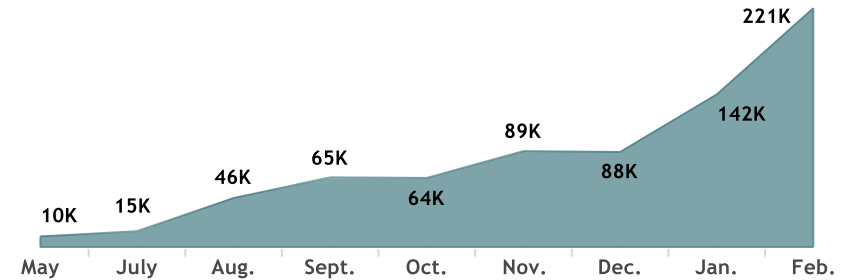


Figure 17: IDP Population Increase in Kirkuk City from May 2014 to February 2015<sup>26</sup>



## (2) PROTECTION FROM ELEMENTS

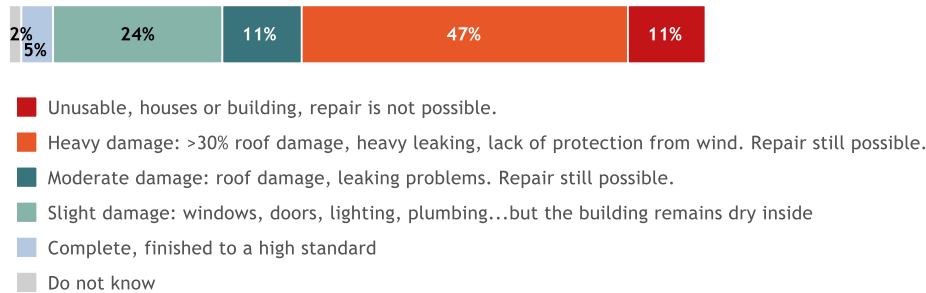
*A majority of IDPs' buildings are not currently liveable. The coming summer is creating concerns as IDPs are not used to living through the summer months in skeleton buildings without adequate cooling measures.*

Nearly 58% of respondents reported their buildings or houses were either unusable or in need of heavy repairs that they cannot financially cover (Figure 18.)

IDPs living in large buildings and settlements are the most affected by shelter conditions: 88% of them replied their housing was unusable or needing heavy repairs to be liveable.

<sup>26</sup> Data Source: [Displacement Tracking Matrix](#), International Organization Matrix

**Figure 18: Building Condition (All Respondents)**



90% of IDPs additionally reported issues related to weather conditions such as poor protection from the wind, rain and hot conditions. Summer temperatures can reach 43°C in Kirkuk city.

In further interviews IDPs consistently mentioned summer as a concern for them. In their pre-displacement homes most were used to living with air conditioning, air coolers or fans which are not and cannot be installed in the skeleton buildings most are living in now.

The fact that they are not used to living in the summer without air-conditioning creates a higher risk for these IDPs than in other contexts. This is further reflected in the finding that 43% of IDPs feel they are in a life-threatening risk due to lack of non-food items that can protect them from rain and heat.

Concomitant risks of summer are further studied in the WaSH section.

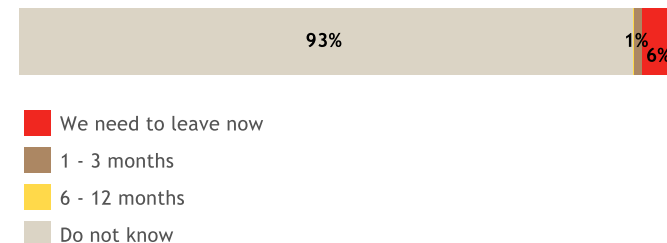
### (3) TENURE RIGHTS AND RENT ISSUES

*Most IDPs in unfinished buildings and settlements do not know how long they can stay according to their tenure rights. However, there is also a natural inclination to move, always looking for better accommodation and services.*

**24% of IDPs in unfinished buildings pay rent, but have finite resources.**

A great majority of respondents reported they did not know how much time they will stay in their dwelling (Figure 19), showing that they have limited tenure rights and may be evicted without forewarning. Many interviewed IDPs had not met their landlord and did not know of any arrangement made with him to stay in the property.

**Figure 19: Estimated length of tenure rights of IDP respondents in unfinished buildings and settlements**



Around 50% of IDPs renting an accommodation, 30% of IDPs living in damaged/unfinished buildings and settlements, 14% of hosted IDPs and 10% of host families reported facing issues with their landlord that put them at risk of eviction. They could face difficulties paying their

rent, compounded by reduced employment opportunities in Kirkuk City.<sup>27</sup>

Nearly a fifth of all IDP respondents said they will move in the next 15 days. This is not solely due to tenure rights, but highlights the transient nature of their stay. Most will move to other better or cheaper accommodation that they find usually preferring “an area in Kirkuk with better services” or a “finished accommodation”. Those in unfinished buildings were most likely to only be staying temporarily.

39% of IDPs reported paying a rent or compensation. 20% of IDPs located in large unfinished buildings and settlements reported doing so, meaning that they will at some point run out of resources to pay and stay in their dwellings if they do not find a form of employment soon.

### 3. PRIORITIES

*Cash or voucher assistance and shelter improvement are the main priorities identified by respondents.*

Across all affected groups and genders, the top three priorities are cash assistance or vouchers, housing rehabilitation and protection against the elements). Respondents did not emphasise the need for temporary shelters/tents (Figures 21 and 22.)

<sup>27</sup> [Kirkuk City - Iraq - Internal Displacement](#), REACH (23/09/2014)

**Figure 20: Median Rent per Type of Respondents**

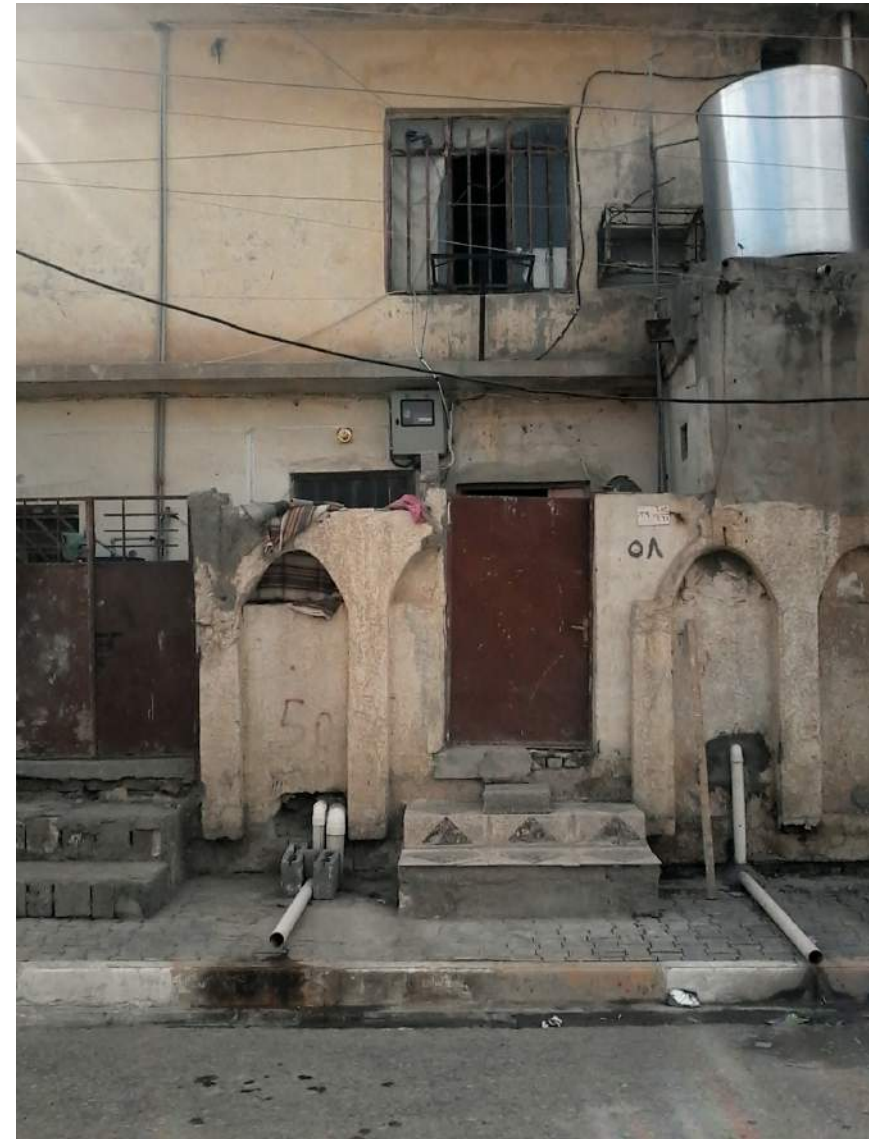
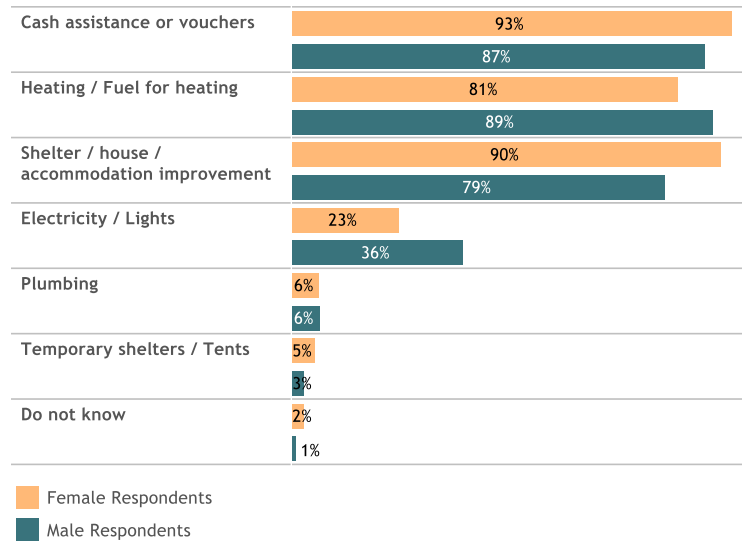
(Figures represent a median of those families that are paying rent and does not include those that do not – as most families do not)

IDPs in buildings or settlements with > 4 families	250,000 Dinars
IDPs in buildings or settlements with < 4 families	200,000 Dinars
IDPs living in rented accommodations	400,000 Dinars
IDPs living with a host family	10,200 Dinars
Host families hosting IDPs	450,000 Dinars

**Figure 21: Shelter Priorities (Heat Map<sup>22</sup>)**

	IDPs in buildings or settlements with > 4 families	IDPs in buildings or settlements with < 4 families	IDPs living in rented accommodations	IDPs living with a host family	Host families hosting IDPs
Cash assistance or vouchers	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Shelter / house / accommodation improvement	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Heating / Fuel for heating	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Electricity / Lights	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Plumbing	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Temporary shelters / Tents	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Do not know	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue

Figure 22: Shelter Priorities (Gender Breakdown %<sup>28</sup>)



<sup>28</sup> The ratio for this chart is: how many times a priority is listed as one of the top three most selected priorities by female and male respondents / total number of female and male respondents.

## B) NFIs

### SNAPSHOT

- **100%** of respondents reported that NFI support had been either **non-existent (31%)** or **insufficient (69%).**
- Clothing, bedding and gas for cooking are the current priorities, but as summer months approach IDPs and host families will need air conditioning.
- NFI priorities further emphasise the poor state of IDPs' dwellings.
- Women need hygiene kits (soap, shampoo, toothpaste) that also include sanitary pads.
- 49% of IDPs in damaged/unfinished buildings, 31% of IDPs in rented accommodations and 30% of hosted IDPs reported people in a life-threatening situation in their building due to lack of NFIs.

## PRIORITIES

*Clothing, fuel/gas for cooking and summerisation are the main priorities.*

To address their NFI needs, surveyed respondents ranked clothing, bedding and air conditions amongst their most important priorities (Figure 23.) These further emphasise the lack of adequate protection against the wind and heat in all affected groups' housing. Female respondents in a follow-up interview also raised the need for air conditioning.

**Figure 23: NFI Priorities (Heat Map)<sup>22</sup>**

	IDPs in buildings or settlements with > 4 families	IDPs in buildings or settlements with < 4 families	IDPs living in rented accommodations	IDPs living with a host family	Host families hosting IDPs
Air conditioning	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Clothing	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Fuel/gas for cooking	Dark Blue	Medium Blue	Dark Blue	Dark Blue	Dark Blue
Bedding	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Hygiene kits (soaps, shampoo, toothpaste, etc.)	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Baby supplies (diapers)	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Stove for cooking	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Carpets	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Lamps	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Female hygiene kits (sanitary pads)	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Other	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue



## C) RECOMMENDATIONS

1. Most IDPs noted that “there are suitable accommodation available but [they] could not afford them”. The average cost was 400,000 Iraqi Dinar per month. Cash or voucher assistance should be preferred for those IDPs in unfinished buildings and settlements. Tenure rights will be very difficult to deal with on a mass scale, but cash support to either pay rent (where the IDPs’ stay/rent has already been monetised) and vouchers for shelter improvements will support IDPs and host families in rent payment and purchase of preferred NFIs (stoves, fuel or gas for cooking, clothing, bedding and female and children-specific hygiene kits.) Cash and voucher support will also allow for the flexibility for the IDPs as they move from shelter to shelter, and the widely varying shelter improvement needs of the IDPs and their dwellings.
2. If affordable on a mass scale, or targeted to those families most in need and/or vulnerable, cash support for rent will also contribute to the summerisation plan. As IDPs are worried for lack of summerisation in their current dwellings, moving them to affordable finished housing means air conditioning/coolers would already be available in these dwellings.
3. While, most IDPs noted that “there are suitable accommodation available but [they] could not afford them”, further in-depth assessments should be undertaken to address overcrowding and dirtiness issues in most housing arrangements, with (1) a housing market assessment, to evaluate the current and potential capacity of unfinished buildings, (2) an evaluation of host families’ needs and hosting capacity and (3) relocation of IDPs within Kirkuk City, as many IDPs have expressed that they may need to leave.
4. There are many skilled workers within the IDP population and many have made ad hoc improvements to their homes. Wherever possible, skilled workers within displaced populations should be favoured for shelter rehabilitation through cash or voucher programs. Kirkuk City is also equipped with a market that could provide items and services to proceed to the required housing repairs.
5. Shelter programming should include a Do No Harm approach, taking into account potential tensions arising between IDPs and host families.
6. This assessment did not look at camp IDPs. If the trend in population growth were to continue there may be a situation where there is no more space in Kirkuk city, or rental prices increased. However, the construction of camps will not support the immediate needs of the IDPs, many of whom have described their shelter situation as life-threatening and so support for the IDPs where they are is needed no matter the camp situation around the city.
7. A WaSH component should be integrated to Shelter programming, to mitigate health issues resulting from overcrowding and dirtiness.
8. Lack of shelter is affecting women and girls differently to men and boys, and so gender specific issues, and protection issues in particular should be assessed when shelter and WaSH improvements are made. If case management has to be targeted then it should be targeted to IDPs in unfinished buildings.
9. A comprehensive summerisation plan should include shelter rehabilitation and/or cash for rent of improved shelter, NFI, and

WaSH and electricity/fuel planning/coordination as the favoured solution for summer will be air conditioning and coolers if IDPs can afford this; without any solution however, many IDPs feel the summer will pose a health risk for them.



## IV. WASH & HEALTH

### A) DRINKING WATER

#### SNAPSHOT

- **97% of respondents** reported that there is either **no (10%) or not enough (87%)** safe water available to cover their daily needs.
- IDPs have access to water for **only a few hours a day in many cases.**
- A majority of respondents outlined **lack of storage space, consumption reduction and poor water quality** as the main issues.
- 47% of IDPs in damaged/unfinished buildings, 20% of IDPs renting an accommodation and 11% of hosted IDPs reported perceiving people in **a life threatening situation in their building due to lack of safe water.**
- **Cash or voucher assistance and network repairs** should be implemented simultaneously.

## 1. OVERVIEW

***Cholera is endemic in Kirkuk. The public pipe water supply has a wide reaching network but is in need of improvements.***

Cholera is endemic in Iraq and in Kirkuk in particular.<sup>3</sup> In the 2012 and 2007 Iraq cholera outbreaks, Kirkuk was cited as the site of first detection<sup>24</sup>

In the 2012 outbreak WHO cited the following contributing factors:

*i. The contact in the farm, the markets, and the households with contaminated agriculture produce irrigated with raw wastewater.*

*ii The use of ice that has been produced with contaminated water in the market is also suspected.*

*iii. The use and consumption of water from contaminated shallow wells.*

*iv. Disposal of raw sewerage into the stream and its use in agriculture will likely contribute to future reoccurrence of the outbreak”<sup>2</sup>*

Speaking on the 2012 cholera outbreak, Dr. Abdullah from the KRG Health Ministry was quoted in saying ““The bad sanitation in Iraq, especially in the outskirts of cities where IDPs are camped, has put people at serious risk,” Abdullah said, adding: “In Sulaimaniyah and Kirkuk at least 42 percent of the population don’t have access to clean water and proper sewage systems.””<sup>29</sup>

<sup>29</sup> [IRAQ: Hospitals in north struggle to contain cholera outbreak, IRIN News \(30/08/2007\)](#)

Sanitation, garbage collection, and quality and quantity of water were all consistently raised as issues in the current assessment, and so despite any efforts since 2012 that may have been made, this is still clearly a prevalent concern for the 35% of IDPs that responded that they felt they were in a life-threatening risk because of the poor access to safe water – by their own estimation/concern.

IDPs living in unfinished buildings, settlements and in rented accommodation are those most at risk of having limited usage of the public water network and therefore resorting to shallow, self built wells or water trucking. Those IDPs in unfinished buildings and settlements are also those most likely to resort to problematic practices in terms of sanitation and solid waste management.

Lack of latrines and bathing spaces for women was the most reported problem (by both genders), showing again, as in other sectors that women and girls are experiencing a disproportionate lack of services.

These issues are described in more detail in the following sections.

## 2. ISSUES

***Lack of water/availability/storage capacity and water quality are the main issues***

Respondents consistently reported the lack of water storage capacity as one and water availability. It is noted that the lack of consistent water or water nearby creates the need for water storage (Figure 25.)

Water from the public pipe was reported to run only a few hours a day in many cases. Limited water availability caused affected groups to reduce their water consumption. 56% of IDPs in large unfinished buildings and settlements stressed they had to restrict their water

consumption because the source is located far away from their accommodation.<sup>30</sup>

**Figure 24: Water Sources for Drinking Purposes (Affected Groups %<sup>31</sup>)**

	IDPs in buildings or settlements with > 4 families	IDPs in buildings or settlements with < 4 families	IDPs living in rented accommodations	IDPs living with a host family	Host families hosting IDPs
Public pipe	88%	95%	84%	97%	100%
Wells	8%	10%	10%	3%	3%
Water trucks	11%	5%	2%	5%	3%
Purchased bottles	4%	0%	16%	3%	0%
Do not know	5%	0%	6%	0%	0%
Natural sources (river, stream, etc.)	3%	0%	6%	0%	0%

While Figure 24 demonstrates that large proportions of IDPs rely on the public water network, it is also the case that, particularly in unfinished buildings and settlements and rented accommodation around 10% also rely on wells. 11% of IDPs in large unfinished buildings and settlements also rely on water trucking. The prevalence of these other measures further shows the needs for improvements of the network and pumping station.

These self-built wells can present problems if they are too shallow, as is often the case, and in areas of ad hoc sewage disposal systems. These wells are also an issue as the city underground water has a high percentage of salt and minerals and needs more desalination in comparison to the area of the main water treatment plant. Further more in-depth recommendations are available in the recommendations section.

<sup>30</sup> This is also an issue at the governorate level (Governorate Profile Kirkuk, Joint Policy Unity – UNDP (2013))

<sup>31</sup> The ratio for this chart is: how many times a source is listed by each type of respondents / total number of respondents in a specific category.

**Figure 25: Water Problems (Affected Groups %)<sup>32</sup>**

	IDPs in buildings or settlements with > 4 families	IDPs in buildings or settlements with < 4 families	IDPs living in rented accommodations	IDPs living with a host family	Host families hosting IDPs
Insufficient water storage capacity	70%	62%	53%	57%	63%
Water does not taste good	63%	48%	47%	62%	70%
Water does not look good	58%	43%	47%	57%	63%
Reduction of water consumption: not enough water available	55%	71%	27%	49%	50%
Reduction of water consumption: water source too far away or taps have to be shared	53%	71%	24%	41%	37%
Water price increased	30%	33%	35%	35%	43%
No problem	5%	5%	2%	3%	3%
Do not know	4%	0%	2%	0%	0%

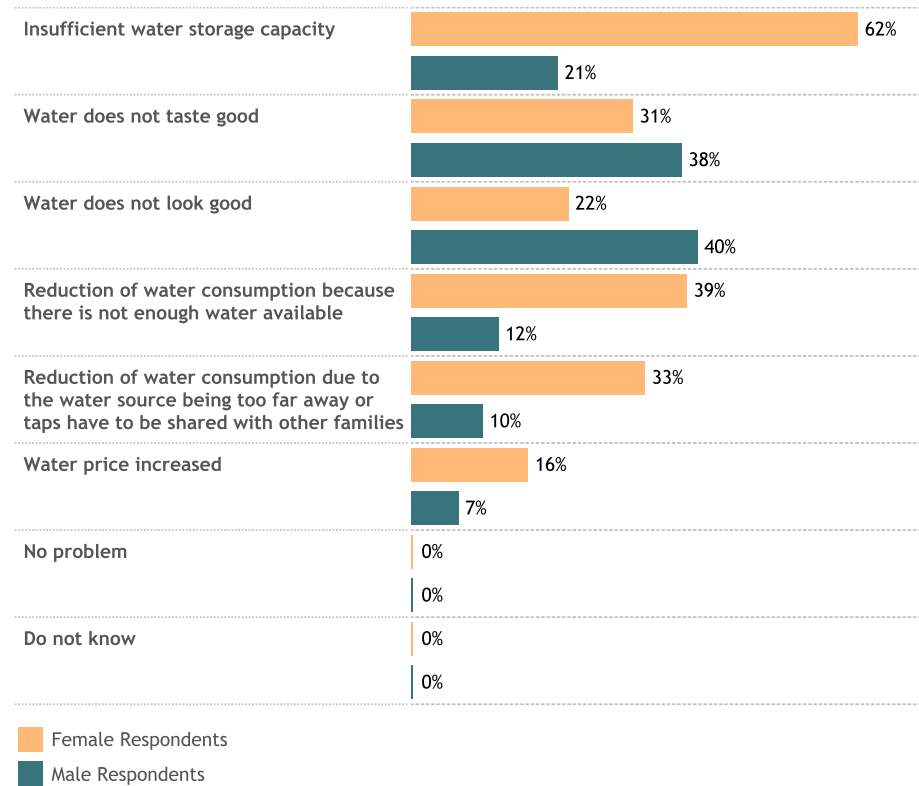
There was a consistent trend across affected groups reporting that water does not taste good or look good. In some isolated cases, IDPs reported worms in the water. The level of water quality problems reported indicates that this is not just an issue with the aforementioned self-built wells but also in the public network. This assessment did not however test water resorted to by IDPs and host families.

Skin disease and diarrhoea were both reported to be in the top five most “above normal” rates. Despite the above mentioned issues with water quality, diarrhoea only ranked fifth in this ranking.

<sup>32</sup> The ratio for this chart is: how many times an issue was reported per affected group/number of respondents per affected group

Women referenced most problems associated with water at a higher rate than men (Figure 26) most likely due to their and children's prevalent role in getting the water to the family place.

Figure 26: Water Problems (Gender Breakdown %)<sup>33</sup>



<sup>33</sup> The ratio for this chart is: how many times an issue was reported per female/male respondents / number of female/male respondents

### 3. PRIORITIES

#### Cash or voucher assistance is the first priority

Between 78% and 95% of each affected group selected cash or voucher assistance as their preferred intervention (Figure 27). Cash or voucher assistance would allow them to purchase storage containers, treatment products and/or water from private vendors as well as proceed to repairs where possible. However this is not necessarily the most sustainable or holistic approach.

Women especially outlined the lack of storage space for water and to a greater extent than men that they had to reduce their water consumption.

Water treatment and network repairs were also prioritised.

Figure 27: Safe Water Priorities (Heat Map)<sup>22</sup>

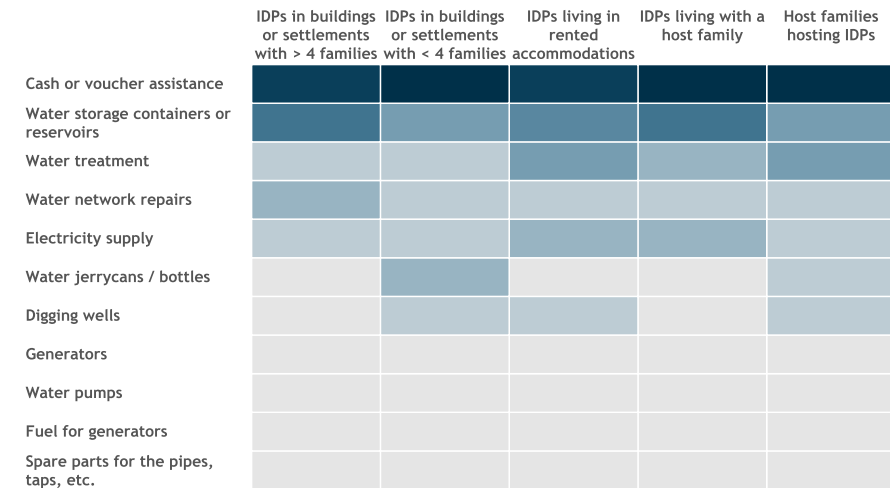
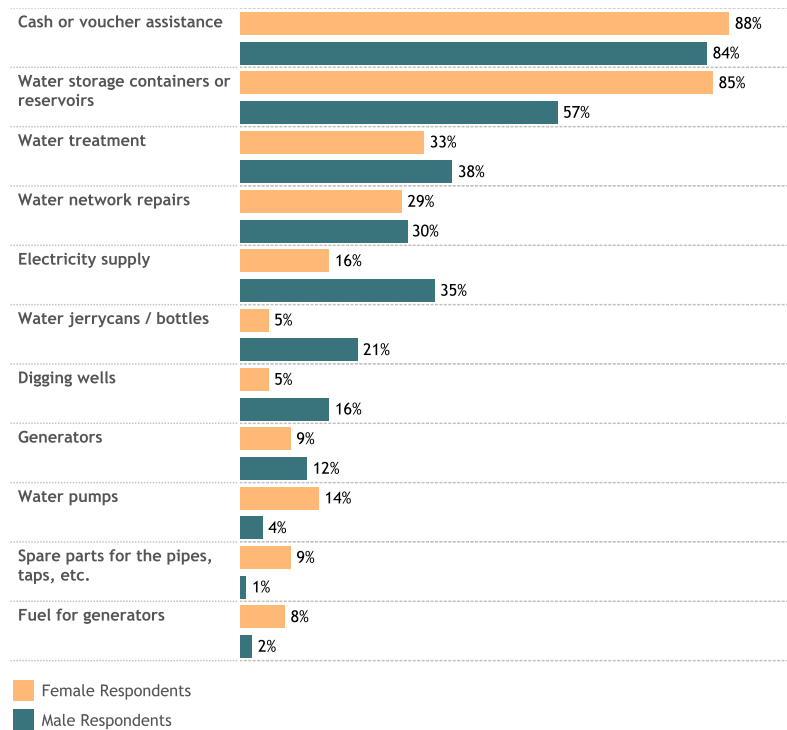


Figure 28: Safe Water Priorities (Gender Breakdown %)<sup>28</sup>



## B) SANITATION AND HYGIENE

### SNAPSHOT

- **91%** of respondents reported that there are **no (24%) or not enough (67%) garbage collection services**.
- **93%** of respondents reported there are **no (7%) or not enough (86%) latrines** in their building or accommodation.
- The **public network is highly dysfunctional**. IDPs and host families have to resort to septic tanks, makeshift latrines and/or simple pits.
- **Cash or voucher assistance** is required to build latrines and washing facilities, proceed to network repairs and set up a garbage management system.
- Respondents need **family hygiene kits**, especially for children and for women (sanitary pads.)

## 1. SEWAGE DISPOSAL

### *The public sewage network is highly dysfunctional*

The public sewage network appears highly unreliable:<sup>34</sup> there were prevalent reports of alternative solutions to dispose of sewage water. IDPs in large unfinished buildings and settlements outlined they had to resort to makeshift latrines and simple pits (Figure 29) since most buildings and settlements they live in are probably not connected to the public network.

**Figure 29: Sewage Water Disposal (Affected Populations %<sup>35</sup>)**

	IDPs in buildings or settlements with > 4 families	IDPs in buildings or settlements with < 4 families	IDPs living in a rented accommodations	IDPs living with a host family	Host families hosting IDPs
Public network (partially functional)	38%	62%	65%	68%	60%
In septic tanks	34%	33%	20%	16%	17%
Makeshift latrines	25%	19%	6%	3%	13%
Simple pits	31%	10%	14%	0%	3%
Public network (fully functional)	5%	0%	10%	16%	17%
Tributaries	7%	0%	2%	0%	3%
Do not know	3%	0%	6%	0%	0%
Irrigation Channels	2%	0%	0%	0%	3%

Tellingly, 0% of IDPs in small unfinished buildings and settlements said they have a functioning public sewage system.

<sup>34</sup> In Kirkuk Governorate in 2013, only 16% of the population reported relying on the public sewage system. 60% reported resorting to a covered canal outside their house and 12.5% to a septic tank. Ibid.

<sup>35</sup> The ratio for this chart is: how many times a sewage water disposal solution is listed by each type of respondents / total number of respondents in a specific category.

As stated in the Drinking Water Section, the World Health Organisation reported in 2012 that “disposal of raw sewerage into the stream and its use in agriculture will likely contribute to future reoccurrence of the outbreak.”<sup>36</sup>

## 2. ISSUES

### *Sanitation and hygiene issues are associated with water-borne symptoms and diseases*

Respondents outlined the lack of separate latrines and bathing facilities, rubbish and garbage accumulation in public places and associated issues (rodents, flies, mosquitoes, bad smell), especially in the dwellings of IDPs living in large unfinished buildings or settlements (Figure 30.)

They also mentioned diseases and symptoms resulting from water contamination most likely from open defecation sites and sewage and garbage disposal near water sources.

Although men and women highlighted the same issues, women reported them at a higher occurrence. As women traditionally spend most of their time in the housing, they may be exposed more extensively to sanitation and hygiene issues which in turn may trigger stronger health, safety and protection concern for them (Figure 31.)

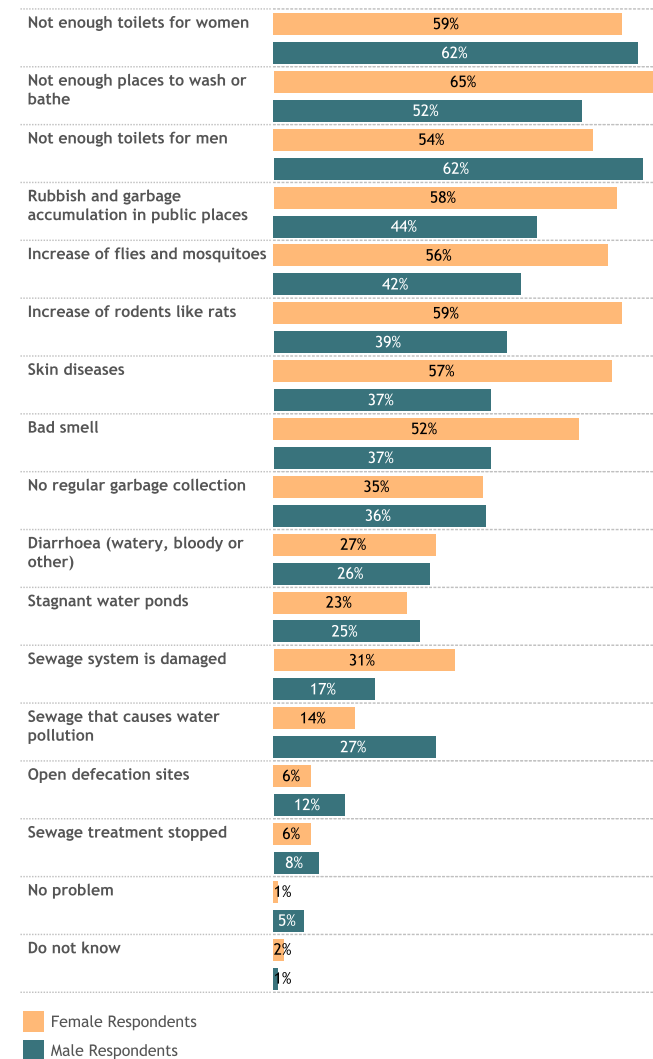
Unaddressed, those issues will worsen and further impact the IDPs’ and host community’s health.

<sup>36</sup> [Cholera in Iraq, World Health Organization \(10/2012\)](#)

Figure 30: Sanitation and Hygiene Issues (Affected Populations %)<sup>32</sup>

	IDPs in buildings or settlements with >4 families	IDPs in buildings or settlements with <4 families	IDPs living in rented accommodations	IDPs living with a host family	Host families hosting IDPs
Not enough places to wash or bathe	68%	62%	35%	62%	57%
Not enough toilets for women	67%	71%	39%	62%	60%
Not enough toilets for men	63%	76%	35%	65%	60%
Rubbish and garbage accumulation in public places	58%	57%	39%	38%	63%
Increase of rodents like rats	56%	52%	47%	41%	40%
Skin diseases	56%	62%	37%	35%	40%
Increase of flies and mosquitoes	55%	43%	45%	49%	43%
Bad smell	45%	43%	39%	46%	50%
Diarrhoea (watery, bloody or other)	38%	52%	14%	19%	3%
No regular garbage collection	36%	52%	22%	32%	50%
Sewage that causes water pollution	33%	29%	6%	8%	10%
Sewage system is damaged	28%	48%	16%	22%	10%
Stagnant water ponds	20%	52%	16%	22%	30%
Open defecation sites	16%	14%	0%	3%	3%
Sewage treatment stopped	12%	14%	2%	0%	3%
No problem	3%	0%	4%	3%	3%
Do not know	2%	0%	0%	3%	0%

Figure 31: Sanitation and Hygiene Issues (Gender Breakdown %)<sup>33</sup>





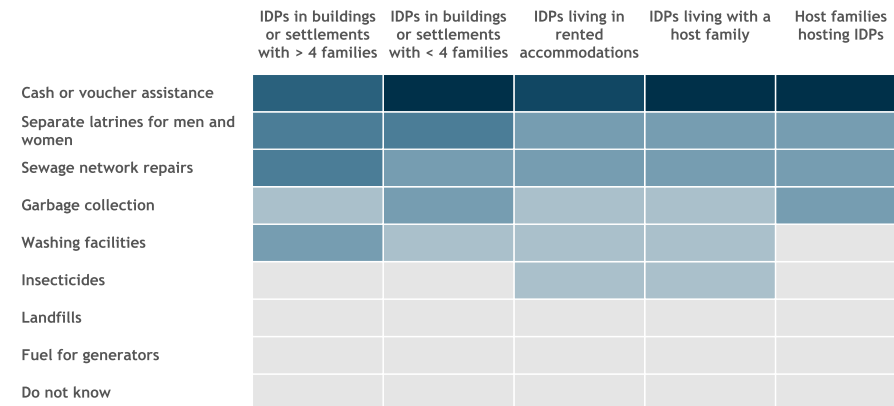
### 3. SANITATION PRIORITIES

*Cash or voucher assistance is the main priority*

Between 65% and 83% of respondents in each group ranked cash or voucher assistance as one of their main sanitation priority (Figure 32.)

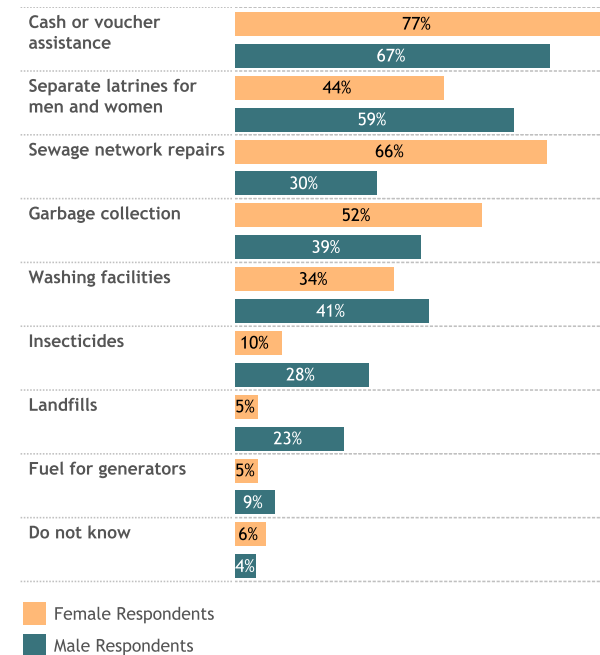
They also emphasised the need for separate latrines and washing facilities for women and men, especially in accommodations reported as overcrowded, unfinished and/or damaged.

**Figure 32: Sanitation Priorities (Heat Map)<sup>22</sup>**



Female respondents (Figure 33) stressed the need for garbage collection services and sewage network repairs, which would reduce health risks resulting from hazardous waste dumping.

**Figure 33: Sanitation Priorities (Gender Breakdown)<sup>28</sup>**



### 4. HYGIENE PRIORITIES

*Hygiene kits for infants and women are the main priority*

All affected groups similarly emphasised the need for hygiene kits for infants (Young children are one of the most vulnerable groups when exposed to poor sanitation and hygiene conditions.

Although 27% of men selected hygiene promotion, both women and men emphasised their need for immediate relief items by ranking hygiene kits first.

Women also stressed shortages in sanitary pads. Displaced women can obtain those items from ad-hoc distributions, notably at the Mosque in Kirkuk City, but interviewed women said those were not enough and they have to use cloths as an alternative. Women expressed concern about health hazards from doing so, especially with limited water, bathing and washing facilities availability in their housing.



## C) HEALTH

### SNAPSHOT

- **85%** of surveyed respondents reported there were **no (27%) or not enough (58%) health services available to them.**
- **Respiratory diseases, psychological trauma and water-borne diseases** are prevalent issues.
- Health issues are related to **dwelling conditions.**
- Women seem **more exposed** to health hazards. They resort to a greater extent coping mechanisms harmful to health and likely spend more time in unfit accommodations.
- **60%** of IDPs in damaged/unfinished buildings, **20%** of IDPs renting an accommodation and **24%** of hosted IDPs reported **people in a life-threatening situation in their buildings due to lack of health support.**

## ISSUES

*Health sector issues were surveyed from the affected populations' perspective only as a proxy for WaSH issues. To this extent diarrhoea was reportedly at higher than normal rates, although skin disease was the most consistently reported.*

Surveyed populations reported numerous health issues that were occurring at above normal rate within their building (Figure 34.)

Highly prevalent, respiratory diseases are associated with overcrowding, lack of adequate insulation, heating and ventilation in every type of surveyed accommodation.

Diarrhoea and skin diseases such as rashes are related to unhygienic and cramped living conditions, polluted water, and reduced washing/bathing facilities. Fleas were mentioned in subsequent FGDs. Polluted water and limited access to safe water also led to an increase in urinary tract infections amongst IDP populations in Kirkuk City.<sup>37</sup>

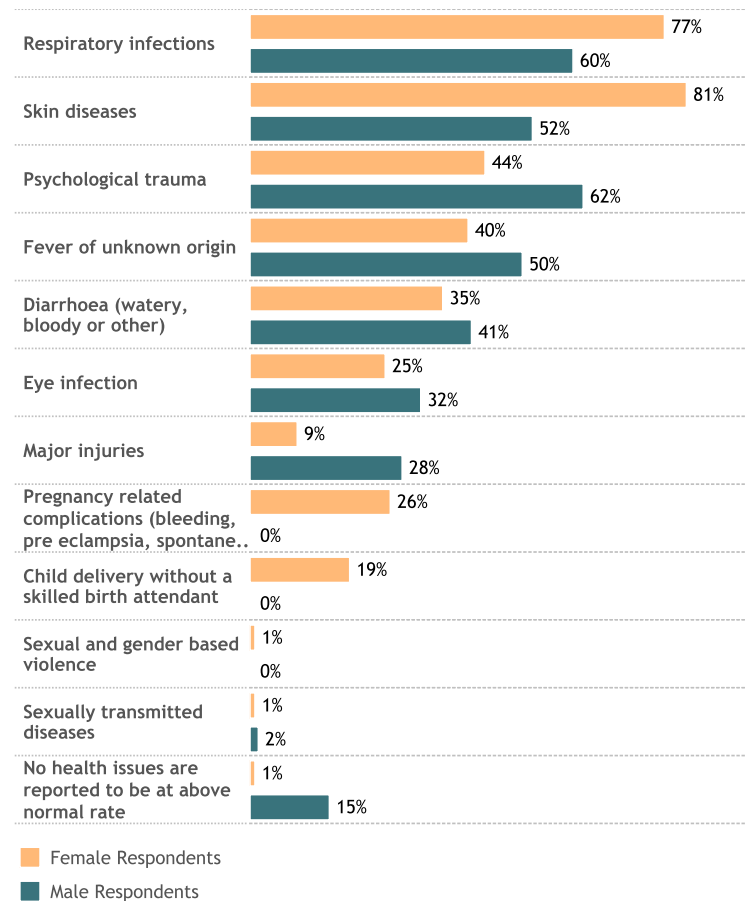
Psychological trauma was also consistently mentioned across all groups, including within host families. Persons with psychological conditions were further categorised, especially by host families, as one of the three most in need groups. Women outlined health issues to a greater extent (Figure 35) which might mean they are more exposed to them.

Figure 34: Health Issues (Affected Populations %)

	IDPs in buildings or settlements with > 4 families	IDPs in buildings or settlements with < 4 families	IDPs living in rented accommodations	IDPs living with a host family	Host families hosting IDPs
Respiratory infections	75%	71%	47%	70%	67%
Skin diseases	80%	81%	55%	41%	53%
Psychological trauma	57%	52%	45%	46%	50%
Diarrhoea (watery, bloody or other)	52%	62%	27%	11%	20%
Fever of unknown origin	57%	52%	29%	16%	47%
Eye infection	42%	38%	10%	11%	23%
Major injuries	26%	24%	16%	5%	7%
Pregnancy related complications	19%	5%	6%	14%	7%
Child delivery without a skilled birth attendant	16%	0%	4%	8%	3%
Sexually transmitted diseases	2%	0%	2%	0%	0%
Sexual and gender based violence	1%	0%	0%	0%	0%
No health issues are reported to be at above normal rate	5%	5%	18%	5%	3%

<sup>37</sup> [Iraq: Thousands of displaced in Kirkuk lacking essential aid](#), MSF (04/12/2014)

Figure 35: Health Issues (Gender Breakdown %) <sup>33</sup>



## D) RECOMMENDATIONS (WaSH)

Kirkuk City was identified as the source of two cholera outbreaks, in 2007 and 2012. Sewage disposal near water sources as well as use of unsafe water to cover drinking needs could trigger another outbreak, since those issues were already at the roots of the previous outbreaks.<sup>24</sup> As water-borne diseases and related symptoms, such as skin diseases and diarrhoea, were already reported the provision of safe water and sanitation-focused programmes should be prioritised.

1. A two-phase simultaneous approach is recommended to address needs of IDPs and host families in Kirkuk city:

- **Phase 1:** emergency relief with the provision of cash or vouchers to cover (1) safe water storage needs and (2) hygiene kit needs for infants and women; (3) increase access to safe water and improved shelter conditions through the purchase of (4) garbage bins and (5) water treatment chemicals. Cash or vouchers should also focus on (5) upgrading and increasing the number of toilets and improving sewage system in unfinished and/or damaged buildings. Those improvements should focus on including locks and separating latrines for men and women.

- **Phase 2:** in-depth assessment to include the involvement of WASH-related authorities and institutions encompassing issues around the water supply network and garbage collection and disposal. The first phase will enable to conduct such assessment and possibly allow to design a more informed and wider WASH response.

After local authority recommendations it may be the case that the following steps are taken:

(i) Support to garbage collection and sewage disposal programs and increase the geographic coverage concentrating on areas of high IDP concentration already existing in the city.

(ii) Increase the quantity of pumped water to reach the minimum requirements for emergency cases in a city like Kirkuk (200 litre/capita/day) by adding additional deep wells in the Dibis area, near the water treatment plant from where it can be pumped through the public network.

(iii) Improve the quality of treated water by adding chlorinators to the water treatment plant of increased capacity with increased pumps.

(iv) Making potable water accessible for people and IDPs in the areas that do not include pipes network by installing additional piping.

2. Wherever possible, skilled workers within displaced populations should be favoured for latrine construction and sewage system improvements through cash or voucher programs. Kirkuk City is also equipped with a market that could provide items and services to proceed to the required housing repairs.
3. Closely monitor cases of Acute Watery Diarrhoea (AWD) to better prevent and address possible water-borne epidemics outbreaks.

## V. FOOD SECURITY & LIVELIHOODS

### KEY FINDINGS

- **80%** of respondents reported **not having enough food** to cover their daily nutrition needs.
- Main coping mechanisms are occurring **within the household** and involve **restriction of food consumption**.
- Women bear the effects of coping mechanisms in the households.
- Women's main coping mechanisms are **harmful to their health**, making them more vulnerable.
- Men's main coping mechanisms **increase financial pressure** on their household.
- Food insecurity coping strategies are likely **a proxy for other coping mechanisms** regarding issues such as reduced safe water availability.
- **11%** of IDPs reported that people in their building had found employment in Kirkuk City.

## 1. COPING MECHANISMS

Every affected group reported employing coping strategies harmful to health due to food insecurity: most of them rely on less preferred and less expensive foods, and a majority reported they had reduced the number of meals eaten in a day (Figure 36.)

Those can lead to anaemia and weakened immune systems, particularly for IDPs in large unfinished buildings or settlements as they reported the highest rate of coping mechanisms.

Host families and IDPs living with a host family heavily reported those coping mechanisms too. The impact of food insecurity on host families can further exacerbate relations between the two groups.

Figure 36: Coping Mechanisms (Affected Groups %)

	IDPs in buildings or settlements with > 4 families	IDPs in buildings or settlements with < 4 families	IDPs living in rented accommodations	IDPs living with a host family	Host families hosting IDPs
Rely on less preferred and less expensive foods	79%	81%	57%	76%	67%
Reduce number of meals eaten in a day	62%	71%	53%	54%	57%
Restrict consumption by adults in order for small children to eat	71%	57%	51%	57%	47%
Limit portion size at mealtimes	53%	57%	33%	59%	63%
Feed working members of the family more than non-working members	40%	33%	39%	32%	37%
Purchase food on credit	43%	43%	39%	27%	23%
Borrow food from a friend or relative	33%	43%	22%	16%	27%
Spend entire days without eating	41%	38%	12%	14%	13%
Send children to eat with neighbours or extended family	20%	24%	2%	8%	7%
Send household members to beg	5%	10%	0%	0%	0%
None	1%	0%	4%	3%	3%
Do not know	1%	0%	0%	0%	0%

Coping mechanisms reported by men and women reflect traditional gender norms (Figure 37.) Women use coping strategies within the household and within their realm of decision-making, including meal reduction and consumption restriction in favour of other members of the household. Conversely, men tend to resort to external coping mechanisms, e.g. borrowing food and purchasing on credit.

A third of female, against a fifth of male respondents, reported spending entire days without food. In follow-up interviews, women also mentioned they started selling gold jewellery they received for their marriage in order to pay for food, meaning IDPs and host families are likely running out of cash. Having said this, markets were reportedly well stocked and well supplied, further showing it is a lack of cash that is the inhibiting factor.

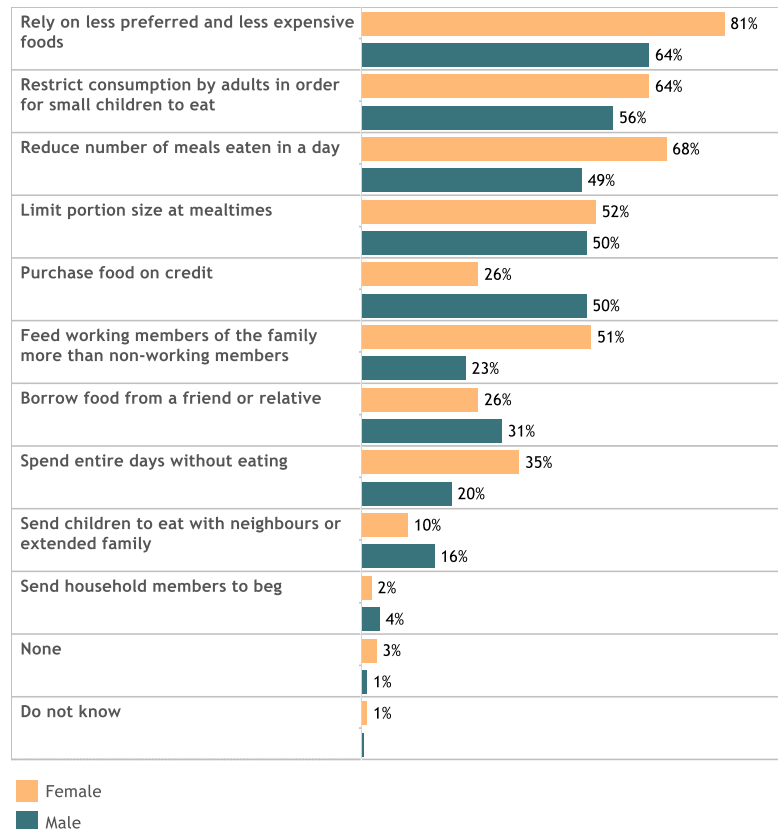
## 2. AVERAGE INCOME AND EMPLOYMENT

IDP respondents with a wage provided an average income for IDPs living in their building: 272,795 dinars per month (\$234.) This average is only representative of a very small proportion of IDPs in Kirkuk City, since only 11% of respondents reported that some IDPs in their dwelling had found an employment.

The 2014 crisis and subsequent influx of IDPs disrupted the labour market, as well as trade and distribution channels in Kirkuk.<sup>2738</sup> Those have led to reduced employment opportunities and increased food prices, contributing to food insecurity.

<sup>38</sup> [Iraq Crisis Situation Report](#), OCHA (06/03/2015)

Figure 37: Coping Mechanisms (Gender Breakdown %) <sup>33</sup>



### 3. RECOMMENDATIONS

1. If there is not one available, a rapid assessment on markets in and around Kirkuk City should be undertaken to tailor cash-based interventions. This should cover prices and stock levels of basic commodities in those markets, payment methods, possible hawalas, number of retailers as well as market integration.
2. A system to monitor prices and stock levels in Kirkuk City's markets should be implemented to ensure continuous relevancy of cash or vouchers assistance.
3. Focus group discussions should be organised with community leaders and/or affected households, to further prioritise recipients of food assistance and cash/voucher assistance.
4. Direct distribution of food baskets procured from local markets can precede cash or voucher interventions, to reduce the scope of harmful coping mechanisms households resort to. Food baskets should be designed to meet 2100 kilocalories requirements for each household member and target food with high fat and protein levels in addition to carbohydrates.

## VI. ANNEX

### CALL FOR ACTION, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

Field Office Kirkuk, 6 April 2015

*CARE has coordinated with the IRAQ CCCM Cluster that is the lead for the response on the call for action.*



#### CALL FOR HUMANITARIAN ACTION IN KIRKUK

This Note is intended to receive interagency response to critical shelter needs of IDPs in Kirkuk by opening a new camp.

#### SITUATION REVIEW

- With 59,230 families Kirkuk remains the third largest IDP host in the country according to March 2015 IOM DTM reports. MoDM data indicate Kirkuk as the second largest IDP host with 74,000 families.
- UN-established Laylan and Government-established Yahyawa IDP camps located in Kirkuk host only about 3% of the overall IDP population in Kirkuk while the vast majority of non-camp IDPs live in rented houses, collective centres, informal settlements and abandoned and unfinished buildings with critical need of shelter and NFI support due to disputed status of Kirkuk as well as socio-economic and political concerns that local authorities and community have about presence of IDPs in Kirkuk. Such concerns result in restrictions of freedom of movement, lack of income generation opportunities, property use restrictions and exhaustion of family resources for the IDPs. Yahyawa IDP camp is a sub-standard camp in need of urgent food and WASH assistance.
- Political and historical concerns is the main and preventive factor to alternative solutions to the camps for IDPs. Status documentation for IDPs in Kirkuk has been constrained due to such concerns. Identification of property for shelter rehabilitation is challenging as the land-owners remained reluctant to release their lands or houses for such assistance due to concerns of local community that IDPs will remain in Kirkuk for long term.
- Camps provide more secure environment to the IDPs in relation to detentions compared to those scattered across Kirkuk out of reach of international organizations.
- The above shelter and NFI needs are consistent with UNHCR Protection monitoring and various assessments of around 13,370 families revealing that almost all of assessed IDP families are in dire need of shelter support and NFIs.
- In March 2015, Kirkuk Governor, in several forums, drew attention of several countries' representatives and UN agencies to the critical situation of IDPs in Kirkuk and extremely low international presence and assistance for IDPs in Kirkuk compared to other governorates with similar or higher IDP populations.
- Returns will continue to liberated areas in Diyala and Salahaldin governorates but in limited scope while the large part of IDP population from these and other governorates under IS control will continue to remain in Kirkuk with urgent shelter needs in the foreseeable future.
- Contribution to IDP shelter and NFI needs response from the local government remains a significant challenge with reported reasons of not receiving support and funding from Central Government of Iraq or from the governorates from where IDPs originate.



**RECOMMENDATION: Camp Construction**

- Funds for and implementation of construction of one new standard camp is urgently needed for IDPs in Kirkuk.
- The Governor of Kirkuk allocated a site for the camp in Nazrawa village, Laylan district of Kirkuk Governorate. GPS coordinates of the site are 35 17 26.5 N, 44 34 35.2 E. The land is the government property located 7 km to Laylan camp. It is close to the main road, electricity grid line and services.
- Brief site plan specifications:
  - a. Total land Area: 308,000 m2 about 123 Iraqi Donim ( Iraqi Donim=2500m2 )
  - b. Total number of tents: 1681
  - c. Total individuals to be hosted: 10,086 (six persons per family)
  - d. Total kitchens: 420
  - e. Total showers 420
  - f. Total latrines: 420
  - g. One community is 16 tents with 4 latrines and 4 showers with four kitchen units and area for two cesspools
  - h. Road (8m width) around camp for services and emergency
  - i. Areas for school, PHC, CFS, UN agencies, camp management, Rub hall, women and youth activities, market, police and Assaish
  - j. Deep wells, pump room, elevated tanks and BRC fences.
- Total estimated cost for construction of the new camp with the above capacity is **USD 4,093,878.00** with the following breakdown:
  - a. Civil works, electricity, power/energy, office utilities, 4 rubhalls – USD 2,923,528.00
  - b. WASH expenses and one school – USD 991,350
  - c. Health clinic (16 prefab) – USD 179,000.00
- UNHCR drafted a technical plan/assessment of the site which will be shared with other participating agencies for further actions.
- Please revert to Gayrat Ahmadshoev, UNHCR Kirkuk for any questions related to this paper,.

6 April 2015

UNHCR Field Office Kirkuk



