

Iraq

IDP MPCA

Post-Distribution

Monitoring Assessment

Findings Report:

Batch 2 (Cycle 1 2022)

August 2022



UNHCR
The UN Refugee Agency

IMPACT Shaping practices
Influencing policies
Impacting lives

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II. INTRODUCTION AND METHODOLOGY

Introduction

Iraq has experienced protracted displacement and instability for decades due to domestic and regional conflict. As of June 2022, Iraq hosts approximately 1.2 million Internally Displaced Persons (IDPs).¹ Cash assistance programmes provided by the United Nations High Commissioner for Refugees (UNHCR), including Multi-Purpose Cash Assistance (MPCA), explicitly aim to support the most vulnerable households in Iraq. UNHCR's cycles 1 of MPCA to IDPs in 2022 targeted out-of-camp IDP households where beneficiaries were entitled to receive overall payments ranging between 960,000-1,440,000 Iraqi dinars (IQD) depending on their level of vulnerability.²

Two additional cycles of MPCA are also planned for 2022 and will be monitored in due time. To inform UNHCR's efforts to improve the quality of its service delivery and ensure accountability to Persons of Concern (PoC), IMPACT Initiatives conducted a Post-Distribution Monitoring (PDM) assessment for cycles 1 of 2022 of MPCA targeting IDPs. The primary objectives of this assessment were to improve understanding of the primary needs facing beneficiary households, outline their current socio-economic situation and highlight any non-compliance issues during the cash-out process. Hence, these findings will enable UNHCR to evaluate the implementation and impact of its assistance.

Methodology

The previous report covered the cycles 5 and 6 of 2021 of MPCA provided to out-of-camp IDPs in October-December 2021 under UNHCR's 2021 programming. After this, a new cycle of MPCA was provided, in April-July 2022, which is the focus of this PDM report. IMPACT conducted phone-based household interviews using a structured questionnaire and randomly sampled beneficiaries from UNHCR-provided beneficiary lists. Data was collected between 21st July and 8th August 2022, approximately one month after households received MPCA.

The sampling was drawn to ensure findings adhered to a minimum 95% confidence level and +/- 5% margin of error at the national level and a 95% confidence level and 10% margin of error at the governorate level. In governorates with an IDP population under 100, a census was attempted. The unit of assessment was the household, meaning that all questions were pertaining to the respondent and all individuals sharing the same shelter and resources.³

As a prerequisite for proceeding with the interviews, participants were asked screening questions. These questions verified that the respondent was either the head of their household, or otherwise proved their

eligibility by confirming that they were both above 18, and considered themselves willing and able to answer questions on behalf of their household.

To avoid duplication, the survey included several screening questions to determine if multiple cases were living in the same household. All quantitative data has been cleaned and checked to ensure that households with multiple cases were only interviewed once.⁴

Of the 888 households that IMPACT called, 786 households answered their phone and consented to be interviewed. Of these 786 households, the final sample consisted of 760 households who also confirmed that they remembered receiving assistance and did not live in the same household as other cases that had already been interviewed for this assessment. Non-responses were logged and called back twice more after the first attempt.

IMPACT protected the anonymity of participants involved in this study by removing all personally identifiable information from the data unless beneficiaries explicitly requested a referral to UNHCR for follow-up.

Limitations

1. All results are based on UNHCR beneficiary lists; hence the scope of this assessment does not include those that were not targeted for assistance. Therefore, these findings should not be extrapolated or generalised to reflect the entire IDP population in Iraq, but rather, only those registered with UNHCR and eligible for assistance.

2. Due to inherent biases in self-reporting (social desirability bias and/or recall bias), there may be under or over-reporting of certain indicators related to the assistance.

3. Findings from governorates with a low sample size (i.e. a sample size below 39) are only indicative, and are reported in absolute numbers throughout this report.

4. In governorates where IMPACT attempted a census due to an IDP population size under 100, three attempts were made to reach households where their phones were switched off or left unanswered by calling at different hours/days. Yet, in some cases, these households were unreachable and thus a full census could not be obtained.

¹ <https://dtm.iom.int/iraq> (DTM), Iraq Mission. Figures from 10.08.2022. Accessed 21.03.2022

² UNHCR allocates households into three brackets (extremely vulnerable, highly vulnerable and vulnerable) which determine the amount of MPCA received, and this is calculated by predicting their monthly expenditure.

³ A household is defined as all case and non-case members that live together in a shelter and share resources. A case is defined as the family unit registered under the same UNHCR registration number.

⁴ Indicators to identify duplicate cases within a household included: shared resources within the household (rent, utilities, and food); decision making power within the household; and duplicate case IDs. Respondents were also asked if they lived in a household that had other cases, and if, to their knowledge, they had already been interviewed.

III. OVERVIEW: NATIONAL LEVEL FINDINGS

Household Demographics



Average household size: 10.7
Average case size: 11.6



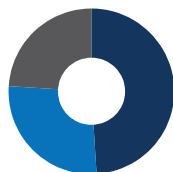
Children (<18) 49%



Women (≥18) 27%



Men (≥18) 24%



Overall, about half (49%) of household members were children. The majority of households reported being headed by a male across every governorate. At the national level, 86% of households reported being headed by a male and 14% by a female.

The vast majority of heads of households reported being married (86%), followed by 11% that reported being widowed, and the final 2% were reportedly single.

Only one head of household reported having a missing spouse in Baghdad governorate. No head of households in the Kurdistan Region of Iraq (KR-I) reported a missing spouse.⁵

Key Findings

- **The most commonly reported MPCA expenditures by households were on debt repayments (67%), food (64%) and healthcare (52%)⁶.** Additionally, the most commonly reported priority needs were food (85%), debt repayment (8%), rent (5%) and healthcare (2%).
- **All households reported that in the 30 days prior to data collection basic needs items were available in local markets when needed (100%).** However, **the majority of households also reported experiencing an increase in the price of these basic items (93%)** in the period between receiving the assistance and data collection.
- **The most frequently reported coping strategies used in the 30 days prior to data collection were buying food on credit (for 80% of households), taking out new loans or borrowing money (48%) and reducing expenditure on non-food items (47%).**
- Overall, **93% of households reported having a form of debt.** The average amount of debt at the national level was found to be 2,498,000 IQD, and it was higher in the KR-I (2,949,000 IQD) than in the Federal Iraq (2,598,000 IQD).
- At the national level, **89% of households reported that the cash assistance had helped to improve their living conditions to some extent, but only 7% reported a significant improvement.**

Table 1: Households and interviews completed, by governorate:

Governorate	Total households	Interviews
Al-Najaf	3	2
Al-Qadissya	1	1
Al-Sulaymaniyah	422	121
Babil	76	54
Baghdad	70	52
Diyala	138	71
Duhok	123	68
Erbil	164	76
Kerbala	18	14
Kirkuk	156	75
Ninewa	1,030	108
Salah Al-Din	535	98
Wassit	24	21
Total	2,760	761

⁵The KR-I is comprised of Erbil, Al-Sulaymaniyah and Duhok governorates. All other governorates are considered part of the 'Federal Iraq'.

⁶Multiple categories could be selected, findings may exceed 100%.

IV. IMPACT OF CASH ASSISTANCE ON PRIMARY NEEDS

General Household Expenditure

To determine how and whether the socio-economic conditions of IDPs changed after receiving MPCA, households were asked to report their most frequent expenses and expenditure levels in the 30 days prior data collection. The average amount of general expenditure per household in the month prior to the interview was reported to be 528,000 IQD. **The average spending in the 30 days prior to the interview on the top three highest general average household expenses was found to be food (234,000 IQD), followed by rent (96,000 IQD) and healthcare (88,000 IQD).**

At the national level, the top three reported expenditures of the assistance received by households were debt repayment (67%), food (64%) and healthcare costs (52%).⁸ Notably, these results differ from the categories most widely reported by households as their top priority needs (p.6) as well as the categories forming the largest proportion of general average household expenditure.

Cash Assistance Expenditure

At the time of data collection, 749 out of 760 (97%) households reported having spent all of the MPCA received. Households in the KR-I (97%) were slightly less likely to have reported spending all of the MPCA received compared to households in the Federal-Iraq (98%).

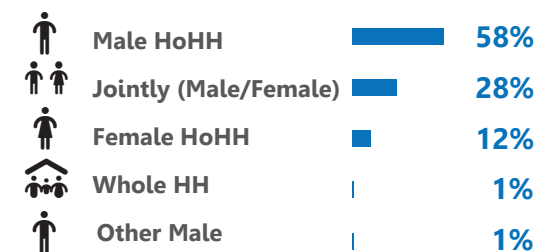
More than half of beneficiary households (58%) reported that male head of household made decisions on how the assistance should be spent. There was no disagreement among household members on how the assistance should be spent.

There was an overall decrease in the proportion of households that reported having spent all of their assistance within the first two weeks between the PDM Batch 2 of 2021 (61%) and the PDM Batch 1 of 2022 (26%). Additionally, there was an increase in the proportion of households who reported having taken more than one month to spend the assistance, going from 17% in Batch 2 of 2021 to 20% in the PDM Batch 1 of 2022.

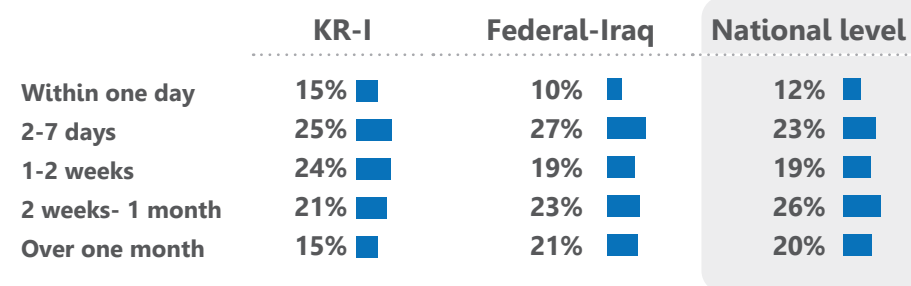
Top three reported expenditures of assistance received:⁷



Proportion of households by who decided how the assistance was spent:



Among the households who reported having spent all of their assistance by the time of the interview (97%), proportion of households by reported timeframe in which the assistance was spent by region of Iraq:⁸



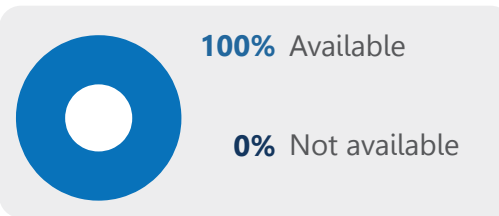
⁷ Multiple categories could be selected, findings may exceed 100%.

⁸ The subset size is 749 (97% of 760).

Availability, Quality and Price of Basic Needs Items

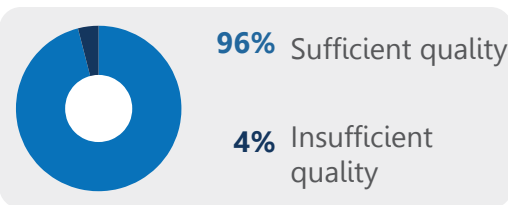
Basic needs items are those that provide for and fulfil primary human needs and are defined in terms of household essential items, as well as access to basic services and assistance in water, sanitation and hygiene (WASH), health, nutrition, food, shelter, energy, education and specialised services for those with specific needs. Across all governorates, 100% of households reported the availability of basic needs items in local markets.

Proportion of households reporting availability of basic needs items in local markets when needed:



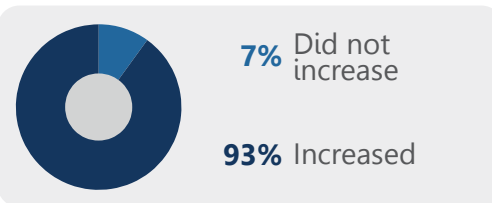
As for the quality of these basic needs items, **96% of households reported that items were of sufficient quality at both the national level and the governorate level.**

Proportion of households reporting that basic needs items in the markets were of sufficient quality:



Regarding the price of these basic items, **93% of households reported perceiving increases in prices after receiving assistance.** At the governorate level, all surveyed households in Kirkuk, Ninewa and Wasit reported perceived increased prices of basic goods.

Proportion of households reporting an increase in the price of basic needs items in the market after receiving assistance:

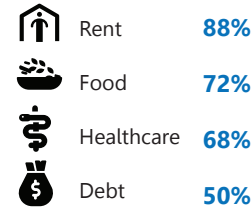


Primary Needs After Cash Assistance

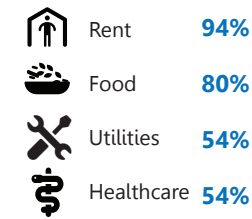
At the national level, the top 4 reported priority needs in the 30 days before data collection were food (79%), healthcare (62%), cash to cover rent (60%) and utilities (58%).⁹

Top four priority needs reported by households in the 30 days prior to data collection, by governorate:⁹

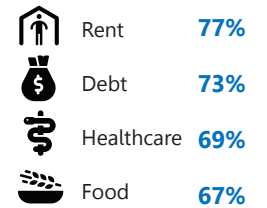
Al-Sulaymaniyah



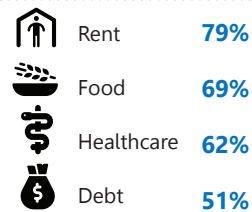
Babil



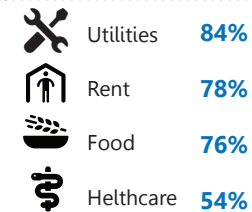
Baghdad



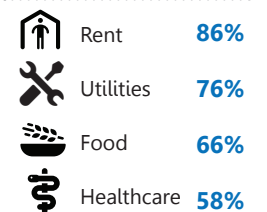
Diyala



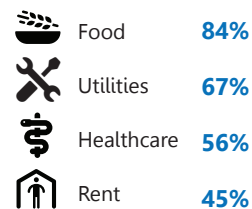
Duhok



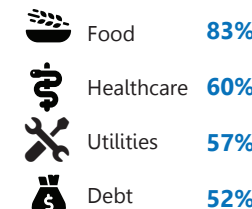
Erbil



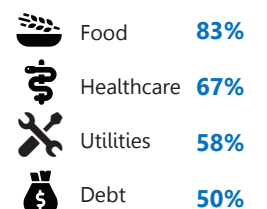
Kirkuk



Ninewa



Salah Al-Din



⁹ Multiple categories could be selected, findings may exceed 100%.







Impact of Cash Assistance on Primary Needs

To understand the extent to which the assistance had an impact on beneficiary households, respondents were asked about the extent to which they felt that MPCA had helped improve their household's overall living conditions. **At the national level, the majority of households (89%) reported that the MPCA resulted in an improvement in their overall living conditions of their household.** When households were asked about the extent of this improvement, the most commonly reported response was "a moderate improvement" (54%), followed by "a slight improvement" (38%). **Only 7% of beneficiary households reported having experienced a significant improvement after receiving the assistance,** and 1% of households reported experiencing no improvement at all.

Of the households that reported an improvement in their living conditions to any extent (89%), the most commonly reported improvements included repaying debts (67%), meeting healthcare needs (50%), and having a better capacity to meet basic needs (37%). Households further cited an increased quantity and quality of food consumed (36%) and avoiding eviction by paying rent (28%) as additional improvements.¹⁰ A small number of households also reported that the assistance allowed them to send their children to school (7%) and/or start their own businesses (7 households).¹⁰ Of the households that reported no improvements from MPCA (11%), the majority mentioned that the assistance provided only short term relief (65%), the assistance failed to improve their situation because it ran out too quickly (32%), the amount of assistance was insufficient to make an impact (21%).¹¹

Impact of Cash Assistance on Sense of Security

Proportion of households by the extent to which they reported agreeing or disagreeing with statements about the impact of assistance on their households in the 30 days prior to data collection, by governorate:^{11,12}

	Al-Sulaymaniyah			Babil			Baghdad			Diyala			Duhok			Erbil		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree
 I was less worried about the future of my household	57%	26%	17%	46%	28%	26%	77%	21%	2%	47%	17%	36%	53%	21%	26%	60%	19%	21%
 I felt more secure and stable in my ability to provide for my family	54%	36%	10%	43%	44%	13%	77%	21%	2%	46%	28%	26%	54%	22%	24%	59%	24%	17%
 Financial issues did not cause stress for me and my family	33%	28%	39%	28%	28%	44%	46%	21%	33%	25%	19%	56%	16%	44%	40%	36%	24%	40%
	Kerbala (14 HHs)			Kirkuk			Ninewa			Salah Al-Din			Wassit (21 HHs)			National level		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree	Agree	Neutral	Disagree
 I was less worried about the future of my household	1	11	2	46%	19%	35%	63%	15%	22%	62%	13%	25%	15	2	4	60%	18%	22%
 I felt more secure and stable in my ability to provide for my family	0	14	0	52%	27%	21%	59%	29%	12%	63%	21%	16%	14	7	0	58%	28%	14%
 Financial issues did not cause stress for me and my family	0	11	3	17%	35%	48%	30%	27%	43%	26%	36%	38%	9	1	11	30%	29%	41%

¹⁰ Multiple categories could be selected, findings may exceed 100%.

¹¹ Findings for governorates with a sample size below 39 (Kerbala and Wassit) are reported in absolute numbers, and should be considered as indicative only. Findings from governorates with a sample size under 10 are not reported on at the governorate level but are included in the results at the national level.

¹² The initial responses for this question contained five options: "strongly agree", "agree", "neutral", "disagree" and "strongly disagree". "Strongly agree" and "agree" responses were condensed into one single response, "agree", while "strongly disagree" and "disagree" responses were merged into the "disagree" response.

Impact of Cash Assistance on Sense of Security (continued)

At the national level, almost all households reported that the MPCA had a positive effect on their lives in relation to the following:



89%

Of households reported that the MPCA improved their living conditions



99%

Of households reported that the MPCA reduced the financial burden of the household



99%

Of households reported that the MPCA reduced feelings of stress

Proportion of households by the extent to which they reported that MPCA had an impact on the following, by governorate:¹³

	Al-Najaf (2 HHs)				Al-Sulaymaniyah				Babil				Baghdad				Diyala			
	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect
Improved your living conditions	0	2	0	0	7%	51%	41%	1%	9%	50%	41%	0%	8%	42%	44%	6%	6%	59%	34%	1%
Reduced financial burden	1	0	1	0	4%	55%	40%	1%	19%	52%	28%	1%	8%	34%	54%	4%	10%	63%	25%	2%
Reduced feelings of stress	0	1	0	0	7%	60%	32%	1%	5%	65%	30%	0%	8%	40%	46%	6%	15%	48%	37%	0%
	Duhok				Erbil				Kerbala (14 HHs)				Kirkuk				Ninewa			
	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect
Improved your living conditions	2%	47%	51%	0%	7%	43%	42%	8%	0	6	8	0	8%	48%	41%	3%	7%	58%	34%	0%
Reduced financial burden	6%	53%	41%	0%	6%	53%	36%	5%	0	6	8	0	10%	47%	40%	3%	14%	53%	33%	0%
Reduced feelings of stress	4%	59%	37%	0%	12%	47%	34%	7%	0	6	8	0	15%	41%	44%	0%	10%	56%	34%	0%
	Salah Al-Din				Wassit (21 HHs)				National Level											
	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect	Significantly	Moderately	Slightly	No effect								
Improved your living conditions	8%	53%	39%	0%	0	14	7	0	7%	54%	38%	1%								
Reduced financial burden	12%	51%	37%	0%	4	10	7	0	11%	52%	36%	1%								
Reduced feelings of stress	7%	53%	40%	0%	3	15	3	0	9%	54%	36%	1%								

¹³ Findings from governorates with a sample size below 39 are reported in absolute numbers, and should be considered as indicative only.

V. HOUSEHOLD USE OF NEGATIVE COPING STRATEGIES

Most Commonly Reported Negative Coping Strategies

All beneficiary households were asked to report on the negative coping strategies used to mitigate a lack of food or money in the 30 days prior to data collection. **At the national level, buying food on credit (80%), taking out new loans or borrowing money (48%) and reducing expenditure on non-food items (47%) were the most commonly reported negative coping strategies employed by households.**¹⁴ Across all governorates (excluding those with indicative findings), these were the three most reported coping mechanisms in the same order.

While the most commonly reported types of coping strategies adopted by households were consistent with findings from the PDM Batch 2 of 2021, the proportion of households adopting negative coping strategies at the national level decreased in the PDM Batch 1 of 2022. In particular, the proportion of those who reported buying food on credit decreased from 85% to 80%, and the proportion of those who reported a reduced expenditure on non-food items decreased from 59% to 47%. Likewise, the proportion of households that reported spending their savings reduced from 31% to 20%.

Top three most commonly reported coping strategies used by households in the 30 days prior to data collection at national level, by governorate:^{14,15}

Governorate	Bought food on credit or through borrowed money from relatives and friends	Took out new loans or borrowed money	Reduced expenditure on non-food items
Al-Najaf (2 HHs)			
Al-Sulaymaniyah	72%	48%	41%
Babil	89%	46%	48%
Baghdad	83%	62%	69%
Diyala	72%	48%	11%
Duhok	87%	40%	41%
Erbil	83%	67%	61%
Kerbala (14 HHs)	12	10	
Kirkuk	92%	37%	53%
Ninewa	84%	52%	46%
Salah Al-Din	73%	36%	58%
Wassit (21 HHs)	14	14	10

■ Most commonly reported coping strategy
 ■ 2nd most commonly reported coping strategy
 ■ 3rd most commonly reported coping strategy
 ■ N/A

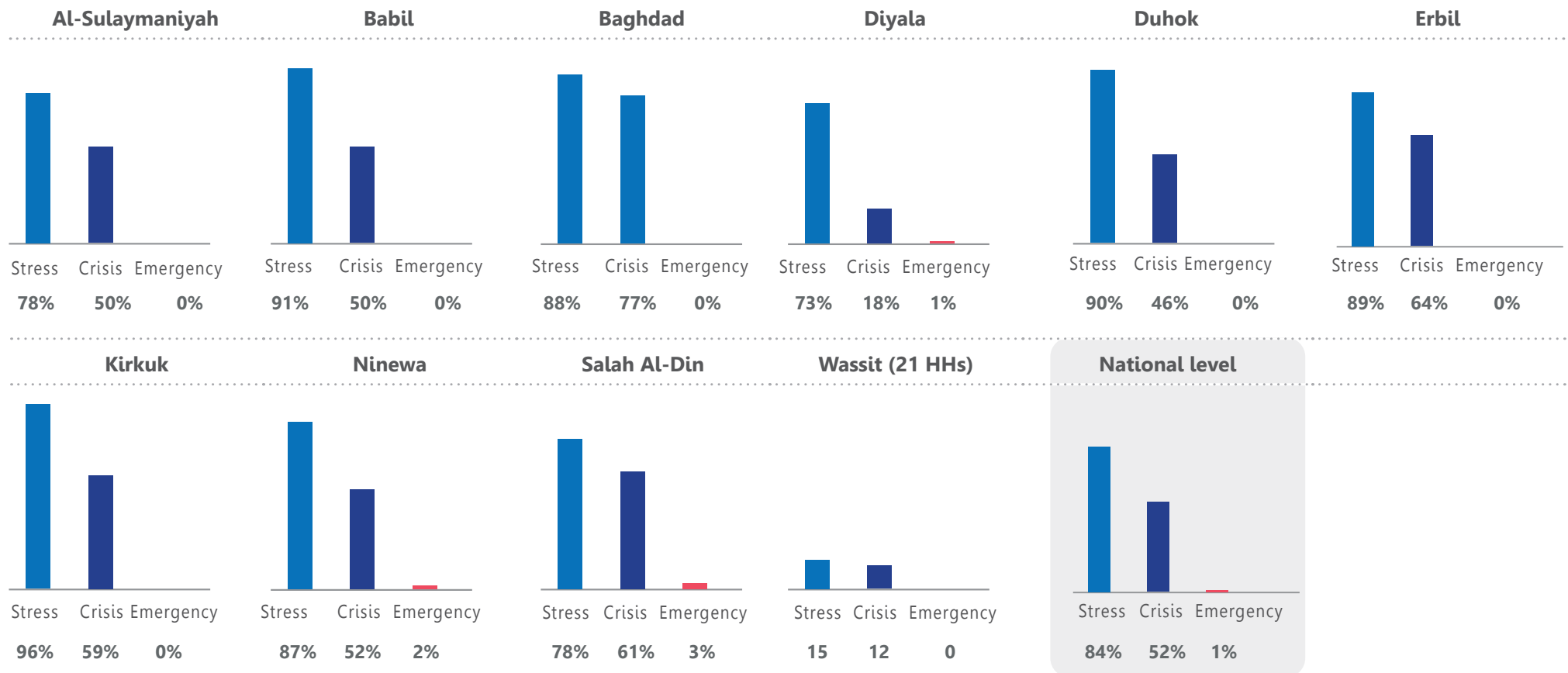
¹⁴ Multiple categories could be selected, findings may exceed 100%.

¹⁵ Findings for governorates with a sample size below 39 (Al-Najaf, Kerbala and Wassit) are reported in absolute numbers and should be considered as indicative only.

Coping Strategies by Category

Coping strategies are an indicator of household vulnerability and are segmented into three categories defining their level of severity, based on coping mechanisms identified in the Consolidated Approach to Reporting Indicators (CARI) and UNHCR Cash-Based Interventions (CBI) indicator coping mechanisms.¹⁶ **Stress coping strategies** are defined as indicators of moderate vulnerability and consist of: spending savings to purchase food and basic goods, buying food on credit, skipping rent and debt payments, attending events where food is served and taking on new loans. **Crisis coping strategies** are defined as indicators of high vulnerability and consist of: selling productive assets, selling means of transportation, reducing expenditure on non-food items, moving home/shelter to decrease housing costs, withdrawing children from school, sending a relative elsewhere to work and having a child enter the labour market to increase household income. **Emergency coping strategies** are defined as an indicator for severe vulnerability and consist of: child or forced marriage, accepting that adult male or female members of the family are engaging in risky behaviour, begging and migration of the entire household.

Proportion of beneficiary households by category of coping strategies used in the 30 days prior to data collection, by governorate:^{17,18}



¹⁶ Based on <https://www.wfp.org/publications/consolidated-approach-reporting-indicators-food-security-cari-guidelines>.

¹⁷ Multiple categories could be selected, findings may exceed 100%.

¹⁸ Findings for governorates with a sample size below 39 (Al-Najaf, Kerbala and Wassit) are reported in absolute numbers, and should be considered as indicative only. Findings from governorates with a sample size under 15 are excluded but are represented in the national results.

VI. FOOD SECURITY

Household Food Consumption Score

The Food Consumption Score (FCS) is a common food security indicator designed by the World Food Programme (WFP). It represents households' dietary diversity and nutrient intake, calculated by observing the frequency of households' consumption of food items from the different food groups during a seven-day reference period. Hence, all households reported on their consumption of food across different categories in the seven days prior to data collection. Food items included cereal and grains, legumes and nuts, milk and other dairy products, meat, fish and eggs, vegetables and leaves, fruits, fat and butter, sugar or sweets, and oil.

Overall, more than half of the beneficiary households at the national level (54%) reported having a borderline FCS. The highest proportion of households with a borderline FCS was found in Ninewa (60%).

Proportion of households by FCS index and average food consumption score,^{19, 20} by governorate:²¹

	Wassit (21 HHs)	Al-Sulaymaniyah	Babil	Baghdad	Diyala	Duhok
Poor	0	5%	0%	4%	2%	2%
Borderline	15	57%	48%	56%	42%	51%
Acceptable	6	38%	52%	40%	56%	47%
Average FCS²²	66	60	85	61	70	67
	Erbil	Kerbala (14 HHs)	Kirkuk	Ninewa	Salah Al-Din	National level
Poor	1%	0	0%	1%	2%	2%
Borderline	46%	11	55%	60%	55%	54%
Acceptable	53%	3	45%	39%	43%	44%
Average FCS²³	68	66	64	65	64	65

¹⁹ As defined by WFP based on Iraqi intake standards, an "acceptable" food consumption score is a score above 42.5, a "borderline" food consumption score is anything between 28.5 and 42, and a "poor" score is anything less than or equal to 28. Methodology available at: <https://www.wfp.org/publications/meta-data-food-consumption-score-fcs-indicator>. Accessed 23.01.2022.

²⁰ Direct comparisons of FCS as presented in the PDM Batch 2 of 2021 and Batch 1 of 2022 should be avoided as "condiments" are no longer included in the calculation of the FCS for 2022.

²¹ Findings for governorates with a sample size below 39 (Al-Najaf, Kerbala and Wassit) are reported in absolute numbers and should be considered as indicative only. Findings from governorates with a sample size below 10 are excluded but represented in national findings.

²² As defined by WFP based on Iraqi intake standards, an "acceptable" food consumption score is a score above 42.5, a "borderline" food consumption score is anything between 28.5 and 42, and a "poor" score is anything less than or equal to 28. Methodology available at: <https://www.wfp.org/publications/meta-data-food-consumption-score-fcs-indicator>. Accessed 23.01.2022.

²³ Ibid





Food Consumption Coping Strategies



Households were asked about their food consumption based coping strategies in the 7 days prior to data collection. They were asked to report how many days in a week, on average, they had used each of the negative coping strategies described below.

The food coping strategies that were reported to have been used most often at the national level were the "shift towards cheaper and less quality food items" (1.5 days) and consuming less food during meals (1.15 days). The reported frequencies indicate that, in comparison with results from the PDM Batch 2 of 2021, a higher proportion of households utilised food-related negative coping strategies. For instance, at the national level, in the PDM Batch 2 of 2021 the number of days per week that households reported shifting to lower quality food items was 1.3, while in this PDM Batch 1 of 2022 it was 1.5. Notably, purchasing food was also the primary expense for which MPCA was reportedly used for.

Types of negative food coping strategies, by average number of days households reported employing them in the week prior to data collection at the national level, and by governorate:

Types of food coping strategies employed	Average number of days in the week at national level	Governorates reporting above the national level					
 Shifting towards cheaper and less quality food items	1.5	Babil (1.6)	Duhok (2.3)	Kerbala 14²⁴ (3.6)	Kirkuk (1.6)	Salah Al-Din (1.8)	
 Consuming less food during meals	1.1	Duhok (1.6)	Salah Al-Din (1.6)	Kerbala 14²⁴ (1.2)	Ninewa (1.2)		
 Reducing the number of daily meals	0.8	Babil (0.9)	Baghdad (0.9)	Duhok (1.1)	Kerbala 14²² (1.1)	Ninewa (0.9)	Salah Al-Din (1.1)
 Reducing adults' food consumption to ensure the food needs of children	0.6	Duhok (1.3)	Salah Al-Din (0.9)	Erbil (0.8)			

²⁴ Findings from Al-Najaf and Kerbala should be considered as indicative only, due to a low sample size.

VII. CASH-OUT PROCESS


Information and Communication


98% Of households reported having received information about the MPCA before cashing out


99% Of households who reported having received information about the MPCA reported having no difficulty understanding the information received

Of those households who reported receiving information about the cash-out process prior to receiving MPCA, nearly all households reported receiving information through an SMS (99%) from their mobile provider, whilst 1% reported received a phone call.

Satisfaction with the Modality of Cash-out

 **100%** Of households reported being very satisfied or satisfied with the process of receiving cash assistance (from registration to cash-out)

 **100%** Of households reported being 'very satisfied' or 'satisfied' with the mechanism of receiving cash assistance through a mobile wallet

 **97%** Of households reported a preference for cash assistance over other forms of assistance, whilst 3% of households prefer combination of cash and items/in-kind (food or non-food) and only 1 household prefer items/in-kind.

Issues Faced During the Cash-out Process

100% Of households reported having received the same amount as specified in the communication received prior to cash-out.

114 Households reported having to pay someone at any stage of the process (from registration to cash-out).

9000 Average amount of informal fee paid to receive the assistance (in IQD)²⁵

No households reported having to pay to be considered eligible to receive MPCA.

Although all households reported having received full amount MPCA, **21% of households (114) reported paying an informal fee to the clerk at the cash-out location to receive the assistance.**




Of these 114 households, only one reported being 'somewhat satisfied' with the process of receiving assistance (from registration to cashing out), while the rest reported being 'very satisfied' or 'satisfied'.

²⁵ Average amount paid by the 114 households that reported paying someone to receive the assistance.

VIII. HOUSEHOLD VULNERABILITY PROFILE

Vulnerability Criteria for Assistance

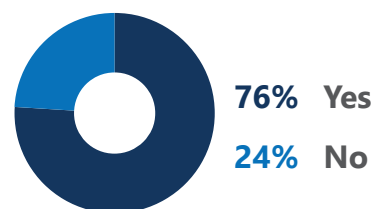
Proportion of households reporting specific vulnerabilities within the households, by governorate.²⁴

	Al-Sulaymaniyah	Babil	Baghdad	Diyala	Duhok	Erbil	Kerbala (14 HHs)	Kirkuk	Ninewa	Salah Al-Din	Wassit (21 HHs)	National-level
 Head of household with disability ²⁵	29%	20%	17%	30%	28%	17%	5	23%	26%	31%	4	27%
 Head of household with chronic illness ²⁵	31%	39%	42%	37%	35%	39%	2	33%	37%	40%	5	36%
 Pregnant or lactating members	26%	20%	27%	30%	25%	34%	5	41%	35%	26%	2	30%

Head of Household with Disability

At the national level, 27% of households reported having a head of households with a physical, visual, auditory, or mental disability. **At the governorate level, the lowest proportion of households reporting that the head of households had a disability was in Baghdad (17%) and Erbil (17%), whereas the highest proportion was in Salah Al-Din (31%).** Among those beneficiary households who reported that the head of household has a form of disability (27%), 25% responded that the disability prevented them from working or caring for themselves, while 51% reported that the disability 'somewhat prevented' the head of household from fulfilling these activities.

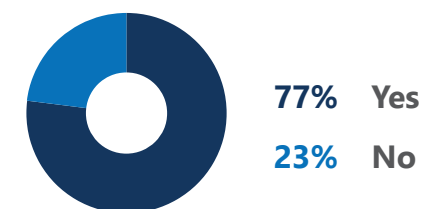
Among those households reporting that the head of household has a form of disability, proportion of households reporting that the disability either 'prevented' or 'somewhat prevented' them from working or caring for



Head of Household with Chronic Illness

At the national level, 36% of households reported that the head of household has a chronic illness. **The highest proportion of households with a head of household with a chronic illness was reported in Baghdad (42%).** Among those households who reported that the head of household has a chronic illness (36%), 54% mentioned that this 'somewhat prevented' the head of household from working or caring for themselves, while 23% reported that the illness entirely prevented the head of household from engaging in these activities.

Among those households who reported that the head of household has a chronic illness (36%), proportion of households reporting that the illness (outright or somewhat) prevented the head of household from working or caring for themselves:

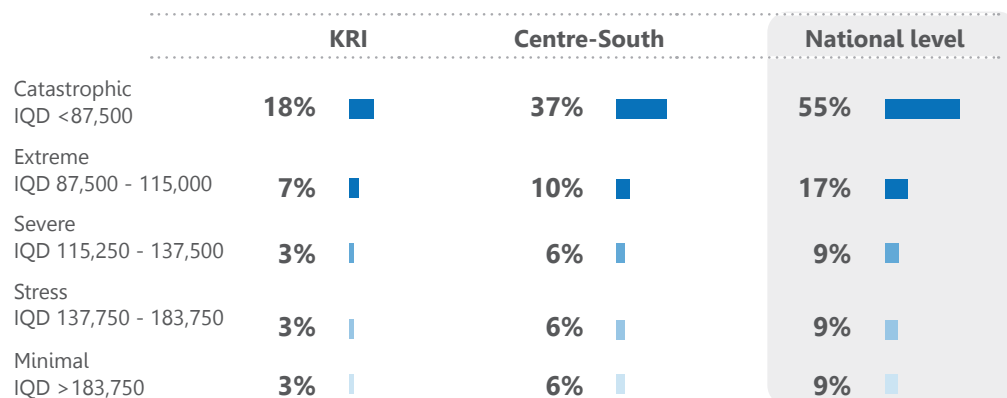


²⁴ Findings for governorates with a sample size below 5 (Al-Najaf) are not included, but are represented in the national-level findings. Findings for governorates with a sample size below 39 (Kerbala and Wassit) are reported in absolute numbers and should be considered as indicative only.

²⁵ Physical, visual, auditory or mental disabilities include difficulty seeing (even if wearing glasses), difficulty hearing (even if using a hearing aid), difficulty walking or climbing steps, or difficulty with self-care (washing all over or dressing). A chronic illness would include illnesses such as heart disease, cancer, lung disease, diabetes, or renal disease. Based on <https://databank.worldbank.org/metadataglossary/all/series> and https://www.cdc.gov/nchs/washington_group/wg_questions.htm. Accessed on 05.02.2022

Vulnerability Profile by Expenditure

Household vulnerability profile in the 30 days prior to data collection based on reported expenditure of households, by region of Iraq:²⁶

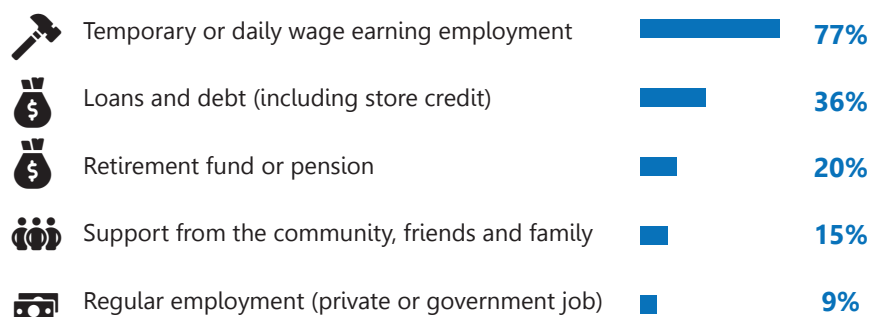


The household vulnerability profile is calculated by dividing total household expenditure in the 30 days prior to data collection by the number of persons within a household. Based on this figure, households are then placed into categories in line with the Cash Working Group's (CWG) Socio-Economic Vulnerability Assessment Tool (SEVAT).

At the national level, the majority of households were classified under the 'catastrophic' category (55%). Households in the federal-Iraq (6%) were more likely to have 'minimal vulnerability' than those in the KR-I (3%).

Household Income Sources

Proportion of households by most frequently reported income sources in the 30 days prior to data collection:²⁷



The average reported monthly income (excluding MPCA) across all governorates was IQD 498,000. Notably, there was a large decrease in households who reported loans and debt as an income source in this PDM (Batch 1 of 2022) (36%) compared to the PDM Batch 2 of 2021 (56%).

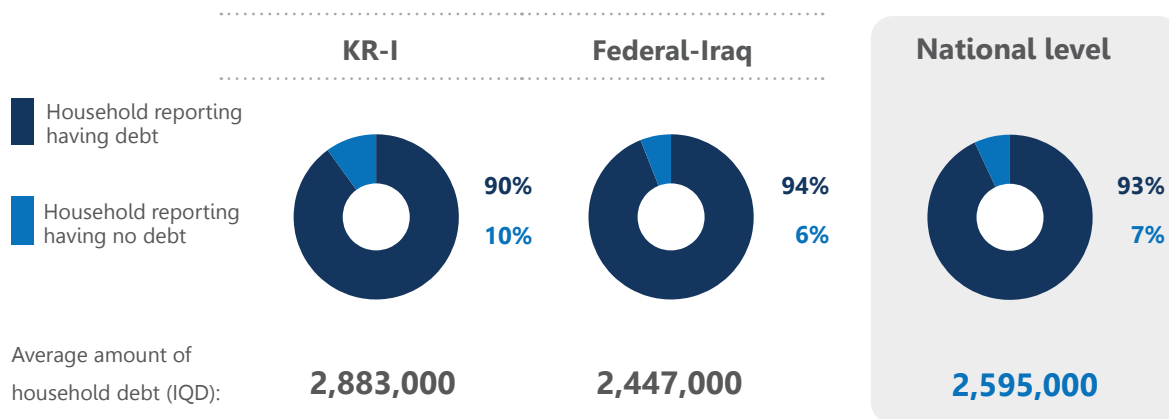
A small proportion of households also reported income from their own businesses (2%).

²⁶ The categories are standardised by the Cash Working Group (CWG) of Iraq in the <https://www.humanitarianresponse.info/en/operations/iraq/assessment/socio-economic-vulnerability-assessment-sevat> (SEVAT) and are used here as intended, except for the adjustment in the categorisation which took into account the state-executed devaluation of the IQD in early 2021 from circa 1,200 IQD per 1 USD to 1,460 IQD per 1 USD, based on data from <https://www.xe.com/>. Accessed on 09.02.22. Each household is categorised based on the calculation: total household expenditure divided by number of persons in the household. The terminology comes from Iraq CWG's SEVAT and is not reflective of any technical definition or specific connotations that the term "catastrophic" might generally convey.

²⁷ Multiple categories could be selected, findings may exceed 100%.

Reported Household Debt

Proportion of households reporting having debt and the average amount of debt (in IQD), by region of Iraq:



At the national level, the vast majority of households reported being in debt (93%) and the proportion of those in debt is higher in the Federal-Iraq than in the KR-I.

Notably, of the households who reported having debt, the average amount of household debt (IQD) was markedly higher (2,883,000) in the KRI than in the Centre-South (2,447,000).

Accommodation Profile

Proportion of households by reported type of accommodation, by governorate:^{28,29}

	AL-Sulaymaniyah	Babil	Baghdad	Diyala	Duhok	Erbil	Kerbala (14 HHs)	Kirkuk	Ninewa	Salah Al-Din	Wassit (21 HHs)	National-level
House	90%	85%	79%	89%	71%	86%	12	77%	86%	85%	20	85%
Unfinished, abandoned or damaged building	1%	5%	11%	0%	16%	10%	0	12%	6%	7%	1	6%
Non-residential structure (garage, farmhouse, shop)	7%	0%	4%	1%	4%	4%	0	4%	3%	1%	0	3%
Apartment	2%	6%	2%	4%	6%	0%	2	5%	1%	3%	0	2%
Tent	0%	0%	0%	0%	1%	0%	0	0%	2%	4%	0	2%

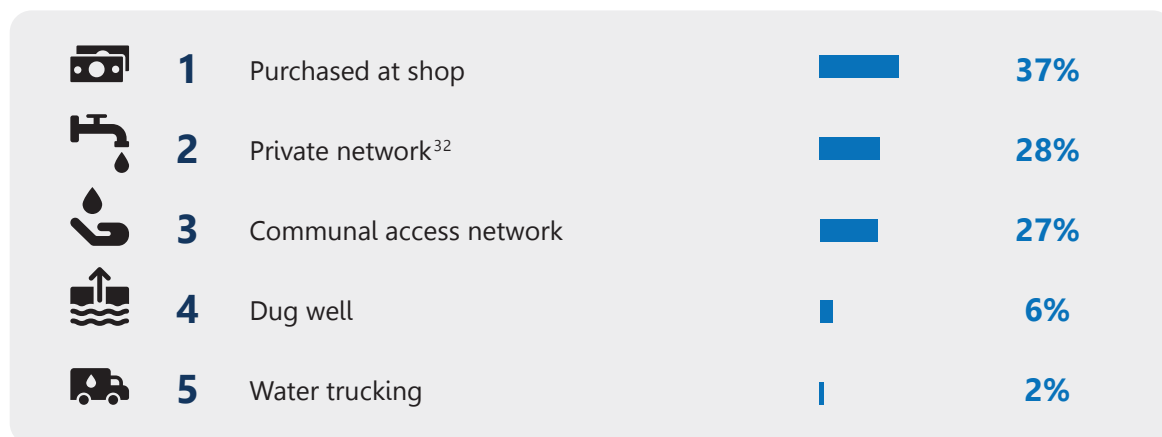
At the national level, the most frequently reported type of accommodation was a house (85%), followed by unfinished, abandoned or damaged buildings (6%), and non-residential structures (3%). The highest proportions of households that reported living in unfinished, abandoned or damaged buildings were in Duhok (16%) and Kirkuk (12%). Households reported living in non-residential structures at a noticeably higher proportion in Al-Sulaymaniyah (7%) than at the national level (3%).

²⁸ Only the most commonly reported types of shelter have been presented here, so figures may be lower than 100% in some governorates.

²⁹ Findings for governorates with a sample size below 5 (Al-Najaf) are not included, but are represented in the national-level findings. Findings for governorates with a sample size below 39 (Al-Najaf, Kerbala and Wassit) are reported in absolute numbers and should be considered as indicative only.

Source of Drinking Water

Primary source of drinking water reported by household in the 7 days prior to data collection:



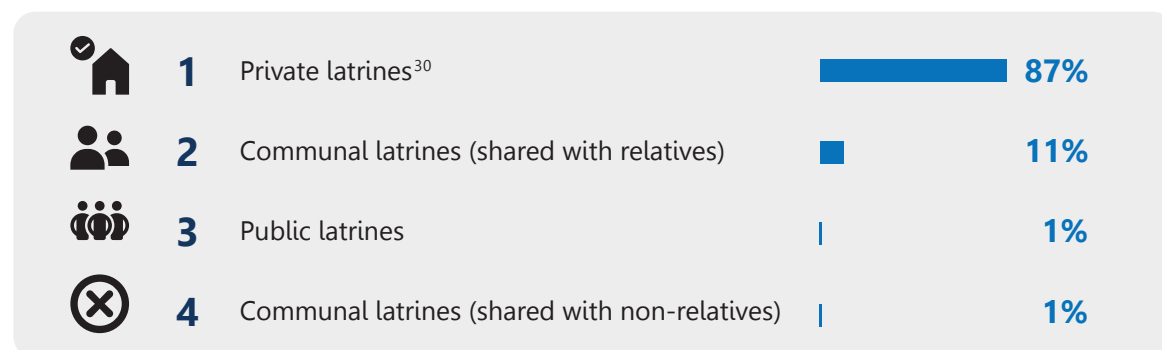
The most commonly reported primary source of drinking water in seven days prior to data collection was a purchased water at a shop (37%), followed by private network (28%), and a communal access network (27%). A small minority of households reported using a well (6%) or water trucking (2%).

Despite remaining the most commonly reported option, **the proportion of households that reported primarily using a private network for water was 42% in Cycle 3/4, compared to 28% in Cycle 5/6.**

A small minority of households reported primarily obtaining drinking water from rivers and/or springs in Salah Al-Din (2%).

Toilet Access Type

Proportion of households by type of functional toilets to which they reported having access to:



A functional latrine is defined as of a hole or pit which should not be blocked, water should be available (for flush/pour flush toilets), and there should be no cracks or leaks in the toilet structure.

The majority of households reported having access to a private latrine (87%), followed by communal latrines (11%).

³⁰ Only accessible by the household.

IX. CONCLUSION

This report presented the findings from the first batch of post-distribution monitoring assessment of MPCA provided to out-of-camp IDPs by UNHCR and its implementing partners between October and December 2021. Below is a summary of key results that emerged during the analysis and that could help inform the next iteration of UNHCR programming around MPCA provided to out-of-camp IDPs.

- **Baghdad was the governorate where the highest proportion of households reported being in debt (99%),** relying on credit and/or borrowing from friends to purchase food (83%).
- **Kirkuk was the governorate with the highest proportion of households reporting using stress coping strategies (96%) such as spending savings to purchase food and basic goods, buying food on credit, skipping rent and debt payments, attending events where food is served and taking on new loans. The majority of beneficiary households in Duhok and Erbil governorates (90% and 89% respectively) also reported using stress coping strategies.**
- **In Ninewa and Al-Sulaymaniyah governorates, more than half of the beneficiary households reported having a "borderline" or "poor" FCS (61% and 62% respectively).**
- **The average amount of debt per household was higher in the KR-I than in Federal-Iraq, with important variations in the amount of debt being noted at the geographical and household level.** In addition, there may be a possible relationship between the level of debt accumulated by households and the use of "stress" and "crisis" coping strategies. For instance, in Baghdad governorate where 99% of beneficiary households reported being in a form of debt, 88% of households also reported using at least one form of "stress" coping strategies and 77% declared using at least one "crisis" coping strategy. This could suggest that MPCA has less impact on households with pre-existing high levels of debt.
- **The majority of households (93%) reported experiencing an increase in the prices of basic needs after receiving MPCA,** which could indicate that MPCA had an inflationary effect. If prolonged, this could result in a reduction of the impact of MPCA. Also, it is important to note that, after distribution, food expenses still remained the first or second need/priority in a number of governorates.
- **One fifth (21%) of households reported paying an informal fee to the shopkeeper when collecting their MPCA.** This result, especially when compared with findings from previous PDM batches and other types of UNHCR MPCA PDMs (e.g. MPCA to refugee households), suggests that being able to cash out the full amount of MPCA remains a key challenge in the process of receiving assistance. Therefore, further investigating these non-compliance cases could be an area of focus for UNHCR's future programming to enhance the effectiveness of their activities.
- **Several indicators showed a notable improvement in beneficiaries' overall situation after receiving MPCA.** For instance, at the national level, 99% of households reported that MPCA had reduced their stress and the financial burden of the household, and 89% reported that their living conditions had improved. Furthermore, more than half (58%) of beneficiary households reported feeling more stable and secure in their ability to provide for their families and (60%) reported being less worried about the future. However, findings from this PDM seem to show that the impact of MPCA on beneficiary households is often short-term and that households' basic needs such as food and healthcare remain unmet, even after receiving the assistance.