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# **Report on the Situation of IDPs in the Displacement Camps in Dohuk Governorate/Iraq**

*July 2025*

**In an effort to illuminate the current humanitarian and health conditions in the camps, the international organization Wadi, in collaboration with its Kurdish partner Human Network for Health and Humanitarian Action, conducted a field survey across five IDP camps in Duhok Province: Khanké, Essyan, Sharia, Kabarto I, Kabarto II.**

The situation in the Yazidi displaced persons camps in Northern Iraq has deteriorated significantly in recent months. In 2024, the Iraqi Ministry of Migration and Displacement announced plans to close the camps, leading to a withdrawal of aid and the exit of many humanitarian organizations. By 2025, the Trump administration systematically dismantled the U.S. Agency for International Development (USAID), leaving most remaining organizations without funding. This financial shortfall forced many of them to cease their operations as well. Meanwhile, there are many reasons why camp residents do not consider it safe to return to their areas of origin.

The primary objective of this survey was to identify the most pressing health issues and basic needs faced by the residents of these camps, providing a comprehensive overview of their daily lives. The survey involved meetings with key stakeholders within the camps, as well as discussions with several displaced individuals, to gather first-hand and detailed information. This approach aims to reflect the current challenges and contribute to the development of practical strategies to enhance the humanitarian and health conditions in these communities.

## **1. Assessment of the General Situation**

### **Health**

Very few humanitarian organizations are still operating in the camps. In Kabarto I and II, there is a complete absence of health and psychological awareness services, in Sharia camp their presence is largely symbolic and lacks meaningful impact. The situation in Khanké and Essyan is similarly dire. Furthermore, support for individuals with special needs or vulnerable groups is generally unavailable.

For instance, in Essyan camp, the availability of psychosocial support is as follows: A team from the Jiyan Foundation for Human Rights offers psychosocial services, but their coverage is extremely

limited and is expected to cease operations in the coming days. Additionally, a team from Wadi operates within the camp, but they only assist a small number of internally displaced persons (IDPs) and are unable to address all cases. The Free Yazidi Organization previously provided psychosocial support, but their efforts were halted following the U.S. decision to cut USAID funding. Consequently, the majority of IDPs in the camp experience a critical shortage of psychosocial support, despite a pressing need for such services due to the trauma they have endured.

Each camp is equipped with a health center; however, since most organizations have withdrawn, these centers are now operated by the government. The services offered are extremely limited, and many IDPs encounter significant challenges in accessing healthcare due to the following reasons:

- Lack of specialized medical personnel: There are no specialists at the centers, and those present are often only nurses who lack the capacity to perform medical examinations or provide the necessary treatment for medical conditions.
- Lack of medicines and tests: The centers severely lack basic medicines and medical supplies, and no medical tests are performed. The severe shortage of medicines mainly affects those for chronic diseases .
- Limited medical visits: A doctor commissioned by IOM visits the health centers only once a week. His visit is limited to consultations, without providing treatment or tests.
- Poor service quality: Most survey participants reported that they had not received any services from the health center for nearly two months.
- Difficulty accessing centers outside the camp: Some IDPs are forced to visit the center, despite its poor facilities, because they are unable to leave the camp and travel to external health centers for treatment.

## **Reproductive Healthcare**

Reproductive healthcare is virtually unavailable: No prenatal care, no regular checkups for pregnant women, no midwife or gynecologist available. Delivery rooms have been closed for over a year. There are neither health programs nor any support for pregnant women.

## **Children's Health**

There is a health team from the Shekhan Health Department that provides vaccinations for children, but only once a week or even every two weeks. This frequency is insufficient. As a result, many parents have to take their children outside the camp to obtain necessary vaccinations.

In all the camps, interviewees reported a significant number of children suffering from malnutrition.

Childcare is not available in any of the camps.

## **Potable Water**

The majority of the IDPs reported that the water available in the camp was safe to drink. However, investigations revealed that no official body had tested the water to ensure its safety. Several survey participants indicated that the water was unsafe, prompting some families to purchase water filtration devices. However, each device costs approximately 150,000 dinars (100 USD), which is unaffordable for most low-income families.

The majority, however, lack awareness of the risks of water contamination and rely on reassurances from camp management. Several cases of diarrhea, cholera, and food poisoning have been reported which suggest they are likely linked to contaminated drinking water.

Kabarto II camp lacks drinking water and relies on chlorine and water tanks. The situation poses a serious health risk due to broken pipes that may lead to the contamination of drinking water with sewage. Furthermore, there is a lack of awareness regarding the cleanliness of the water tanks.

## **Environmental Situation**

### Environmental Pollution from Nearby Oil Companies

Several camps are situated near oil companies, leading to significant air pollution from strong odors and smoke emitted by the facilities, particularly at night. Many residents have reported being affected by these unpleasant smells.

Testimonies from camp residents indicate a rise in respiratory illnesses, and several cancer cases have been documented, which are believed to be associated with the environmental pollution caused by the proximity of the oil company. Some of those affected have died, and residents strongly believe that pollution is the direct cause of these health issues.

### Influx of Livestock into the Camp

Camp residents have raised concerns about the influx of large numbers of sheep and livestock from outside the camp, resulting in environmental pollution and the proliferation of unpleasant odors and insects. This situation has contributed to health issues among children, particularly given the lack of an effective response from camp administration despite ongoing appeals for action.

### Insufficient waste management

Generally, the investigating teams identified a build-up of waste and bad smells resulting from inadequate cleaning services. There was a lack of garbage containers and bags, along with infrequent visits from waste collection vehicles. These unsanitary conditions pose a potential health risk to residents. Additionally, there is a notable absence of effective environmental awareness programs.

The accumulation of dirt and waste in the camp is one of the most significant environmental challenges that threaten public health. The camp lacks an effective waste management system,

resulting in unpleasant odors and air pollution, thus increasing respiratory problems in the population, especially children and the elderly.

### **Unemployment and Exploitation at Work**

Camp residents are grappling with high unemployment rates, forcing many — men, women, and children — to accept arduous work under harsh conditions for wages that are insufficient to meet their basic needs. Their financial desperation is exploited by some local farmers, who employ IDPs in agricultural and harvesting tasks for long hours, sometimes up to 10 hours a day, under the scorching sun, for a daily wage of only 5 USD, or even less.

One girl shared that she works 8 hours a day for a monthly salary of no more than 50,000 Iraqi Dinars. She feels compelled to do this to support her sister with special needs, as there are no alternative options available. This situation constitutes a clear violation of human rights and necessitates urgent intervention from stakeholders to provide fair employment opportunities and protect IDPs from exploitation.

### **Early Marriage and its Risks**

Early marriage is a significant social issue prevalent in the camps, where many girls marry at a young age, often due to a lack of awareness about the dangers associated with early marriage and childbearing. Additionally, there is insufficient support and education for young mothers and their children. This form of marriage frequently results in early divorces, particularly among young couples, leading to negative psychological and social consequences for families, especially for women and children.

One of the mothers said: "We don't have family privacy inside the camp, and we can't control our children or prevent them from marrying early due to the lack of space and the lack of a safe environment for the family."

An elderly man in the camp pointed out that many families marry off their children at a young age to escape the burden of financial responsibility, without considering the potential consequences of such marriages that worsen social problems within the camp.

### **The Question of Return**

The return of the IDPs to Sinjar District continues to face significant and complex challenges, most notably the lack of security and stability. The region suffers from the presence of numerous armed groups, in addition to the presence of the Kurdistan Workers' Party (PKK), which makes it vulnerable to repeated Turkish shelling and keeps the security situation fragile and unpredictable.

In addition, the district suffers from a clear administrative vacuum, with no officially appointed mayor or sub-district directors. This vacuum has persisted for more than two years due to the political

conflict between the central government in Baghdad and the Kurdistan Regional Government. As a result, many Yazidis — both in Sinjar and in displacement areas within KRI — feel marginalized and neglected, and believe they are being politically used by both parties.

Among the main reasons hindering return is the housing crisis. Many displaced persons have stated that they cannot return due to the lack of adequate housing or livable infrastructure.

There was an initiative by USAID to build the "New Kojo Village" to compensate residents of the original village destroyed by ISIS. However, the project was permanently halted following a decision by the new U.S. administration, leaving residents without the hope of return and stability.

In Khanké and Essyan camps, interviewees were asked about their willingness to return to the areas from which they were displaced, as well as the reasons why most internally displaced persons (IDPs) have not yet returned, despite the challenging conditions in the camps.

The consensus among respondents is that while most IDPs desire to return, several obstacles prevent them from doing so, compelling them to remain in the camps. This applies especially to those from Sinjar. Many expressed a strong wish to return, contingent upon the fulfillment of basic requirements in their home areas, including

- Security — given the ongoing rivalry among several militant factions and Turkish bombardments
- Adequate housing, as most homes are destroyed
- Essential services such as electricity, water, education and medical care
- Issuance of return permits. The Ministry of Migration has halted the issuance of return permits for IDPs, complicating their official and legal reintegration.
- Establishment of a civil administration. The lack of a formal and official civil authority in the area renders any potential return both risky and uncertain.
- Payment of compensation. IDPs have not received the compensation they are entitled to for the damage caused to their properties; and payments are currently suspended.
- Creation of employment opportunities. The dire economic conditions and lack of job opportunities in Sinjar are among the primary reasons that compel people to stay in the camps.

Under the current circumstances, the vast majority does not wish to return.

It was noted that each family had different personal circumstances that affected their decision.

#### The return permit suspension and its consequences:

Dozens of families had submitted official applications to obtain the "Return Letter," a legal procedure that allows them to return to their areas with some government assistance. However, these applications were suspended, leaving these families stuck between two options: returning without a

legal cover or remaining in the displacement camps, which has caused family and psychological instability.

In this context, it is important to clarify that the "Return Letter" was previously issued by the Ministry of Migration and Displacement, in implementation of the Iraqi Prime Minister's decision to close the displacement file. Under this letter, each returning family is granted four million Iraqi dinars, in addition to administrative facilities to enable their official return.

However, for nearly a year, this letter has been suspended, and without it, IDPs cannot legally return. In light of this suspension, we — as a group of youth from Sinjar — held a meeting with the Ministry of Migration and Displacement, where we demanded compensation for the IDPs and the returnees, as well as facilitating the procedures and transactions for the families who are still displaced or have recently returned.

The Ministry officials clarified during the meeting that the decision to suspend the "Return Letter" was not issued by them, but rather by the Kurdistan Regional Government. However, matters remain unclear, and there is no precise information yet on the party that is actually responsible for this decision. This further complicates the situation, leaving hundreds of families in a state of uncertainty and anxiety.

Notably, there seems to be a contradiction in the government's policies towards the displaced: On one hand, the "Return Letter" and the disbursement of compensation — the primary mechanisms enabling families to return to their areas — have been suspended. On the other hand, most basic aid and services provided in the camps have been halted, increasing the pressure and suffering on the IDPs and putting them in an unbearably difficult situation, as they lack real options for resettlement or a dignified return.

## **2. Recommendations**

The IDPs in the camps face a number of critical issues that require rapid intervention. Their most pressing needs include:

- Restarting maternity wards and mother and child care centres. Pregnant women should be supported and appropriate reproductive health programs should be provided.
- Enhancing Medical Services: Improve healthcare by ensuring the availability of medical personnel, medications, and regular check-ups. Medications for chronic diseases and other essential treatments must be readily accessible. Specialized medical teams should be sent to the camps on a regular basis.
- Establish child protection and psychosocial support programs: Humanitarian organizations must receive funding to deliver essential health and social services.
- Individuals with special needs should be included in support and care programs.

- **Renovating Tents:** The existing tents are old and deteriorating, failing to provide adequate protection for the displaced, particularly during summer and winter.
- **Addressing Waste Accumulation:** A regular waste collection system must be established to prevent environmental and health hazards.
- **Reducing Air Pollution:** Immediate action is needed to reduce pollution from nearby oil facilities significantly.
- **Regulating the entry of livestock and preventing them from entering the camps.**
- **Increase Awareness:** Enhanced health and environmental awareness should be promoted among camp residents in collaboration with civil society organizations.
- **Improving Sewage Systems and Wastewater Treatment:** There is an urgent need to create a dedicated department for the maintenance of sewage networks to prevent wastewater leaks and the spread of disease.
- **Improving the supply of drinking water:** The supply system needs upgrading, especially in Kabarto II. Drinking water should be tested by a qualified official authority.
- **Creating Job Opportunities:** With widespread unemployment, there is a pressing need to support income-generating projects and temporary employment opportunities. Trainings and empowerment programs for the population to enhance their capabilities should be provided.
- **Establishing a Fire Brigade:** Given the frequent fires in the camps, it is essential to provide dedicated fire brigades to safeguard the lives and property of the displaced.

Recommendations to the Iraqi government, the Kurdistan Regional Government and relevant authorities include:

- Restarting the issuance of return permits.
- Paying out the compensations the IDPs are entitled to.
- Forming a permanent committee with the KRG to resolve the political and administrative obstacles in Sinjar.
- Promoting investment in residential reconstruction and infrastructure in Sinjar.

### **3. Conclusion**

The findings of this survey highlight a grim reality for residents of displacement camps in Dohuk, stemming from inadequate institutional support, declining services, and the absence of humanitarian organizations. The camps face a range of serious health and environmental challenges that directly impact the lives and safety of the residents. There is an urgent need for action by government agencies, international organizations, and donors to provide comprehensive interventions that ensure the continued existence of displaced persons in dignity, health, and safety.

The withdrawal of humanitarian organizations has left thousands of families without medical, psychological or social support. After more than 10 years of displacement, basic services and living conditions have not improved, but only deteriorated. Displaced people feel abandoned and suffer in silence. Children are left without adequate education, women without care, and patients without medicine. The steadfastness of these families requires real solidarity and immediate action.

We encourage the broad dissemination of the results of this survey.

Moreover, we suggest forming a coalition of organizations to provide coordinated assistance to the people in the camps. This coalition should include regular monitoring of conditions in the camps and the submission of periodic reports to the public and relevant authorities.