

General situation

COMMON ANALYSIS

Last updated: January 2021

Based on available COI, the general situation with regard to the elements mentioned above is assessed as follows:

Food security [[Key socio-economic indicators 2020](#), 1.3, 2.4, 2.7]: In 2019, the UN World Food Programme stated that food insecurity among men in urban areas was 1.8 % and in rural areas 4.9 %, while among women the percentages were 1.5 % in urban areas and 7.6 % in rural areas. The percentages of people who were vulnerable to food insecurity were significantly higher, amounting to around 50 % in urban areas and 60 % in rural areas. Due to the COVID-19 impact on the Iraqi economy, the list of people identified as most at risk of food insecurity is to include additional people. In a report dated 30 April 2020, the WFP observed a tendency to hoard food for the COVID-19 lockdown period, which led to a surge in food prices towards the end of March. However, the prices stabilised in April due to price control measures and the distribution of essential food items through the Public Distribution System (PDS). The average of goods availability at a national level was 8.5 out of 10, and markets across the country showed very good resilience in terms of supply chain. The WFP Socio-economic Atlas of Iraq stated that in **Baghdad**, 53 % of households were food secure, 46 % marginally food secure and 1 % food insecure. In **Basrah** and **Erbil**, similarly, 1% of households were food insecure.

All Iraqis are eligible for the Public Distribution System (PDS), a government programme consisting of distribution of food and oil rations on a monthly basis. However, significant inefficiencies in the PDS have been reported and displaced families face particular difficulties in accessing the PDS. Moreover, the implementation has been sporadic and irregular, with limited access in recently liberated area.

Although food is generally available, food remained a high priority concern for IDPs in Iraq. IDPs in and out of camp settings lack or have limited access to food, with female-headed households and girls being particularly affected.

Housing and shelter [[Key socio-economic indicators 2019](#), 6.1; [Key socio-economic indicators 2020](#), 1.3, 2.7]: The country is reported to have a large housing deficit. Housing prices have increased in areas where many IDPs have come to. A lot of the housing in cities is informal and is not built according to planning of the government. UNOCHA observed that around 700 000 people remained in critical shelter, such as makeshift shelters, unfinished or abandoned buildings, worn tents or public buildings. Rents are increasing extremely in **Baghdad** and the large inflow of IDPs and migrants to urban areas has put notable pressure on the housing market. The cost of renting housing in **Basrah** city is also higher than in surrounding areas. In **Erbil**, the rents decreased when the conflict with the Iraqi government was at its highest. IOM 2018 data showed that ‘nearly all families in **Erbil** governorate live in proper housing, such as an entire house occupied by a single household’.

IDPs that are in camps do have shelter, but it is the most basic form of shelter. IDPs in and out of camp settings lack or have limited access to housing.

Water and hygiene [[Key socio-economic indicators 2020](#), 1.3, 2.4, 2.7]: Water access has improved since 2010, however, many Iraqis still rely on informal wells, government and NGO water trucks, and unreliable tap systems, while Iraq’s freshwater continues to be depleted. During recent years, various sources have reported about the existence of a serious water resources problem stemming from external and internal factors, such as the drop in the levels of water of the Euphrates and Tigris, climate change, and high contamination levels.

The residents of **Baghdad** deal with daily water service interruptions, especially in summer. Drinking and agricultural water available in Baghdad City is of poor quality. It is estimated that the level of organic material pollution in water in the capital is three times higher than national and WHO’s limits. Access to safe drinking water represented one of the main problems in **Basrah**. In 2018, forced displacements due to water shortages were reported in Basrah. Access to safe drinking water was nearly universal in **Erbil** governorate.

In 2018, it was estimated that 5.4 million persons in Iraq were in need of water, hygiene and sanitation assistance. Large parts of the Iraqi population were not connected to sewer systems. The sewer system in **Baghdad** has been reported to be old and ‘has exceeded its design life’, and it suffered from various problems, especially in the rain season. Numerous residents in the **Basrah** governorate

were not connected to the water and sewage networks, leading to contaminating groundwater with raw sewage. Houses in **Erbil** governorate were equipped with sanitation facilities, such as connection to the public sewage network.

Concerning IDP's access to water, 46 % of households in camps and 36 % out of camps households and 21 % of returnee households are unable to access enough water for domestic use.

Basic healthcare [[Key socio-economic indicators 2020](#), 1.3, 5 2.5]: The Iraqi State provides a universal healthcare and medical supplies at a subsidised cost to all Iraqis. Medications and services provided in public hospitals are subject to shortages. Due to COVID-19, situation at many of Iraq's hospitals deteriorated rapidly, as waves of new cases exposed their capacity to cope with extraordinary pressure and overwhelmed their overworked and under-resourced staff.

The ID card is required to register at a clinic or hospital in order to get healthcare. Those who miss documents do not have access to healthcare and are not able to acquire birth certificates for their children.

As a result of the conflict, the healthcare system in Iraq, including in Baghdad, has seen a significant deterioration. Both health services and medication are available in a public and a private sector system. Hospitals and other health services are heavily concentrated in urban areas. As a consequence, hospitals and other medical facilities are either scarcely or not at all available for inhabitants of the poorer governorates. Medical staff are not evenly distributed across the country; disproportionately large numbers of doctors, healthcare professionals and beds are located in **Baghdad**, while poorer governorates, such as **Basrah**, have fewer available medical resources and experience shortage in vital medical equipment. In the three governorates of the KRI, the ratio of government hospitals to residents is significantly higher than in the rest of Iraq. Many of the basic primary care services were provided in the **KRI**, however not in a consistent way. Mortality rate of children below 5 years old was 20.1 - 30 % for Baghdad, 30.1 - 40 % for Basrah, and 10.1 - 20 % for Erbil. There are huge needs for mental healthcare and the available services do not meet the demand. Most specialised centres are in cities and these centres are not easily accessible, due to a lack of insurance. Especially for IDPs, the supply of medical services does not meet demand. IDPs in and out of camp settings lack or have limited access to healthcare.

Means of basic subsistence [[Key socio-economic indicators 2019](#), 1.3, 1.4, 2.1, 2.2]: In the second half of 2019, the World Bank reported on a 'broad-based' recovery of the Iraqi economy. However, the COVID-19 crisis and all subsequent

preventive measures gave rise to concerns regarding the population's economic welfare. Several sources referred to corruption and governance-related issues as the major challenges the Iraqi economy has been facing. Unemployment is high and labour force participation remains exceedingly low, especially for women and youth and in the areas affected by conflict. Although the situation is improving, the current economic situation is not at the same level as it was before the ISIL conflict.

In **Baghdad** governorate, the total unemployment rate in 2017 was 9.3 %. Employment opportunities in southern Iraq are described as 'limited' due to the dominance of the oil industry. In **Basrah** governorate, unemployment rate in 2017 was 7.6 %, with rural employment being mainly agriculturally based; the sector has been negatively impacted by water salinity and shortages in 2018. According to the IOM 2018 demographic survey, the labour force participation in **Erbil City** was registered at 65.9 % of men and 14.8 % of women.

The rates of unemployment are especially high for IDPs. The lack of livelihoods for IDPs translated into difficulties meeting basic needs, such as food, household/non-food items, and shelter.

The general circumstances prevailing in Baghdad, Erbil and Basrah, assessed in relation to the factors above, do not preclude the reasonableness to settle in the cities, however, a careful examination should take place, particularly when assessing the availability of IPA to Basrah. The assessment should take into account the individual circumstances of the applicant.