

# HAWIJA CITY AREA-BASED ASSESSMENT

OCTOBER-NOVEMBER 2018



**CRC**  
Community Resource Centre  
مراكز الموارد المجتمعية

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## Hawija Area-Based Assessment (ABA)

Produced by REACH Initiative (REACH) in collaboration with the Norwegian Refugee Council (NRC), Handicap International (HI), and Save the Children (StC) (all part of the Building Peaceful Futures consortium). REACH would like to thank NRC, HI, and StC for their participation in data collection for the Hawija city ABA. ABAs support the Community Resource Centre (CRC) Initiative, a partnership between the humanitarian community and the Government of Iraq's Joint Coordination and Monitoring Mechanism (JCMC).



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## Overview

Hawija city was one of the last remaining areas under the control of the so-called Islamic State of Iraq and the Levant (ISIL) and sustained significant damage during the presence of ISIL and military operations by the Government of Iraq (GoI) to retake the city. During that period many residents of the city were displaced. As of December 2018, the International Organization for Migration (IOM) has recorded approximately 143,628 returns to Hawija district,<sup>1</sup> while in October 2018, the IOM estimated that 56,544 individuals from Hawija district remained displaced.<sup>2</sup>

As the context in Hawija city transitions from an emergency to one of recovery and stabilization, the priority for the government and the humanitarian community has shifted to facilitating the safe return of internally displaced persons (IDPs), the resumption of key public services in order to make returns sustainable, and the equitable rebuilding of Hawija city for all residents. In support of the

international humanitarian community's aim to coordinate humanitarian service delivery through, for instance, the Hawija community centre (CC), REACH Initiative (REACH), in collaboration with partners, conducted an area-based assessment (ABA) that sought to provide a tailored and actionable profile of the city, with a focus on household-level needs, livelihoods, and access to public services.

Data collection for the ABA consisted of both qualitative and quantitative components. The qualitative component included: secondary data review (SDR), 50 semi-structured key informant interviews (KIIs) with community leaders and individuals with specialized knowledge of service provision in the area (subject-matter experts, i.e. SMEs), 36 community group discussions (CGDs), and 24 participatory mapping exercises. The quantitative component was a household-level needs assessment in all neighbourhoods of Hawija city conducted with 415 households. All data was collected between 30 September and

14 November 2018. Findings from the household survey are generalizable with a 95% confidence level and a 5% margin of error at the city level.

The assessment found that households in the city faced significant challenges in most aspects of daily life, primarily due to the fact that houses, infrastructure, and equipment had been severely damaged or destroyed during the recent conflict. The destruction of two of the three health centres in Hawija city posed a barrier for residents to access healthcare, three schools were not functioning due to damage, and the electricity supply had been seriously affected due to damage to multiple parts of the infrastructure. The frequency of solid waste collection in the city had significantly reduced due to damaging and looting of equipment, and the availability and quality of drinking water was much lower than before 2014. Lastly, livelihoods opportunities were negatively affected by the fact that many of Hawija city's factories and shops had been destroyed, agricultural equipment had been stolen, and the electricity supply was unreliable.

This extensive damage and consequential negative effect on most aspects of daily life was also found to be an important reason for people not to return to Hawija city.

In addition to these consequences of extensive damage, residents of Hawija city were often lacking the financial means necessary to repair damages, access services, and restart income-generating activities. A lack of financial means was the primary barrier to accessing healthcare and education, and prevented residents from restarting business because they could not afford to replace stolen or damaged equipment, or rebuild damaged shops or factories. In addition, a number of issues had increased residents' expenses, such as the price of goods increasing and residents having to pay at checkpoints to bring goods into the city. The lack of financial means, increased expenses, and limited livelihoods opportunities compound each other, making it difficult for residents to improve their situation without external assistance. At the same time,

only 13% of households reported having received humanitarian assistance in the six months prior to data collection and 97% of households reported not knowing how to contact any organization for assistance.

Besides these challenges, women, children, and persons with disabilities were found to face additional barriers in accessing services. Women were much less often employed than men and were much less often looking for work, were facing additional barriers to accessing healthcare due to a lack of financial means or security issues, and two-thirds of children not attending education were female. At least 1% of children were working, 2% of children between 12 and 17 were married, and 17% of children under five years old had not been registered with the authorities. Persons with disabilities were less often employed, faced additional barriers to accessing healthcare due to a lack of specialized care and the distance to facilities, and faced difficulties accessing education because schools adapted to their

needs were no longer available in Hawija.

The Hawija city ABA thus found that many aspects of daily life in Hawija city remain negatively affected by the recent conflict, partly due to residents lacking the capacity to restart activities. As many residents had not received humanitarian assistance by the time of data collection, there is significant room for humanitarian actors to address needs in Hawija city.

## Key Findings

### Demographics

- An overwhelming majority of households living in Hawija city had returned from displacement caused by the recent conflict (returnees) (92%), while 5% had remained during the conflict, and 3% were internally displaced people (IDPs) living in Hawija city.
- According to community leader KIs, the top reasons for IDPs not to return to Hawija city were not being able to obtain the required security clearance, a lack of services or livelihoods opportunities, damaged housing, and insecurity.
- Twelve percent of individuals in Hawija city had a Type-1 disability, meaning the person has at least some difficulty in the domains of seeing, hearing, mobility, cognition, self-care, or communication. Five percent (5%)

had a Type-3 disability, meaning the person has a lot of difficulty in at least one of the aforementioned domains.

### Livelihoods

- Most households in Hawija city did not have sufficient income to meet their needs and many were relying on non-sustainable coping mechanisms. Sixty-nine per cent of households in Hawija city spent more than their income in the 30 days prior to data collection, with 91% of households being in debt and having a median debt of 3,000,000 IQD (2,525 USD),<sup>3</sup> primarily due to shelter maintenance. In addition to borrowing money, households spent savings or relied on support from friends or relatives in order to meet their needs.
- Unemployment in Hawija city was high. Fifty-nine per cent (59%) of adult men and 3% of adult women in Hawija city had work at the

<sup>3</sup> Price converted using [www.xe.com](http://www.xe.com) on 31 January 2019.



time of data collection, mainly in the sectors of small businesses, vocational work, construction, government, and the service industry. The main obstacles to finding employment were increased competition for jobs or insufficient jobs being available, jobs being too far away, and a lack of connections.

- Households in Hawija were generally food secure, with 98% of households having an acceptable food consumption score. Only 11% of households were found to spend more than 65% of their total expenditure on food.

## Protection

- Civil documentation was not a major challenge, with only a small proportion (3%) of residents having problems with civil documentation, primarily with national ID cards, citizenship or marriage certificates, or passports. A little over half of these residents

reported that they (had) faced difficulties in replacing documentation.

- Residents of Hawija city faced significant issues with housing, land, and property, with the majority of households (54%) living in a damaged shelter. In addition, 49% of households had land or property stolen since November 2017, out of whom 94% had not been able to legally recover that land or property. This may be due to the fact that there is no property court in Hawija city or in Kirkuk city.

## Basic services

- The education sector in Hawija city faced significant challenges, primarily due to schools being damaged, a lack of teachers and supplies, and households not being able to afford the costs of education. Fifteen per cent (15%) of school-aged children were not attending school, out of whom 66% were

girls. In addition, school-aged children had missed an average of almost two years of education due to the recent crisis and 57% had missed at least one year, which may make it hard to catch up with other students and increase their chances of dropping out.

- The healthcare sector in Hawija city was struggling with the fact that two of the three health centres were non-functional due to damage, thus increasing the distance some residents needed to travel. In addition, the increased cost and reduced availability of many types of treatment and medication were posing additional barriers to accessing healthcare.
- Residents in Hawija city reported electricity to be one of their top priority needs, with a number of neighbourhoods not having electricity in all areas and a significant proportion of households (16%) having electricity for less than four hours per day.

The available electricity was said to be of a low voltage. This limited availability and coverage was reportedly due to the destruction of the Hawija power plant, damage to wires and transformers and continuing attacks on infrastructure.

- While wastewater removal services were reportedly functioning at the same level as before 2014, many neighbourhoods in Hawija city did not have (sufficient) solid waste removal services, primarily due to a lack of workers and equipment.
- Although most households were found to have access to some form of drinking water, a significant proportion of Hawija city's population (25%) did not have access to piped drinking water, while the available piped drinking water was reportedly of poor quality. The primary reason for this was significant damage to the water network and one of the two water treatment plants.

# TABLE OF CONTENTS

<b>2</b>	<b>Executive Summary</b>	<b>34</b>	<b>Waste</b>
<b>7</b>	<b>Introduction</b>	<b>35</b>	<b>Water</b>
<b>8</b>	<b>Methodology</b>	<b>37</b>	<b>Conclusion</b>
<b>10</b>	<b>Background and Context</b>	<b>38</b>	<b>APPENDIX - Hawija city neighbourhood maps</b>
<b>12</b>	<b>Assessment Findings</b>		
12	Demographics		
14	Needs and assistance		
16	Livelihoods		
20	Food Security and markets		
22	Protection		
25	Education		
29	Healthcare		
32	Basic Services		
32	Electricity		

# INTRODUCTION

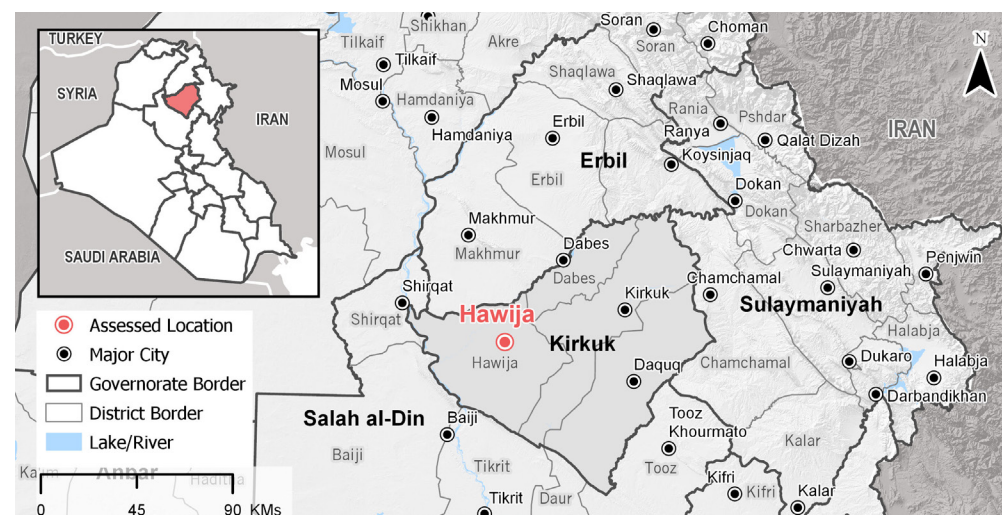
Hawija city, the second largest city in Kirkuk governorate, was one of the last remaining areas under the control of the so-called Islamic State of Iraq and the Levant (ISIL) and sustained significant damage during the presence of ISIL and military operations by the Government of Iraq (GoI) to retake the city. During that period many residents of the city were displaced. As of December 2018, the International Organization for Migration (IOM) has recorded approximately 143,628 returns to Hawija district,<sup>4</sup> while in October 2018, the IOM estimated that 56,544 individuals from Hawija district remained displaced.<sup>5</sup>

As the context in Hawija city transitions from an emergency to one of recovery and stabilization, the priority for the government and the humanitarian community has shifted to facilitating the safe return of internally displaced persons (IDPs), the resumption of key public services in order to make returns sustainable, and the equitable rebuilding of Hawija city for all residents. The reintegration of displaced populations in their area of origin (AoO) and the rebuilding of urban areas present complex challenges for government, humanitarian, and development actors, particularly in urban

settings that encompass multiple affected population groups and have varying degrees of damage, needs, and service provision. As such, REACH Initiative (REACH) conducts area-based assessments (ABA) that seek to provide a detailed profile of a city, with a focus on household-level needs, livelihoods, and access to public services. These assessments are conducted under the framework of the Community Resource Centre (CRC) initiative and of community centres (CCs) run by specific humanitarian organizations, whose aim is to coordinate humanitarian service delivery in areas of return in order to facilitate safe, voluntary, and sustainable socio-economic reintegration of returnees.

At the end of September 2018, REACH launched an ABA in Hawija city, which – in line with the ABA's overall objective – informs the CC established by the Norwegian Refugee Council (NRC) in the al-Awan neighbourhood of Hawija city, in particular with localised response planning and prioritization activities. Data collection was conducted jointly by Handicap International (HI), Norwegian Refugee Council (NRC), Save the Children (StC), and REACH.

Figure 1: Hawija city in relation to other urban centers



REACH presented preliminary findings to the aforementioned data collection partners on 6 December 2018, highlighting key findings. Following this initial presentation, REACH presented key findings of the ABA at the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) coordination meeting in Kirkuk on 11 December 2018. Furthermore, during the coordination meeting of the NRC CC in Hawija, on 6 February 2019, REACH presented the ABA findings to relevant humanitarian actors operating

in the city. These meetings aimed to facilitate evidence-based planning and coordination amongst actors operating at the city level. Moving forward, the complete ABA findings presented in this report will inform recovery efforts underway in Hawija city, with the aim of guiding an inter-sectoral response plan and prioritization process.

Data collection for the Hawija city ABA consisted of both qualitative and quantitative components. The qualitative component included: secondary data review (SDR), semi-structured key informant interviews (KIs) with community leaders and individuals with specialized knowledge of service provision in the area (subject-matter experts, i.e. SMEs), community group discussions (CGDs), and participatory mapping. The quantitative component was a household-level needs assessment in all neighbourhoods of Hawija city.

## Geographical coverage

Hawija city consists of 18 neighbourhoods, whose name, location, and boundaries were identified through community leader KIs and participatory mapping exercises. Three villages were administratively and geographically close to the city and were therefore included in all qualitative and quantitative components of the ABA (Al-Dibs, Al-Bakara, and Al-Agedat).

In addition, five villages surrounding Hawija (Al Adhamiyah, Darwish, Maad, Al-Mashroo, and Faruq) were considered to be within the CC's area of activities and their needs relevant for the CC's activities. As such, these five villages were

included in the HH level survey in order to obtain a representative sample of the population that may access the CC, but were not included in the qualitative components of the ABA.

## Components

**SDR:** Before the start of primary data collection, REACH gathered and reviewed existing data and literature relevant to the situation in Hawija city. Information gathered through this process was used to build contextual knowledge to inform the data collection plan, identify information gaps, and triangulate findings from the ABA primary data.

**Community leader KIs:** REACH conducted a

total of 21 community leader KIs. At the most local level of governance, each neighbourhood has one mukhtar – a community leader – who is appointed by local councils and serves as a primary intermediary between residents and government service providers within their area of responsibility. The mukhtar is responsible for keeping and maintaining records of the households living within his neighbourhood, assigning households to Public Distribution System (PDS)<sup>6</sup> agents and addressing community concerns to the relevant authorities. As such, mukhtars are well placed to provide general information on the demographics and functionality of services within their areas of responsibility. All interviews with mukhtars were conducted between 30 September and 18

October 2018.

**Subject-matter Expert KIs:** REACH conducted a total of 29 KIs with individuals with specialised knowledge of service provision and other relevant areas of assessment – education, healthcare, water, electricity, solid waste disposal, livelihoods, and legal services – within Hawija city (see Table 2). These individuals were identified through community leaders, and other international non-governmental organizations (INGOs) and UN agencies active in the area. All interviews were conducted between 7 and 18 October 2018.

**CGDs and participatory mapping:** StC, HI, and NRC, with technical coordination from

Table 1. Number of KIs conducted, sessions held, or households interviewed, per assessment component

Interviewees	Amount	Date of collection	Conducted by
Community Leader KIs:	21 KIs	30 September to 18 October 2018	REACH
Subject-matter Expert KIs	29 KIs	7 to 18 October 2018	REACH
Participatory Mapping	24 sessions	4 to 8 November 2018	REACH
Community Group Discussions	36 sessions	17 to 23 October 2018	StC, NRC, HI, REACH
Household Survey	415 households	4 to 14 November 2018	StC, NRC, HI, REACH

<sup>6</sup> The Iraqi Public Distribution System (PDS) is run by the Ministry of Trade and provides government-subsidized food and fuel rations to all Iraqi citizens.



REACH conducted 36 CGDs to triangulate the information obtained from community leaders, aiming to get a more comprehensive picture by including the community perspective. In addition to this, REACH conducted participatory mapping exercises to develop a general infrastructure map of Hawija city, in which participants were asked to identify the location, condition, and functionality of relevant buildings and parts of infrastructure on maps of satellite imagery.

**Household (HH)-level needs assessment survey:** StC, HI, and NRC, with technical coordination from REACH conducted a statistically representative household survey in all 18 neighbourhoods of Hawija city and 8 adjacent villages. GPS points were distributed throughout the residential sections of the area, drawn proportionate to population density figures collected from mukhtars. In total, the survey was

conducted with 415 households consisting of 2,614 individuals. Findings from the household survey are generalizable with a 95% confidence level and a 5% margin of error at the city level, but findings related to subsets of the population may have a lower confidence level and/or wider margin of error or may be indicative only, which will be indicated where relevant.

REACH and partners recorded interview responses electronically using KoBoToolbox. REACH conducted a one-day training on the data collection tool and methodology, followed by a one-day pilot session, to ensure the collection of high-quality data uniformly across the enumerator team. Overall coordination of joint data collection and data cleaning was led by REACH. All data was collected between 4 - 14 November 2018. The dataset for this assessment is available on the REACH [Resource Centre](#).

**Table 2. Number of KIIs conducted, per area of expertise**

Subject-matter expert KIIs	Number of KIIs conducted
Education	5
Healthcare	6
Basic services: water	3
Basic services: electricity	5
Basic services: solid waste and wastewater	4
Livelihoods	3
Legal services	3

## Challenges and limitations

- Accurate population data for most areas of Iraq is limited both in terms of overall population and more granular figures. Therefore, to facilitate the development of a sampling framework, REACH used neighbourhood-level population estimates provided by KIIs to fill these information gaps. Sampling points per neighbourhood were proportionate to the estimated population of the neighbourhood. A sample frame was drawn for the area of assessment (Hawija city and the eight nearby villages) assuming an infinite population.
- In order to determine how many individuals in Hawija had a physical or mental disability and how severe those disabilities were, the HH survey asked individuals the short set of Washington Group Questions.<sup>7</sup> While individuals from six years old were asked all six questions, individuals younger than six were only asked the first three questions on seeing, hearing, and mobility because the second three questions were deemed less applicable to young children. As a consequence, for children under six years, the HH survey only found whether they have a physical disability and not whether they have a mental disability.
- In order to conduct the participatory mapping sessions, and due to the limited contact network in Hawija city, REACH contacted the community leader of each neighbourhood and asked them to gather four to six residents, which may cause some bias in participant selection.
- Given the limitations of qualitative data collection, the information collected through KIIs and CGDs is indicative only and is not generalisable to the entire population.

<sup>7</sup> The Washington Group on Disability Statistics is a UN Statistical Commission City Group whose main purpose is the promotion and coordination of international cooperation in the area of health statistics focusing on disability measures. To that end, they have developed a set of six questions designed to identify people with a disability through a census or survey and to categorize their level of disability from Type 1 (least severe) to Type 4 (most severe). See: <http://www.washingtongroup-disability.com/> for more information.

Hawija city is part of Kirkuk governorate, situated 55 kilometres (km) west of Kirkuk city, 230 km north of Baghdad, and 130 km southeast of Mosul. It is the capital of the district of the same name and the second largest city in the governorate after the capital, Kirkuk. The city's population mainly consists of Sunni Arabs.<sup>8</sup> Before the arrival of ISIL, Hawija district was one of the most important agricultural areas of Iraq and the second-largest producer of vegetables in the country.<sup>9</sup> The World Bank estimated that the recent conflict had caused USD 12.6 million worth of damage to the agricultural sector in Kirkuk governorate between January 2014 and December 2017, impeding residents from cultivating land.<sup>10</sup>

## Geopolitical history and recent conflict

On 10 June 2014, ISIL entered Hawija city and surrounding areas, taking control of the city

within a few days. During ISIL presence, Hawija reportedly experienced a lack of food, water, and medication as well as significant price increases for basic items.<sup>11</sup> In addition, there were reports of atrocities being committed against civilians, including those trying to flee the city.<sup>12</sup> In July 2016, military operations in the nearby city of Shirqat cut off the only remaining supply route to Hawija city, thus isolating the city and further worsening the humanitarian situation.<sup>13</sup>

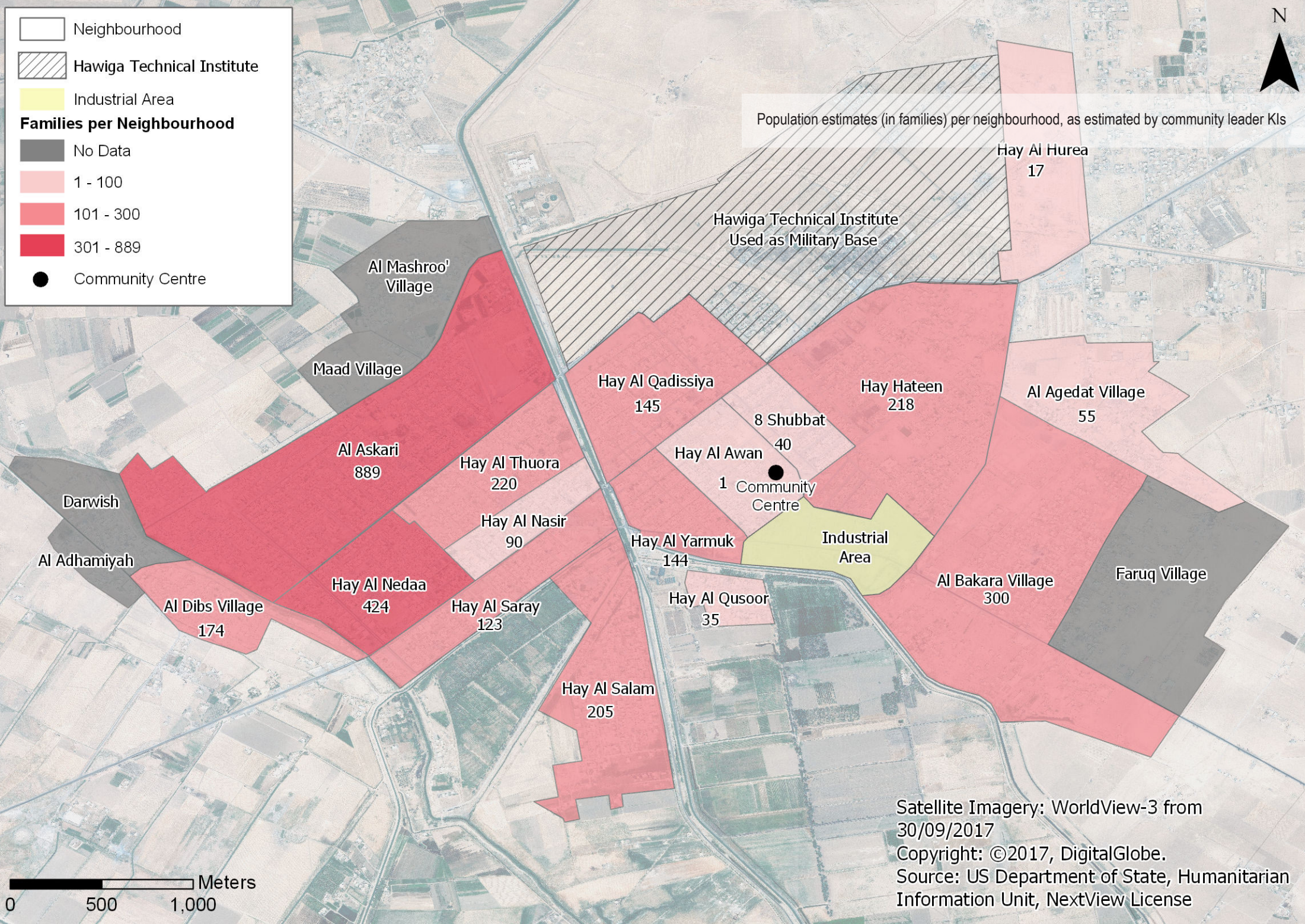
While very few residents displaced from Hawija district prior to July 2016, the amount of IDPs from Hawija increased sharply after that, and in September 2017, just before the start of military operations to retake the city, an estimated 100,000 individuals had been displaced from the district.<sup>14</sup> On 21 September 2017, Iraqi Security Forces (ISF) and Popular Mobilization Forces (PMFs) commenced military operations

to retake Hawija district and on 5 October 2017 the GoI announced that Hawija district had been retaken from ISIL. The IOM estimates that during these military operations an additional 33,000 individuals displaced from Hawija district.<sup>15</sup> Human Rights Watch (HRW) reported there were accounts of forced displacement, highlighting potential protection concerns amongst the affected populations.<sup>16</sup>

Although the security situation in Hawija district has improved since the city was retaken, there are continuing reports of security incidents in the area, such as attacks on checkpoints or infrastructure, placing of IEDs, kidnapping, and killings.<sup>17</sup> Military operations against ISIL militants are reportedly still taking place in villages around the city.<sup>18</sup>

<sup>8</sup> Derek Henry Flood, 'The Hawija Offensive: A Liberation Exposes Faultlines', October 2017. <sup>9</sup> Derek Henry Flood, 'Kirkuk's Multidimensional Security Crisis', CTC Sentinel 6:10 (2013). <sup>10</sup> World Bank Group, 'Iraq Reconstruction & Investment. Part 2. Damage and Needs Assessment of Affected Governorates', January 2018. <sup>11</sup> Office for the Coordination of Humanitarian Affairs (OCHA), 'Hawija Humanitarian Crisis', 28 November 2016. <sup>12</sup> IRIN News, 'The Iraqi siege you have never heard of', July 2017. <sup>13</sup> REACH Initiative, 'Humanitarian overview: Hawija City and surrounding areas', November 2016. <sup>14</sup> REACH Initiative, 'Hawija District, Iraq - Rapid Humanitarian Overview', September 2017. <sup>15</sup> IOM, 'Iraqi displaced face hardships despite end to Hawija military operation', July 2017. <sup>16</sup> Human Rights Watch (HRW), 'Iraq: Investigate Abused in Hawija Operation', September 2017. <sup>17</sup> Oxfam, 'Hawija District Report', August 2018. <sup>18</sup> Iraqi News, 'Iraqi troops purge 14 villages in Kirkuk's Hawija from IS remnants', October 2018.







# ASSESSMENT FINDINGS

## Demographics and movement intentions

The HH survey found that households in Hawija city and the eight surrounding villages have an average size of seven individuals.<sup>19</sup> The most common demographic profile of a head of household was a male (90%), married, and between the ages of 30 and 59 (74%). Female heads of household (10%) were mostly widowed, and 50 years or older. Participants in a little over half of the CGDs reported being aware of child-headed households in their neighbourhood.<sup>20</sup>

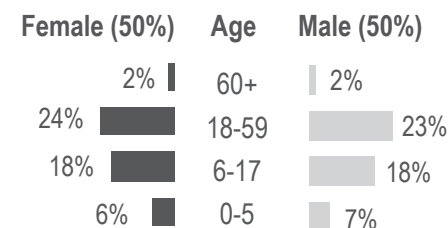
Fifty per cent of household members were male and 50% were female. The population of Hawija city is very young, with children (under 18 years

old) comprising 50% of the population and the largest adult age group being between 18- 29 years. Two per cent of children between 12-17 years old were reported to be married and 16% of women between 16 and 50 years old were pregnant or lactating.

Nearly all households (92%) in Hawija city were returnees who have been displaced since 2014. Other households remained in Hawija city during the recent crisis (remainees; 5%), were IDPs living in Hawija city (3%), or fell into an “other” category, as they moved to Hawija city for a reason other than conflict. The mean length of

displacement among returnee households was two years and five months, and the mean amount of time that households had returned at the time of data collection was five months. There was a clear peak in the number of returns around June and July 2018 (see Figure 3).

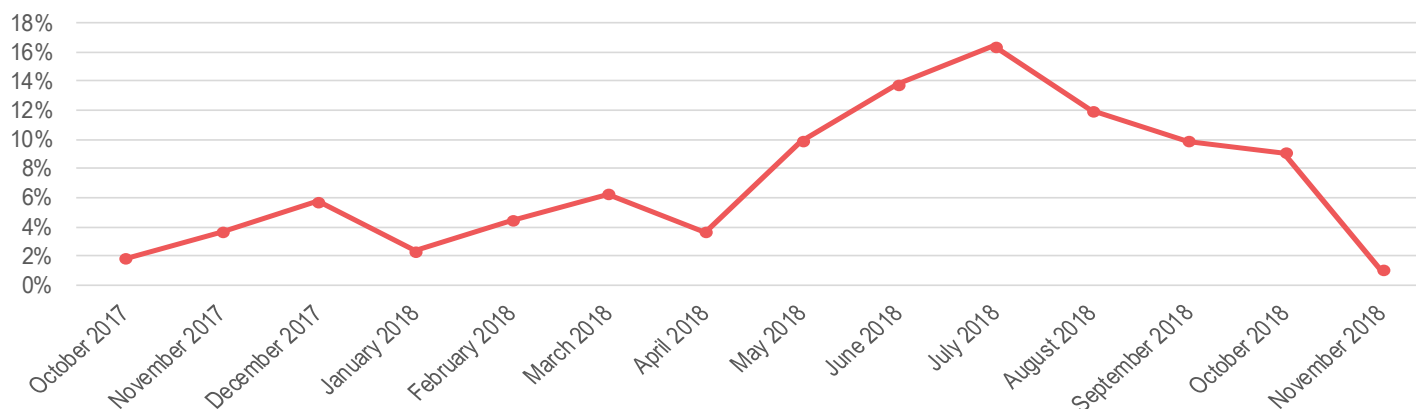
Figure 2. Composition of population by age and sex



### People with disabilities

The HH survey assessed how many people in Hawija city had a disability on the basis of the Washington Group questions, which understand disabilities as a continuum and classify individuals' disability on various thresholds.<sup>21</sup> The most commonly used thresholds are Type-1 disability, meaning that the person has at least some difficulty in the domains of seeing, hearing, mobility, cognition, self-care, or communication, and Type-3 disability, meaning that the person had a lot of difficulty in at least one of the aforementioned domains or could not do it at all. Twelve percent (12%) of individuals had a Type-1 disability and 5% of individuals had a Type-3 disability according to the Washington Group identifiers.

Figure 3. Of the households that have displaced since 2014, proportion of households that returned, per month of return.



<sup>19</sup> As a household consists of all individuals living under one roof, it can be bigger than a single family, which consists of two parents and their children. <sup>20</sup> As the HH survey cannot be conducted with children, it does not produce statistics on the number of child-headed households. <sup>21</sup> The Washington Group on Disability Statistics is a UN Statistical Commission City Group whose main purpose is the promotion and coordination of international cooperation in the area of health statistics focusing on disability. To that end, they have developed a set of six questions designed to identify people with a disability through a census or survey and to categorize their level of disability from Type 1 (least severe) to Type 4 (most severe). See: <http://www.washingtongroup-disability.com/> for more information.



The most prevalent Type-1 and Type-3 disabilities were in the domains of seeing and mobility (see Figure 4). Ten per cent (10%) of Type-1 disabilities were related to an explosive hazard. According to SME KIs, community leader KIs, and CGDs participants, individuals with disabilities face difficulties in accessing services such as education, healthcare, and the legal system (see the specific sections for more detail). Around 75% of individuals with a disability were adults, while only 50% of all individuals are adults, indicating that, in Hawija city, adults are disproportionally affected by disabilities.

## Movement intentions

A little over half of community leader KIs reported secondary displacement from their neighbourhood having taken place since the city was retaken in October 2017, generally concerning between 10 and 30 families per neighbourhood where secondary displacement was reported to take place. This was said to be mainly due to a lack of services, livelihoods opportunities, and security, as well as damaged housing. Findings from the household survey

revealed that 88% of households expressed not intending to move from the area they were living in, while 6% did intend to move within the three months after data collection. These households primarily originated from Al-Needa, Al-Askary, and Al-Salam neighbourhoods and a large majority wanted to move to another neighbourhood of Hawija city or a village close to the city.

According to community leader KIs, the top reasons for IDPs not returning to Hawija city were obstacles obtaining the required security clearance, a lack of services in Hawija, livelihoods opportunities, damaged housing, and a lack of security in the city (see Figure 5).

Figure 4. Proportion of all individuals with a Type-1 or Type-3 disability, per domain<sup>22</sup>

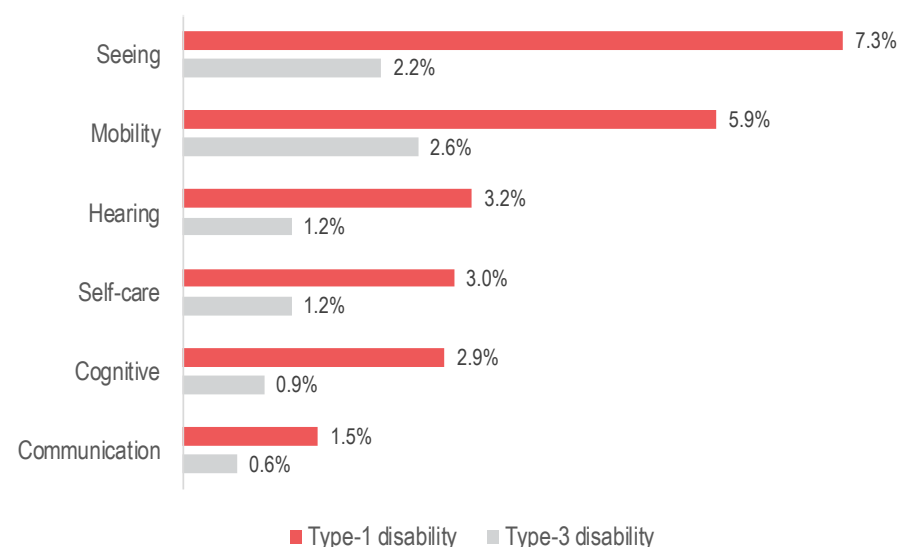
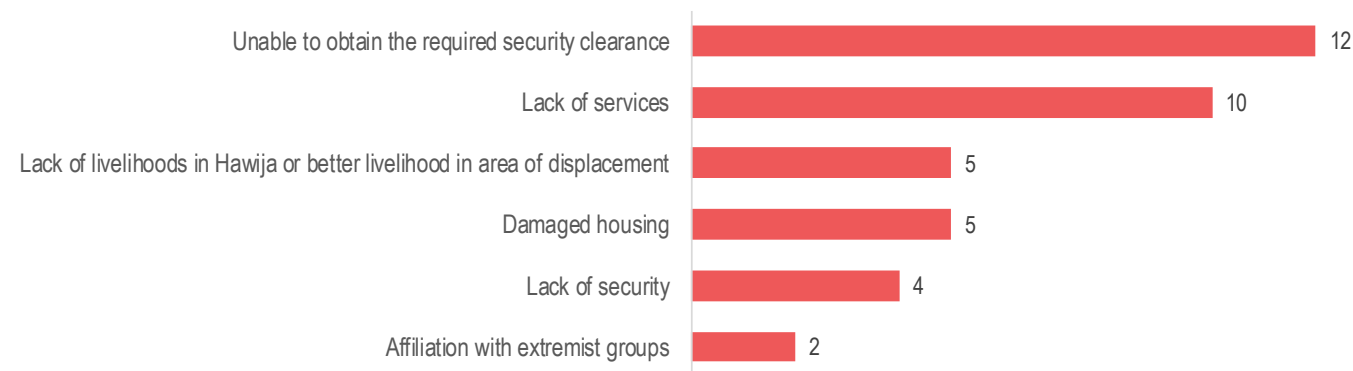


Figure 5. Reasons for IDPs not to return to Hawija city, as reported by community leaders<sup>23</sup>



## Humanitarian Needs and Assistance

### Self-reported priority needs

Households in Hawija city reported that their top three most important needs were food (54%), employment (50%), and electricity (41%) (see Figure 6). While food and employment are often listed as a priority need in Iraq,<sup>24</sup> electricity is not

as often listed as a top priority need, indicating that households in Hawija may consider the improvement of the electricity supply to be a more urgent need than in other parts of Iraq (see Basic Services).

Figure 6. Top priority needs as reported by households when asked for their three most important needs<sup>25</sup>

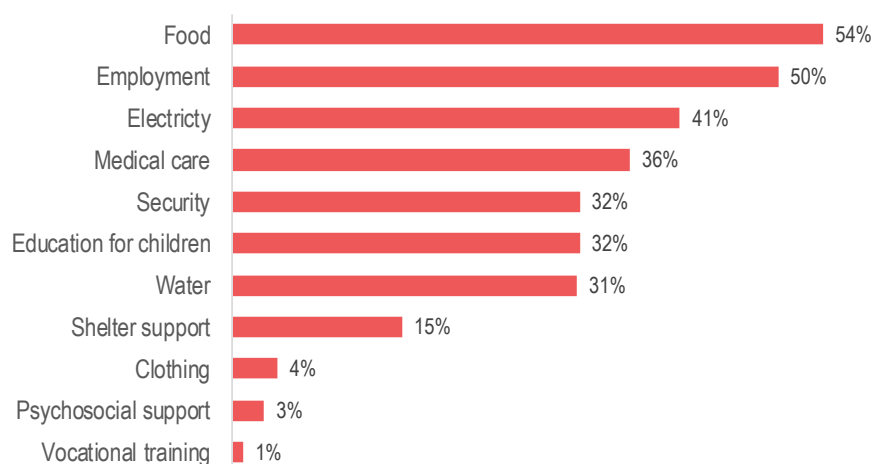
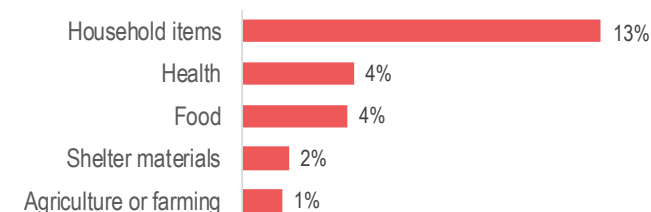


Figure 7. Proportion of households having received specific types of assistance in the six months prior to data collection<sup>26</sup>



### Assistance received

Eighty per cent (80%) of households reported not having received any type of assistance from government or humanitarian actors in the six months prior to data collection. Among households that did receive assistance, the most common types were household items, health assistance, and food assistance (see Figure 7). INGOs had reportedly provided 90% of all types of assistance received and local NGOs had provided the remaining assistance.

Ninety-seven per cent (97%) of households reported not knowing how to contact any organization for help and support. Households indicated that their preferred means of receiving information from organizations in Hawija city were by mobile phone (38%), through their community leader (31%), or through the television (12%). However, at the time of data collection, 66% of households reported not having access to a community leader.

<sup>24</sup> REACH Initiative, 'Multi-Cluster Needs Assessment (MCNA) Round VI', September 2018. <sup>25</sup> Respondents could provide multiple answers to this question. <sup>26</sup> Respondents could provide multiple answers to this question.

The Hawija Community Centre



## Livelihoods

The ABA found that there were significant challenges in the area of livelihoods in Hawija city, which is supported by the fact that residents listed employment as one of their priority needs. The main challenges in the area of livelihoods were the lack of job opportunities and that the majority of households had a larger monthly expenditure than income. Many employment sectors reportedly suffer from a lack of financial capital to restart them, i.e. to invest in rebuilding factories or buying new agricultural equipment.

### Income sources

Eighty-two per cent (82%) of households reported having had an income over the 30 days prior to data collection, out of which 71% listed employment of at least one member as a source of income. Additional significant sources of money were savings (26%), loans (22%), pension (14%), and support from community, friends, and family (13%) (see Figure 8).<sup>27</sup>

Figure 8: Income sources of households having earned an income over the last 30 days<sup>28</sup>

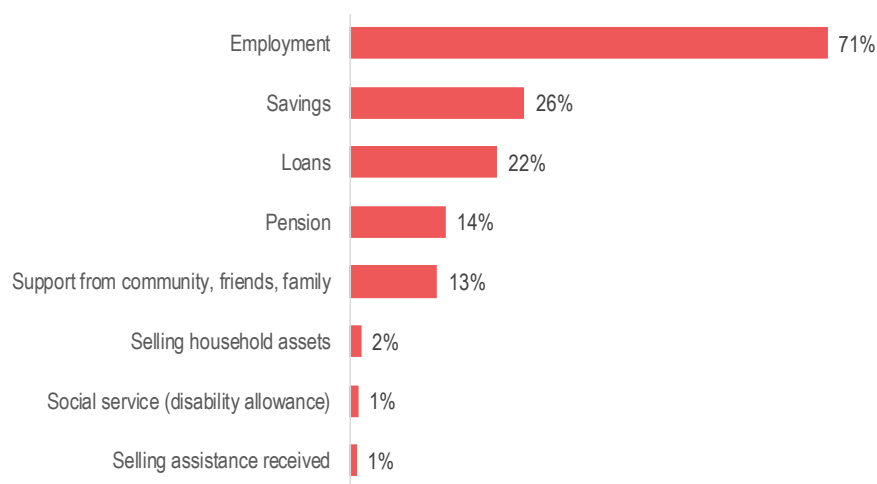
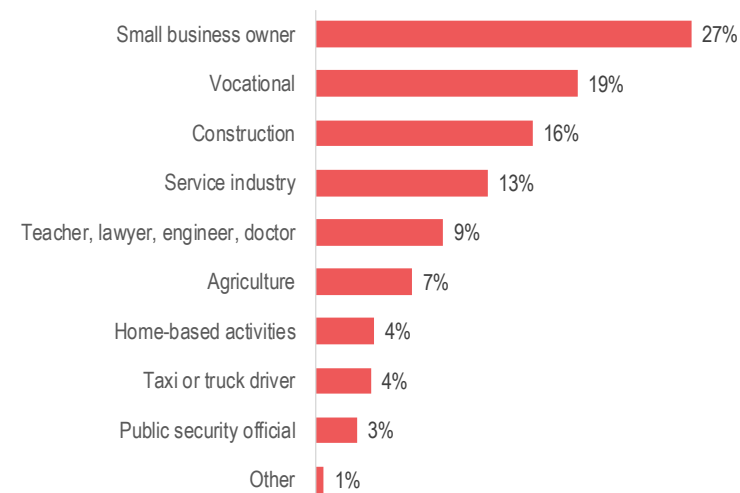


Figure 9: Employment sectors of adult individuals earning an income<sup>30</sup>



### Employment

Although 71% of households reported employment as a source of income during the 30 days prior to data collection, additional indicators point to insufficient access to employment-based income. For instance, only 30% of adults in Hawija city were found to be earning an income and there was a large gap in employment between men and women, with 59% of adult men and just 3% of adult women having work. Adult individuals who were earning an income on average worked 19 out of the last 30 days,<sup>29</sup> indicating that those who

do have employment often work almost full-time. People with a disability less often had a job, with 17% of people with a Type-3 disability and 24% of people with a Type-1 disability being employed.

Only 1% of children aged 6 to 17 were said to work, but 3% of households reported that their children were not attending education because they had to participate in remunerative activities. Moreover, multiple community leader KIs and CGD participants listed child labour as a reason

<sup>27</sup> As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%. <sup>28</sup> Respondents could provide multiple answers to this question. As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%. <sup>29</sup> As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%. <sup>30</sup> Ibid. Respondents could provide multiple answers to this question.



for children not to attend school and all KIs with expert knowledge of livelihoods in Hawija city (livelihoods KIs) stated that they had seen a rise in the use of child labour as a coping mechanism for a lack of income.

The main employment sectors of adult individuals earning an income were found to be small businesses (27%), vocational work (19%), construction (16%), and the service industry (13%) (see Figure 9). Out of 30% of adult individuals who reported having worked in the last 30 days, 12% indicated being employed by the government. Eighty-one per cent (81%) of employed individuals reported doing the same job as before their displacement.<sup>31</sup> KIs and CGD participants stated that wages for government and NGO employees were generally sufficient to meet the household's living costs, while all other types of wages were said to be insufficient. In addition, all types of wages were reportedly lower than before the arrival of ISIL.

Table 3: Employment in Hawija per sector compared to before the arrival of ISIL, as reported through the qualitative data collection.

Sector	Current situation
Agriculture	Fewer residents of Hawija city were reportedly working in agriculture than before the arrival of ISIL. This was reportedly primarily due to difficulties at checkpoints that impeded them from going to their lands or bringing produce into the city, explosive hazards on agricultural lands, ISIL activity in the area, a lack of financial support from the government, a lack of water, and a lack of means to restart activities and buy equipment, seeds, and machinery that was lost during the period of ISIL presence.
Industry/factories	Livelihoods KIs indicated that there used to be around 30 factories in the area (mainly producing flour, asphalt, cotton, and wheat) but that many of them had been destroyed or damaged during the period of ISIL presence. Owners were said to lack the financial means to restart factories. Iron, brick, and plastic factories were reportedly still functioning in Hawija, and livelihoods KIs indicated that, at the time of data collection, some factories were re-opening.
Small businesses	Although many employed individuals reported working as small business owners, KIs also indicated that many shops and garages had been destroyed or damaged during the period of ISIL presence and that people were lacking the financial means to rebuild them. KIs also stated that people had to pay at checkpoints to bring goods into Hawija, which made it more difficult to generate a profit. Lastly, the limited availability and voltage of electricity reportedly created operational problems for business owners. As such, less people reportedly worked as small business owner than before the arrival of ISIL. However, KIs did indicate that some shops and small businesses were re-opening at the time of data collection.
Daily labour	KIs stated that, for a number of reasons, the amount of people generating income through daily labour had decreased. Daily labour opportunities were reportedly less available because a number of sectors in which daily labourers used to work (shops, agriculture, construction) were less active than before the arrival of ISIL (see above). In addition, many people used to travel to Kirkuk to do daily labour before the arrival of ISIL which has now become more difficult due to the presence of checkpoints.

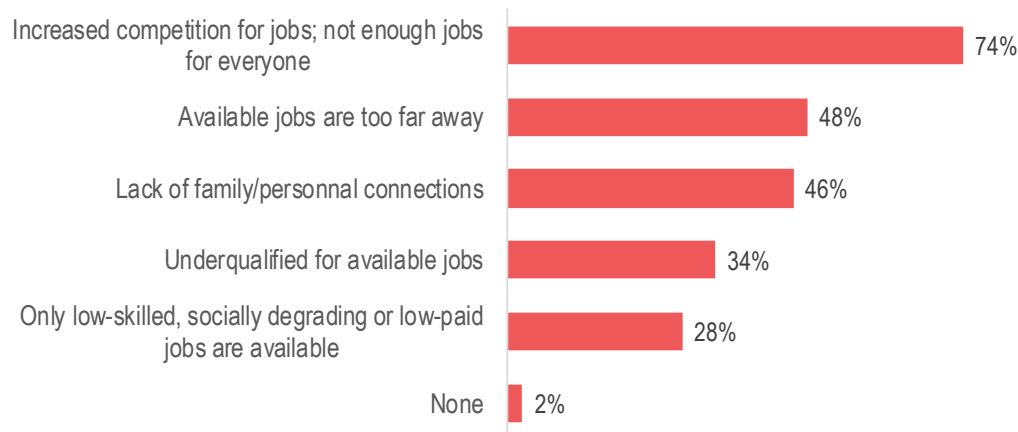
<sup>31</sup> As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%.

## Obstacles to finding employment

Fifty-eight per cent (58%) of adult men and 21% of adult women were found to be actively looking for work at the time of data collection. The main obstacles to finding employment were an increased competition for jobs or insufficient amount of jobs for everyone, available jobs being too far away, and a lack of connections (see Figure 10). Especially the lack of available jobs is likely

to become even more relevant as more people return to Hawija city. KIs indicated that certain groups of individuals were more affected by the aforementioned barriers to finding employment, especially families perceived to be affiliated with extremist groups, recent graduates, persons with disabilities, and female-headed households.

Figure 10: Individuals' main obstacles, if any, in finding employment<sup>32</sup>



## Income, expenditure, and debt

Sixty-nine per cent (69%) of households in Hawija were found to have a negative income-expenditure ratio in the 30 days prior to data collection, meaning that they had spent more than their income. The median reported income of households over the 30 days prior to data collection was IQD 220,000 (USD 185), while their median expenditure was

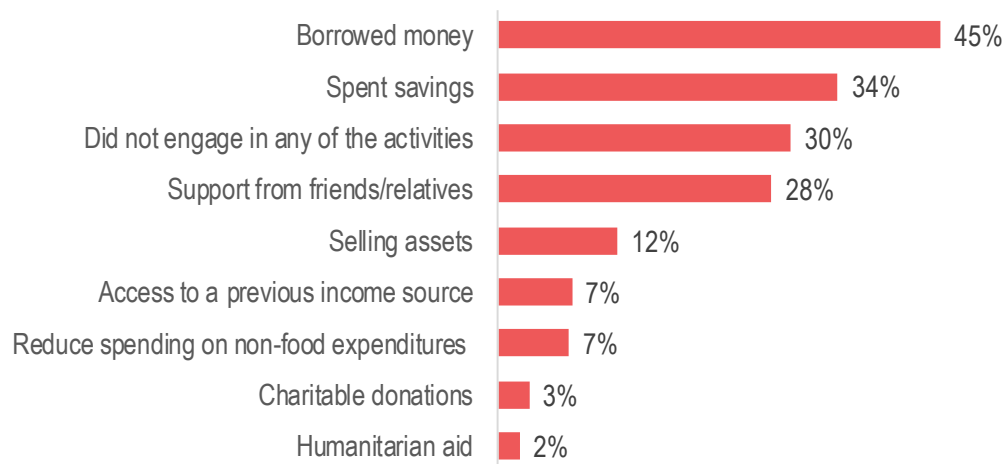
IQD 450,000 (USD 378).<sup>33</sup> In addition to the main household expenditures listed in Table 4, 87% of households reported having spent money on shelter maintenance since October 2017, with the median reported amount being IQD 1,115,000 (USD 965).<sup>34</sup>

Table 4: Proportion of households in Hawija city having had specific expenditures in the 30 days prior to data collection and the median amount of that expenditure

Expenditure category	Percentage of HH having spent money on this expense	Median amount spent <sup>35</sup>
💡 Electricity	74%	IQD 25,000 (USD 21) <sup>36</sup>
🏥 Healthcare	84%	IQD 50,000 (USD 42) <sup>37</sup>
📖 Education	71%	IQD 50,000 (USD 42) <sup>38</sup>
🍲 Food	100%	IQD 150,000 (USD 126) <sup>39</sup>
💧 Water	36%	IQD 25,000 (USD 21) <sup>39</sup>
🚌 Transportation	53%	IQD 50,000 (USD 42) <sup>40</sup>
📶 NFI	47%	IQD 50,000 (USD 42) <sup>41</sup>
📞 Communication	77%	IQD 15,000 (USD 13) <sup>42</sup>
💰 Debt repayment	19%	IQD 117,500 (USD 99) <sup>43</sup>

<sup>32</sup> Respondents could provide multiple answers to this question. <sup>33</sup> Price converted using [www.xe.com](http://www.xe.com) on 24 January 2019. <sup>34</sup> Ibid., as this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%. See 'Protection' section (p. 22) for more information on damage to housing. <sup>35</sup> Price converted using [www.xe.com](http://www.xe.com) on 24 January 2019. <sup>36</sup> As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%. <sup>37</sup> Ibid. <sup>38</sup> Ibid. <sup>39</sup> As this finding concerns a subset of the total population, it has a confidence interval of 94% and a margin of error of 8%. <sup>40</sup> As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 7%. <sup>41</sup> Ibid. <sup>42</sup> As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%. <sup>43</sup> As this finding concerns a subset of the total population, it has a confidence interval of 92% and a margin of error of 10%.

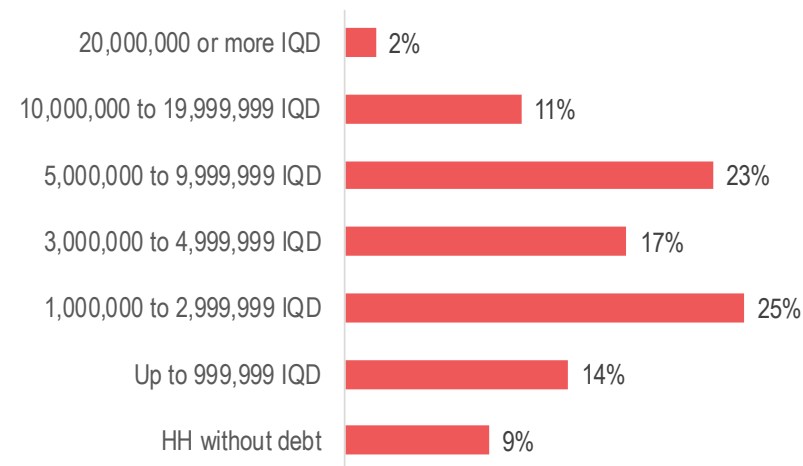
Figure 11: Livelihoods coping strategies employed by households in the 30 days prior to data collection<sup>44</sup>



In order to support themselves while lacking sufficient income, households reported resorting to a number of coping strategies, most of which were unsustainable in the long-term. The most frequently reported strategies were borrowing money (45% of households), spending savings (34%), and relying on support from friends and

family (28%) (see Figure 11). Notably, only very few households relied on humanitarian aid or charitable donations to cope with a lack of income. Ninety-one per cent of households reported being in debt, with the median amount of debt among these households being IQD 3,000,000 (USD 2,516). Thirty-six per cent of all households in

Figure 12: Amount of debt (in ranges) of all assessed households in Hawija city



Hawija had more than IQD 5,000,000 (USD 4,194 USD) of debt at the time of data collection.<sup>45</sup> In line with the fact that most households had spent significantly on shelter maintenance, this was also the top reported reason for taking on debt (49% of households) (see Figure 12). Additional reasons for taking on debt were basic household

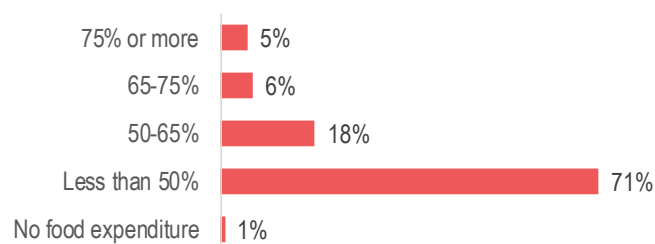
expenditures (rent, utilities) (29%), healthcare (10%), and food (7%). Ninety-two per cent (92%) of households with debt reported having borrowed from friends or relatives, and 39% indicated that they borrowed from shops to cover basic needs.<sup>46</sup>

## Food security and markets

Ninety-eight per cent (98%) of households in Hawija city have an acceptable food consumption score (FCS), with the remaining 2% having a borderline FCS.<sup>48</sup> At the time of data collection, households reported that both adult and under-aged members were consuming an average of three meals per day, with no one said to be consuming less than two meals per day. Twenty-one per cent of households reported prioritizing children for access to food, while almost all remaining households indicated that all members had equal access to food. In addition, households generally spent a reasonable proportion of their total expenditure on food (food expenditure share), with 70% of households reporting that

food expenditure comprised less than 50% of total expenditure (see Figure 13). The higher the proportion of total household expenditure spent on food, the more vulnerable the household is, because an increase in price or a decrease in income is likely to affect the household's food consumption. As such, it is important that 11% of households spent more than 65% of their total expenditure on food. Despite having a sufficient food consumption, many households did resort to at least one coping strategy to deal with food insecurity or a lack of means to purchase food (food coping strategy) at least one out of seven days prior to data collection (see Figure 14).

**Figure 13: Proportion of total household expenditure comprised of food expenditure**



**Figure 14: Proportion of households adopting a food coping strategy for at least one out of seven days prior to data collection, per food coping strategy<sup>49</sup>**



The main sources of food in the seven days prior to data collection were food purchased with their own cash (46%), food purchased with vouchers or through the public distribution system (PDS) (34%), and food purchased on credit (19%). Twenty-two per cent of households reported not having had access to the PDS in the three months prior to data collection. Livelihoods and community leader KIs reported that this is due to the fact that these households are still registered for PDS in their area of displacement (often around Kirkuk) and that transferring their registration to Hawija takes time. KIs gave varying estimations for the frequency of PDS distribution, ranging from one to six months.<sup>50</sup>

Ninety-five per cent of households were found to have access to a functioning market, with livelihoods KIs indicating that both food and non-food markets in Hawija city had restarted. Eighty-one per cent (81%) of households reported that the cost of basic needs, such as transportation, healthcare, and food, had increased a lot over the three months prior to data collection. This was corroborated by livelihoods KIs and CGD participants, who indicated that most basic items were available but that prices were higher than before 2014.

<sup>48</sup> The Food Consumption Score (FCS) is a composite score based on 1) dietary diversity, 2) frequency of food consumption, and 3) relative nutritional importance of 9 weighted food groups. The FCS is recorded from a 7-day recall period. In the Iraqi context the thresholds for FCS classifications are as follows: > 42 Acceptable; 28-42 Borderline; < 28 Poor.

<sup>49</sup> Respondents could provide multiple answers to this question.

<sup>50</sup> PDS distribution is supposed to take place once a month.



A market in Hawija city





## Protection

The main challenges in the area of protection in Hawija city lie in the domain of lost or stolen land or property, especially due to households' inability to legally restore possession of their land or property. This was reportedly primarily due to the lack of a property court in Hawija city and in Kirkuk, meaning that residents of Hawija city do not have access to any legal institutions for property matters.

### Civil documentation

KIs with expert knowledge on protection in Hawija city (protection KIs) stated that issues with civil documentation were causing barriers to movement, school enrolment, and access to employment. Three per cent (3%) of individuals in Hawija city had issues with their civil documentation, for instance having lost documentation, the documentation having been damaged or stolen, or the documentation being invalid or expired. Of this 3%, people were

most commonly facing issues with their national ID card (80%), citizenship certificate (26%), marriage certificate (9%), or passport (8%).<sup>51</sup> Notably, seventeen per cent (17%) of children under five years old had not been registered with the relevant authorities, which suggests that almost one out of every five children in Hawija city are vulnerable because they are less likely to be able to rely on state protection or to access governmental services.

While KIs reported the presence of offices to replace civil documentation and a little less than half of individuals indicated that they had been able to replace their documentation, over half the people who were missing documentation reported that they faced or had faced difficulties in obtaining or replacing documentation. CGD participants reported that residents had to travel to Kirkuk to replace passports, citizenship certificates, driver's licenses, PDS cards, and trusteeship certificates. They further indicated that families with perceived

affiliations to extremist groups or those with names similar to individuals perceived to be affiliated to extremist groups faced difficulties in replacing documentation.

### Shelter

Buildings and infrastructure in Hawija suffered severe damage during the period of ISIL presence. Although damage is more severe in certain neighbourhoods, households from all neighbourhoods reported some level of damage to their shelter. Overall, 54% of households reported that their current living space had been damaged. Eleven per cent (12%) of households reported that their shelter had not been cleared of explosive hazards, 22% indicated that clearance of their shelter was not necessary, and 66% reported that their shelter had been cleared.

Additionally, 14% of households who own or rent shelter were hosting others in their home, which,

according to the CGDs, was primarily due to the destruction of houses and families lacking money, while two CGDs reported that people could not return to their houses because they had been occupied by security actors.

### Housing, land, and property

Twenty-two per cent (22%) of households reported that they were living in a different location than before June 2014, with a small majority of households owning the shelter they were living in with documentation (see Figure X). Out of the 21% of households that were renting their accommodation, 86% reported not having a written rental contract. As a consequence, 27% of households that were renting their accommodation indicated that they were afraid of being evicted or had been threatened with eviction in the 90 days prior to data collection.<sup>53</sup>

<sup>51</sup> As this finding concerns a subset of the total population, it has a confidence interval of 92% and a margin of error of 10%. <sup>52</sup> As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%. <sup>53</sup> As this finding concerns a subset of the total population, it has a confidence interval of 93% and a margin of error of 10%. <sup>54</sup>





228

Building Destroyed

164

Building Severely Damaged

238

Building Moderately Damaged

Damage to buildings in Hawija city

Hay Al Hurea

Hawiga Technical Institute  
(Used as Military Base)

Al Mashroo' Village

Maad Village

Hay Hateen 2

Hay Al Qadissiya

Al Agedat Village

8 Shubbat

Hay Hateen 1

Darwish Village

Al Askary

Hay Al Thuora

Hay Al Awan

Hay Al Yarmuk

Industrial Area

Hay Al Nasir

Al Bakara Village

Faruq Village

Hay Al Nedaa

Hay Al Saray

Hay Al Qusoor

Hay Al Salam

Neighbourhood

Building Destroyed/  
Damaged Per Hectare



0 500 1,000 Meters

Damage Assessment: UNITAR-UNOSAT  
supported by OCHA and UNDP - 7/10/2017

Satellite Imagery: WorldView-3 from 30/9/2017

Copyright: ©2017, DigitalGlobe

Source: US Department of State, Humanitarian  
Information Unit, NextView License.



Forty-nine per cent (49%) of households reported that they had land or property stolen since November 2017, with 94% of those households indicating that they had not been able to legally recover their lost land or property. However, only 21% of households who had land or property stolen had filed a compensation or restitution claim for damages to their land or property.<sup>54</sup> Out of that 21%, only 3% of households reported a positive outcome of their claim, with the vast majority indicating that they were still waiting for news at the time of data collection. One possible explanation for this is that residents of Hawija city do not have access to a property court, neither in Hawija city nor in Kirkuk.

## Courts

KIs reported that there is one court in Hawija city, which deals with civil, criminal, and religious issues as well as with issues relating to minors. KIs with expert knowledge on the legal system in Hawija city (legal KIs) stated that people had to pay fees to bring a legal case, which was

posing a barrier for some individuals to access the legal system. At the same time, NGOs and the government were said to be providing free legal services, such as assistance with certification, free civil documentation, and compensation of transportation costs to the court. For notary issues, residents reportedly had to travel to Kirkuk, which created an additional barrier because of the transportation costs. CGD participants stated that, in addition to financial barriers, the high case-load and consequential long waiting times were posing barriers at the court. Lastly, persons with disabilities reportedly face difficulties in physically accessing the courts.

## Safety and social cohesion

Ninety-nine per cent (99%) of households reported not facing any stigmatization or discrimination in the location they were living in, but 24% of households said that they did not feel safe from harm or violence in the city. Only a relatively small proportion of households reported that they had access to a community leader or were able to play a role in decision-making (see Figures 16 and 17).

Figure 15: Households' types of accommodation

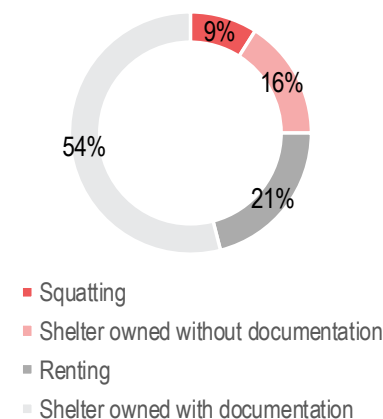


Figure 16: Households' reported access to a community leader

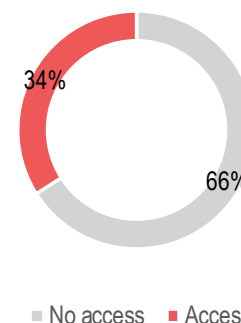
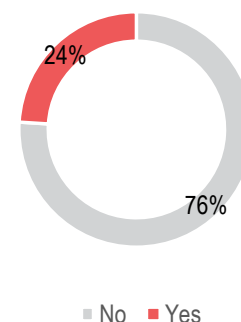


Figure 17: Households perceiving to play a role in decision-making



<sup>54</sup> As this finding concerns a subset of the total population, it has a confidence interval of 93% and a margin of error of 10%.

<sup>55</sup> As these findings concern a subset of the total population, they have a confidence interval of 94% and a margin of error of 7%.

## Education

Although some parts of Hawija city's education system were found to be functioning, a number of challenges remain and overall levels of functionality were found to be lower than before the arrival of ISIL. In particular, a number of schools were damaged, many schools were lacking the teachers and supplies needed to function adequately, and barriers were posed by the costs of and distance to schools.

### Educational facilities

Participatory mapping identified 30 public schools and one kindergarten in Hawija, out of which 11 had been damaged since June 2014. A total of six schools were found to be non-functional, three of which were non-functional due to damage (see Figure 18). Community leader KIs indicated that two schools were non-functional due to a lack of teachers and equipment. The Hawija Technical Institute, a post-graduation school, was said to be non-functional because it was being used as a military base. Twenty-two schools were found to be accessible for boys while only 16

were accessible for girls. At least six schools were reported not to have sanitation facilities or (potable) drinking water available, while some schools were said not to have electricity. No private educational facilities were identified. A KI with expert knowledge on education in Hawija city (education KI) stated that the United Nations Development Program (UNDP) was repairing 14 schools at the time of data collection.

### Teachers, equipment, and supplies

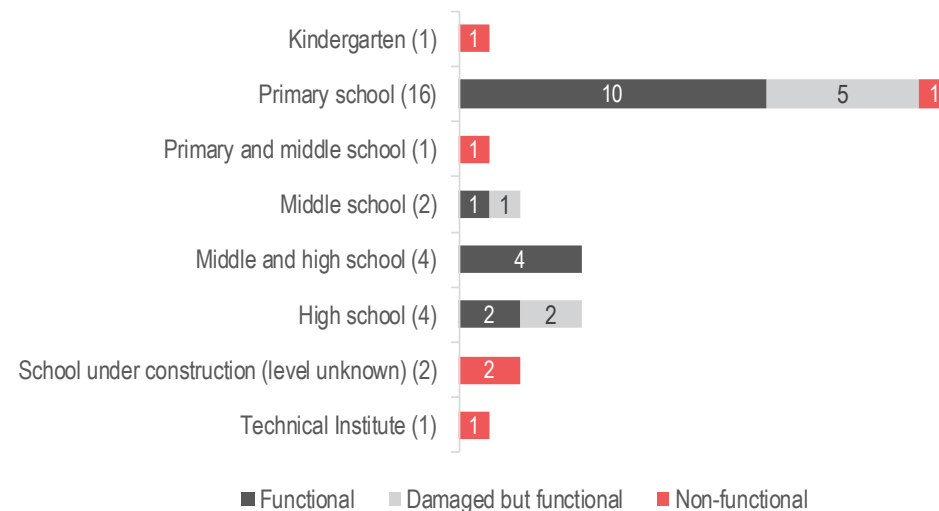
Education and community leader KIs reported that schools in Hawija city did not have a sufficient number of teachers, primarily due to the fact that some teachers had not (yet) returned from displacement (often from Kirkuk) and were not able to travel from Kirkuk to Hawija on a daily basis because they lacked the required security clearance. As such, schools were said to have started using voluntary teachers, who were occasionally receiving compensation for their travel expenses but were not paid. The government teachers that were working in Hawija

reportedly received their salaries. Participants in the majority of CGDs reported that schools in their neighbourhood were overcrowded, with an estimate of 30 to 70 children per classroom, which was not the case before the arrival of ISIL.

All components of qualitative data collection found that schools in Hawija were missing equipment and supplies such as books, desks, and chairs, mostly because it had been stolen

or damaged during the recent conflict. The main equipment and supplies to be missing were desks, blackboards, chairs, books, and stationery. In response to the lack of books, students were said to be copying books from others, buying their own books, sharing books, or taking books from other educational facilities. Education KIs reported that the main ways to improve the education system in Hawija were the provision of more equipment and the hiring of more teachers.

Figure 18: Types and functionality of educational facilities in Hawija city



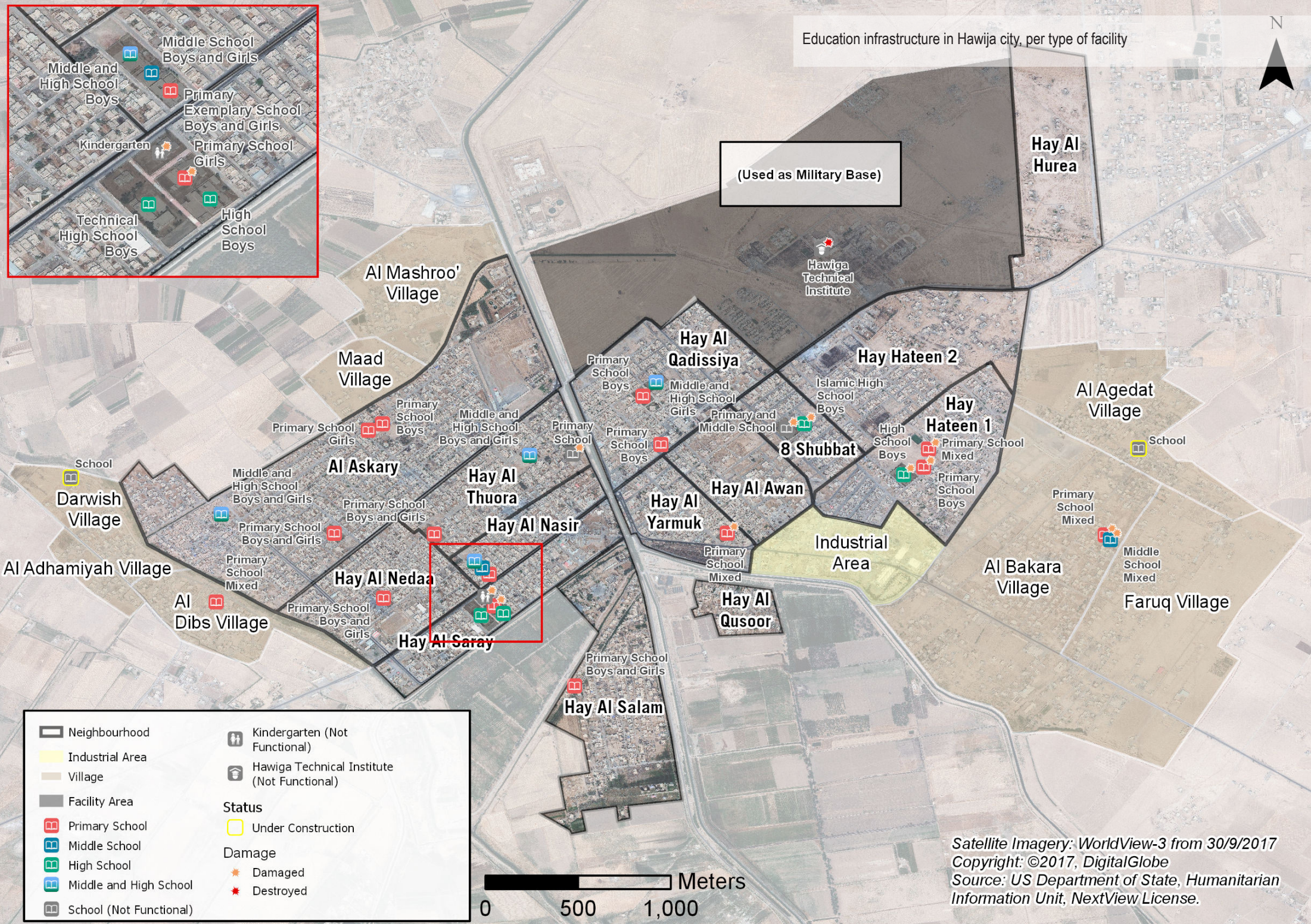




Education infrastructure in Hawija city, per type of facility



(Used as Military Base)



Neighbourhood

Industrial Area

Village

Facility Area

Primary School

Middle School

High School

Middle and High School

School (Not Functional)

Kindergarten (Not Functional)

Hawiga Technical Institute (Not Functional)

Status

Under Construction

Damage

Damaged

Destroyed

0 500 1,000 Meters

Satellite Imagery: WorldView-3 from 30/9/2017  
Copyright: ©2017, DigitalGlobe  
Source: US Department of State, Humanitarian Information Unit, NextView License.



## Attendance

Eighty-five per cent (85%) of school-aged children (6-17 years old) in Hawija were found to be attending formal education.<sup>55</sup> Of the 15% of children that were not attending formal education, 66% were girls. Forty-one per cent (41%) of the children not attending school had never attended school. Of the 59% of students who used to attend

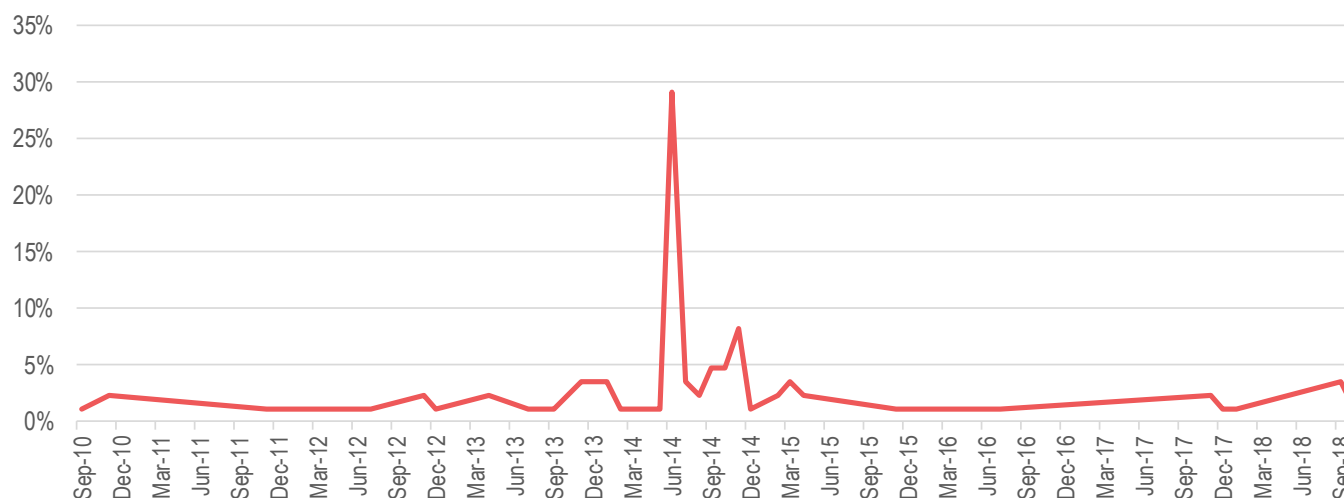
school, only 19% indicated that they intended to re-enrol.<sup>56</sup> School-aged children with disabilities are reportedly less likely to attend formal education, with a little over half of children with a Type-3 disability, and around three-quarters of children with a Type-1 disability attending formal education, against 85% city-wide.

Fifty-seven per cent (57%) of school-aged

children had missed at least one year of formal education since June 2014, with children having missed an average of almost two years of education and most children having stopped attending school around the time ISIL arrived in Hawija city (see Figure 19). As indicated by an education KI and CGD participants, this can be problematic because children will be put into classes on the basis of their age and not their

level of education. As such, children who have missed one or more school years may not be able to catch up with those who have not, and may stop attending education. This is supported by the fact that households reported that the second and third most important reasons for children not to attend education were their recent or continuous displacement or having missed too much to make up for (see Figure 19).

Figure 19: School drop-out levels over time in Hawija city



<sup>55</sup> This is relatively similar to other areas of Iraq; REACH Initiative, [MCNA VI Dataset](#), September 2018. <sup>56</sup> As these findings concern a subset of the total population, they have a confidence interval of 93% and a margin of error of 8%.

## Barriers to accessing education

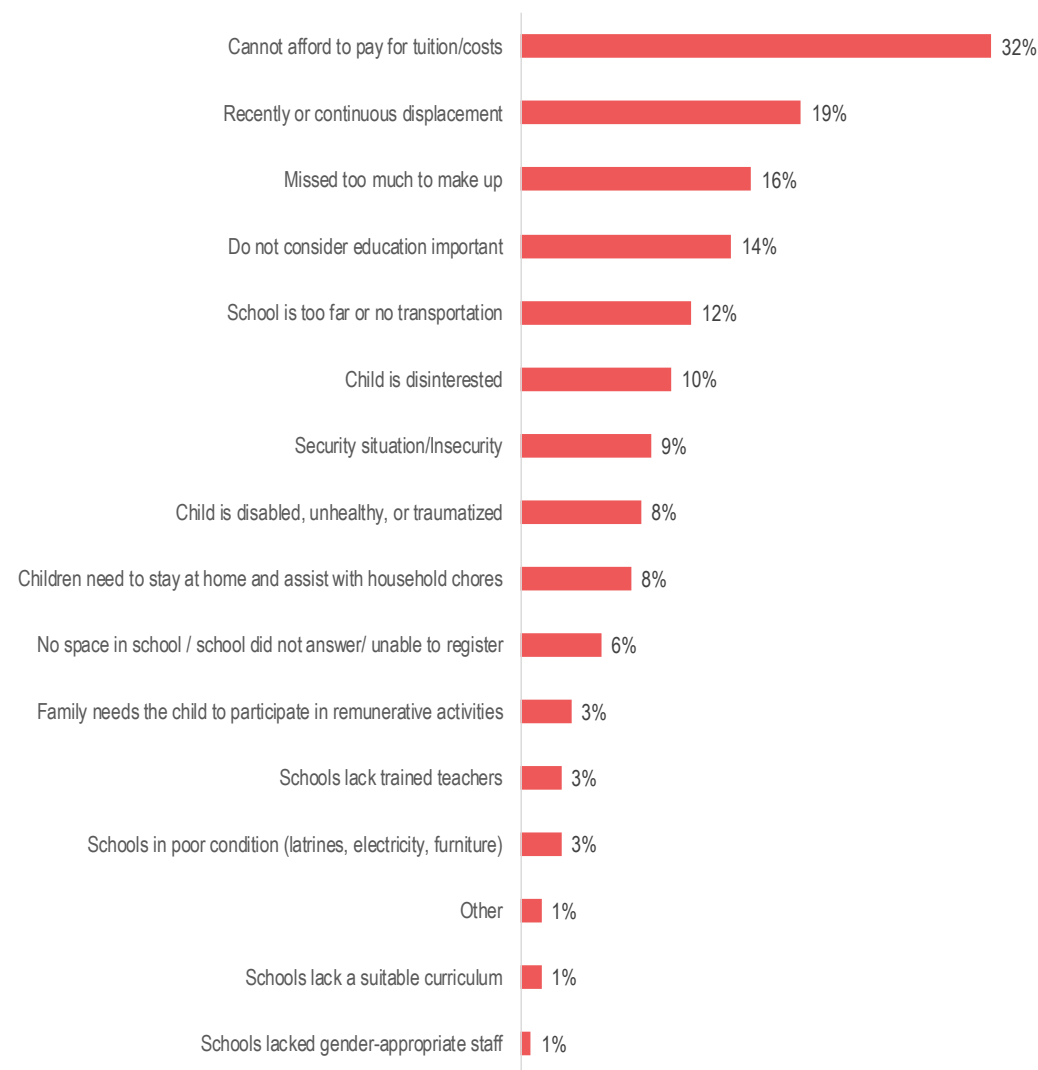
The main reported reason for not attending education was found to be a lack of means for tuition or related costs (see Figure 20). CGD participants and community leaders confirmed that children from poor families face difficulties in accessing education and indicated that households mostly lack the funds to pay for school equipment and/or the required clothing. Education KIs further reported that a number of schools were collecting money from the families of their students in order to pay for teachers, fixing schools, or buying equipment. Although some reported that this was a voluntary contribution, it could be (perceived as) a barrier to households that cannot afford this contribution.

Twelve per cent (12%) of households reported that schools were too far away or that there was no transportation available as a reason for their children not to attend formal education. Participants in the majority of CGDs and the majority of community leader KIs confirmed that a barrier to accessing education was the fact that the required type of schools were not available

in the neighbourhood and that children thus had to travel to other neighbourhoods. Map X shows that certain neighbourhoods, especially the ones on the outskirts of the city, are more often lacking schools. Although most children were said to walk to school, some reportedly travelled by car or bus, which was estimated to cost between IQD 15,000-30,000 (between USD 13-26) per month.<sup>57</sup> The distance to certain schools was said to primarily affect girls because they were not allowed to walk to school by themselves and the transport was too expensive. KIs reported that most girls used to travel to school by car before the arrival of ISIL.

Education KIs and CGD participants reported that children with disabilities face additional barriers to accessing education because they are not (always) accepted in regular schools and there are no specialized facilities available for them or the facilities are too far away. In addition, children with disabilities were said to struggle with physical access to schools, while education KIs added that Hawija city had schools for children with disabilities before the arrival of ISIL.

Figure 20: Reasons for school-aged children not to attend school<sup>58</sup>



<sup>57</sup> Prices converted using [www.xe.com](http://www.xe.com) on 24 January 2019. <sup>58</sup> Respondents could provide multiple answers to this question.

## 🏥 Healthcare

Although residents can access basic healthcare services in Hawija, the ABA identified a number of important gaps in the healthcare system, which had not returned to pre-ISIL levels. The main difficulties were the cost of treatment and medication, the lack of medical services and medication, and the distance that residents needed to travel to access healthcare facilities (in part due to the non-functionality of two of the three health centres). Many residents reported travelling to Kirkuk to access the majority of required healthcare services.

### Health needs

In the three months prior to data collection, 33% of individuals had needed to access healthcare services or treatment (including medicines). Eleven per cent (11%) of all individuals in Hawija city reported having a chronic health condition, with the most common conditions being heart

disease (4.8%), kidney diseases (3.9%), diabetes (3.4%), and lung disease (1.5%).<sup>59</sup> Thirty-six per cent of children had suffered from diarrhoea in the four weeks prior to data collection, which may be related to the reportedly poor quality of water in Hawija city (see Water section below). In terms of vaccination rates, 88% of children younger than five years old was vaccinated against polio and 86% against measles.<sup>60</sup> Seventy-six per cent (76%) of children younger than two years old were found to be vaccinated against Penta 3.<sup>61</sup>

### Healthcare facilities

Hawija city has a general hospital in Al-Qadissiya neighbourhood, which was reported to have sustained damage to its paediatrics wing while the other sections of the hospital were reportedly undamaged. In addition, there are three health centres in the city, one of which is functional and located in Al-Qadissiya neighbourhood, while the

other two were non-functional due to damage and are located in Al-Askary and Al-Awan neighbourhoods. No private healthcare facilities were identified in Hawija. Participatory mapping exercises identified at least five functional pharmacies in the city, mostly located on the road south of Al-Askary neighbourhood. Community leader KIs reported that a number of pharmacies were not functional because their owners had not returned or because they had been destroyed. Out of the 33% of individuals that had needed medical care in the three months prior to data collection, 17% reported that the distance to healthcare facilities had created difficulties (Figure 21). CGD participants also stated that the lack of sufficient healthcare facilities in their neighbourhood was an important barrier to accessing healthcare.

The hospital was said to be providing basic emergency services and basic surgery. The hospital reportedly had some ambulances to

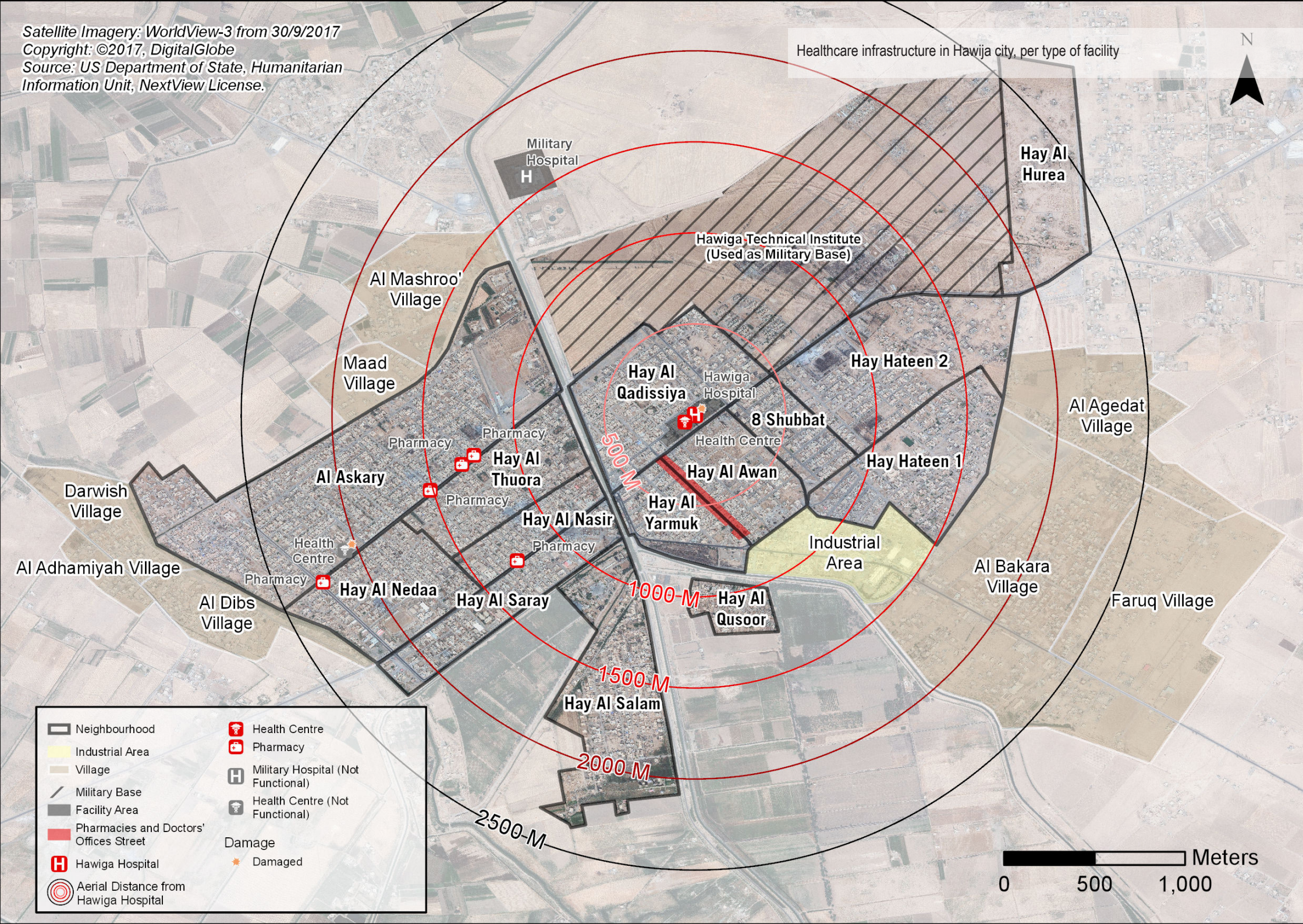
provide emergency care but CGD participants reported that the security situation made it difficult for residents to receive medical treatment at night. For more complicated procedures, residents reported having to travel to Kirkuk. Healthcare facilities in Hawija were said not to provide maternity care, treatment for chronic diseases, or psychological care. KIs with expert knowledge of healthcare in Hawija city (Health KIs) and community leader KIs as well as CGD participants reported that residents had to travel to Kirkuk to access this type of healthcare, which reportedly cost between IQD 7,000 and 25,000 (between USD 6 and 21).<sup>62</sup> KIs reported that there were no mobile medical services or rehabilitation services available in Hawija city, for which people have to travel to Kirkuk.

<sup>59</sup> As this finding concerns a subset of the total population, it has a confidence interval of 95% and a margin of error of 6%. <sup>60</sup> Ibid., The Sphere standards recommends a mass vaccination campaign against measles if vaccination coverage drops below 90%. <https://handbook.spherestandards.org/>. <sup>61</sup> As this finding concerns a subset of the total population, it has a confidence interval of 91% and a margin of error of 8%. <sup>62</sup> Prices converted using [www.xe.com](http://www.xe.com) on 24 January 2019.



Satellite Imagery: WorldView-3 from 30/9/2017  
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Healthcare infrastructure in Hawija city, per type of facility





## Medical staff, equipment, and medication

A significant proportion of households reported that a lack of qualified health staff at the hospital (39%) or health centre (18%) created barriers to accessing healthcare (see Figure 21). Health KIs also stated that healthcare facilities were lacking medical staff because doctors had not returned or did not want to work in the city, which was reportedly not the case before the arrival of ISIL.

Furthermore, Health KIs reported that public healthcare facilities in Hawija city had a lack of medical equipment because it had been stolen during the period of ISIL presence and had not yet been replaced. The hospital was said to be missing a sonar machine and an X-ray machine.

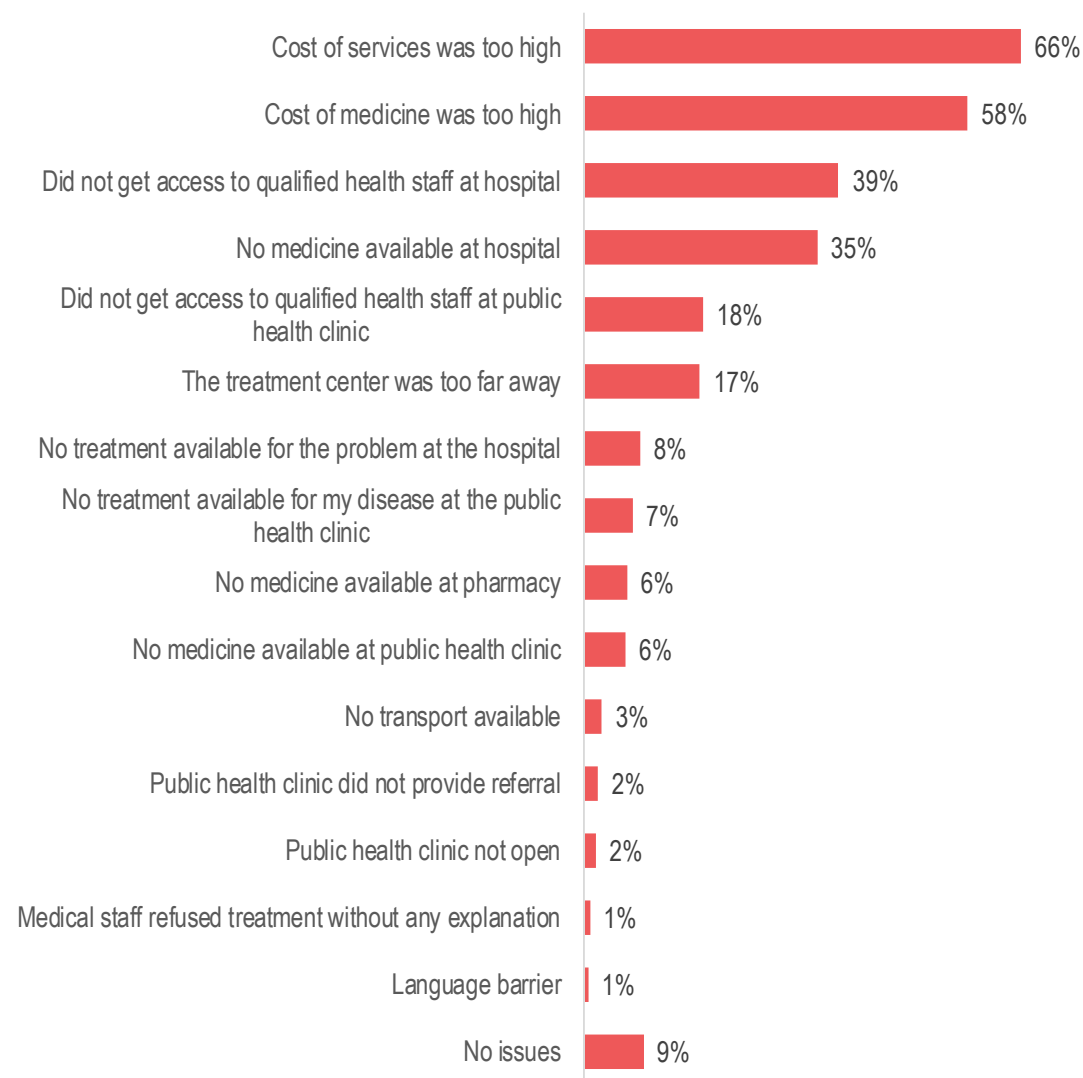
Fifty-eight per cent (58%) of households reported that the cost of medication was too high, and 35% of households said that there was no medicine available at the hospital when they needed to access healthcare. CGD participants and health KIs confirmed that healthcare facilities do not have sufficient medication to meet the population's needs, while KIs were divided on whether medication had been sufficiently available before the arrival of ISIL. Participants in some CGDs stated that no medication was available at all, while others indicated that medication for the

treatment of chronic diseases was not available. While the prices of medication in general were said to be similar to before the arrival of ISIL, residents reportedly had less means to buy medication. Health KIs reported that, due to the lack of medication in public facilities, residents more frequently had to access medication through private pharmacies, which is likely to increase the price of medication. CGD participants added that especially female-headed households faced difficulties in accessing medication.

INGO actors – primarily MSF, Medair, and ICRC – were said to be providing treatment and medication for chronic diseases, basic check-ups, and general medication. Health KIs listed increasing the amount of medication, doctors, and equipment as the main ways to improve the healthcare system in Hawija city.

CGD participants reported that women face additional difficulties in accessing healthcare facilities, mostly because they do not have the means or face security issues. In addition, CGD participants indicated that persons with disabilities face additional barriers in accessing health care facilities due to the distance to these facilities, a lack of financial means to pay for the required transportation, and a lack of appropriate healthcare and medication being available.

Figure 21: Difficulties faced by individuals who needed to access healthcare in the 30 days prior to data collection<sup>63</sup>



## Basic services

### Electricity

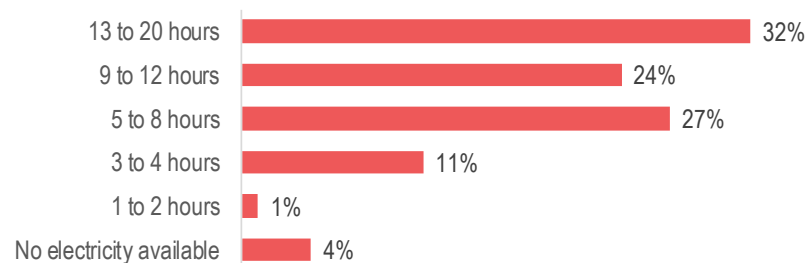
The electricity provision in Hawija city was reported to have been strongly affected and its repair was said to be a priority need for residents. Residents of Hawija were found to have some access to public grid electricity, but electricity was available for a shorter amount of time and at a lower voltage than before ISIL due to damage to multiple parts of the electricity infrastructure.

Households reported receiving varying durations of electricity per day, with 4% of households indicating that they received no electricity at all (see Figure 22). Electricity provision in the neighbourhoods of Al-Askary (lower voltage), Al-Thuora (lower voltage), 8 Shahabit, Hateen (network damaged by attacks), Al-Salam (residents cannot reconnect to the network), and Al-Bakara village was said to be particularly weak or absent. Electricity was reported to be available for a greater number of hours per day in winter and fewer in summer, when demand is highest. Residents reportedly do not have to pay for the

use of electricity but it is not unlikely that they will have to start paying once the electricity system is fully functional again, as was the case before the arrival of ISIL.

According to KIs with expert knowledge on electricity (electricity KI), public grid electricity currently comes from the Mola Abdullah power plant outside of Kirkuk city and passes through two main transformer stations on the way to Hawija city (Madhoriya and Burkhelea stations). The Al-Hawija power station was said to have been completely destroyed by an airstrike in 2015 and to remain non-functional. Due to the destruction of the Al-Hawija power station, electricity was being provided at 11 KV, as opposed to the 33 - 66 KV before the arrival of ISIL. Households were said to receive 150V electricity, instead of the desired 220V. Electricity KIs indicated that this was more commonly affecting neighbourhoods surrounding the old power station, such as Al-Yarmuk, Al-Awan, and Al-Hateen.

Figure 22: Daily availability of electricity



In addition to the destruction of the old power plant, electricity and community leader KIs reported that electricity provision had been affected by the fact that electrical wires and transformers had been damaged or stolen (150 transformers in total). An increase in the number of transformers was reported to be the main way to improve electricity provision in Hawija city. Community leader KIs stated that certain households in their neighbourhoods had a lack of or reduced access to electricity because they did not have the funds to reconnect to the public grid, electricity infrastructure was missing in some areas, and transformers were missing. Lastly, ISIL was said to still commit attacks on public grid transformers around the city, sometimes causing extended power outages. Electricity KIs stated that UNDP had provided a number of new transformers. In

addition, the government had reportedly provided transformers and repaired wires and poles.

Although some neighbourhoods reportedly had access to community generators, the neighbourhoods of Al-Yarmuk, Al-Saray, 8 Shahabit, Al-Awan, Al-Hurea, Al-Qusoor, Al-Bakara, Al-Agedat, and Al-Hateen 2 reportedly did not have access to community generators. The primary reasons for this lack of access were that residents could not afford it, that generators had been stolen, or that not enough people had returned to make a community generator viable. Residents that did have access to community generators reported using them between 4 - 11 hours per day and paying IQD 7,000 to 15,000 (between USD 6 and 13) per month.<sup>64</sup>

<sup>64</sup> Price converted using [www.xe.com](http://www.xe.com) on 24 January 2019.





Stolen or damaged electricity transformers in Hawija city

Neighbourhood

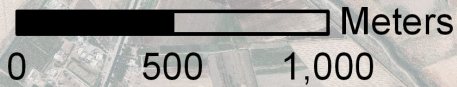
T

Reported Stolen/Non  
Functioning Electricity  
Transformer

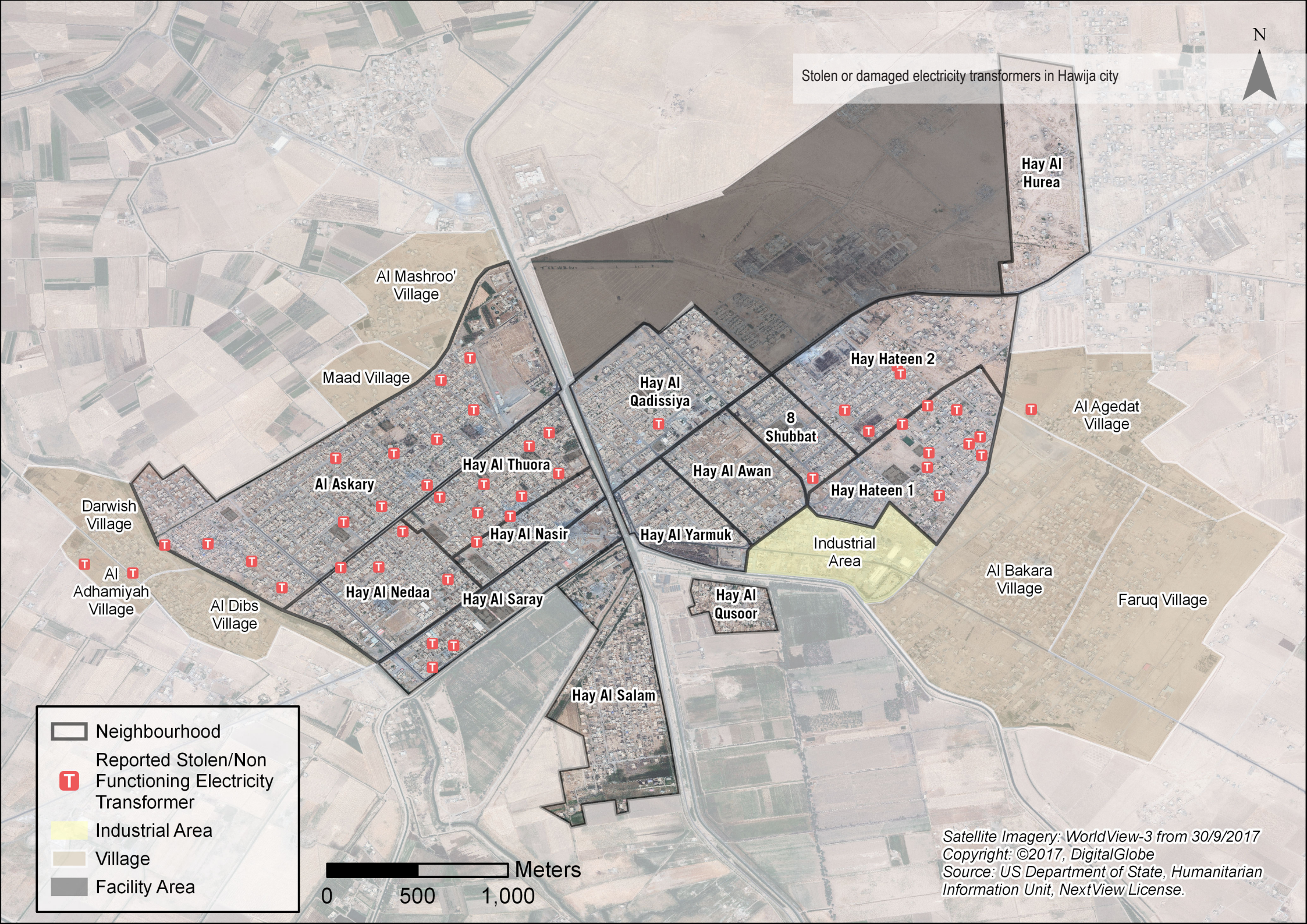
Industrial Area

Village

Facility Area



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## Waste Collection

While wastewater storage and removal services were reportedly functioning well, many neighbourhoods in Hawija city did not have (sufficient) solid waste removal services, primarily due to a lack of workers and equipment.

### Solid waste

The municipality was said to be providing solid waste collection services in Hawija city, for which residents reportedly did not have to pay. According to community leader KIs, a number of neighbourhoods do not have any solid waste collection or only in parts of the neighbourhood (see Table 5). A large majority of community leaders and CGD participants said that solid waste removal services in their neighbourhood were not sufficient to address the needs of the population. Participants in roughly half of CGDs indicated that residents of their neighbourhood were dumping or burning waste within or in close vicinity of the neighbourhood, with some community leader KIs adding that this attracted insects or caused skin diseases.

KIs with expert knowledge on waste collection (waste KIs), community leaders, and CGD participants gave differing estimations of the frequency of waste collection, ranging from one to three times per week. While waste KIs indicated that neighbourhoods with a higher population had more frequent waste collection and that waste from markets was collected daily. Waste was reportedly collected house to house or only from the main streets of the neighbourhood, and then taken to a landfill about five to seven kilometres south of Hawija city. Before the arrival of ISIL, waste used to be buried at the landfill but this was reportedly no longer possible due to a lack of equipment.

Waste collection before ISIL was said to have been more frequent and to cover a large proportion of the city. Waste KIs reported that the reduction in waste collection services was primarily due to a lack of equipment (2 garbage trucks available as opposed to 14 before the arrival of ISIL) and a lack of workers (25 workers as opposed to 400 before the arrival of ISIL). In addition, before the arrival

Table 5: Availability of solid waste removal services per neighbourhood, as reported by community leader KIs

Solid waste collection available	Solid waste collection available in part of the neighbourhood	No solid waste collection available
Al-Askary 4	Al-Askary 1	Al-Salam 1
Al-Thoura	Al-Askary 2	Al-Qusoor
Al-Nasir	Al-Askary 3	Hateen 2
Al-Needa	Al-Askary 5	Al-Bakara village
Al-Salam 2	Al-Saray	Al-Agedat village
Al-Qadissiya	8 Shahabit	Al-Dibs village
Al-Yarmuk	Al-Hurea	
Al-Awan		
Hateen 1		

of ISIL residents reportedly had more private containers for disposing of solid waste. A waste KI reported that UNDP had assisted with solid waste collection and rubble clearing in Hawija city but that their activities had ended in October 2018.

### Wastewater

The vast majority of residents reportedly use septic tanks to store wastewater and have access

to wastewater removal services once the tank is full. A private company was said to be providing wastewater removal services and to charge between IQD 20,000 and 35,000 (between USD 17 and 29) for emptying a septic tank.<sup>65</sup> While the majority of community leader KIs reported that the service was sufficient to meet the population's needs, a minority reported that this service was considered to be too expensive for residents in their neighbourhood.

<sup>65</sup> Price converted using [www.xe.com](http://www.xe.com) on 24 January 2019.

## Water

Although most households were found to have access to some form of drinking water, the ABA also identified that a significant proportion of Hawija city's population did not have access to piped drinking water, that piped drinking water was of poor quality, and that there was significant damage to the water network and one of the two water treatment plants in Hawija city.

Seventy-five per cent (75%) of households reported that their primary source of drinking water during the seven days prior to data collection was piped water. Participants of a little over half of CGDs indicated that their neighbourhood had areas where piped water does not reach. CGD participants reported that piped drinking water was not available in Al-Dibs village and Al-Qusoor neighbourhood, and community leader KIs said that not all residents of Al-Salam neighbourhood and Al-Bakara village had access to piped water. Ninety-nine per cent (99%) of households were found to have a functioning water tank, with a median capacity of 1,000 litres. KIs with expert knowledge on water in Hawija city (water KIs) and

CGD participants estimated that piped water was available between 2-10 hours every day or every other day. Half of community leader KIs indicated that the supply of water was not sufficient to meet the needs of the population. Residents reportedly do not have to pay for piped drinking water.

Water KIs stated that piped water in Hawija city is taken from the Zab river and led to Hawija's Water Treatment Plant (WTP). Before the arrival of ISIL, Hawija city had two functional WTPs, one of which was reported not to be functional due to damage sustained in airstrikes. Specifically, the water tanks, internal pipe system, water tower, generator, and filtration system of this WTP were said to have been damaged. In addition, water KIs reported that the functional WTP was missing generators, which meant that it could only operate when public grid electricity was available. Water KIs added that the resolution of this problem was the main obstacle to the improvement of water provision in Hawija city. Furthermore, CGD participants of a number of neighbourhoods stated that water pipes in their area had been

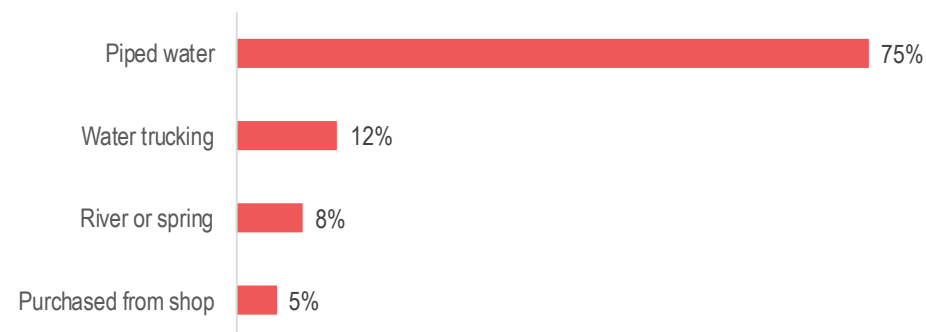
damaged. As a consequence of this damage, certain neighbourhoods only had water every two to three days and villages around Hawija city did not have access to piped water. A NGO actor was said to have assessed the damage to the second WTP in Hawija city but not to have started repairs at the time of data collection.

Households that did not have access to piped water over the seven days prior to data collection accessed drinking water through water trucking (12%), taking water directly from a river or spring (8%), and purchasing drinking water from a

shop (5%) (see Figure 23). KIs reported paying between IQD 4,000 and 25,000 (between USD 3 and 21) for 1,000 litres of trucked water.<sup>66</sup>

Even though just 57% of households reported that the water coming from their primary source was clean for drinking, only 22% of households said that they treated their drinking water before consuming it, through chlorination (15%), filtering (5%), or boiling (2%).<sup>67</sup> Participants in the majority of CGDs indicated that people were getting sick, especially diarrhoea, from drinking the water.

Figure 23: Percentage of households relying on specific sources of water



# Access to Basic Services: Severity Level

- Electricity - Low
- Electricity - Moderate
- Electricity - High
- WASH - Low
- WASH - Moderate
- WASH - High
- Trash Cleaning - Low
- Trash Cleaning - Moderate
- Trash Cleaning - High

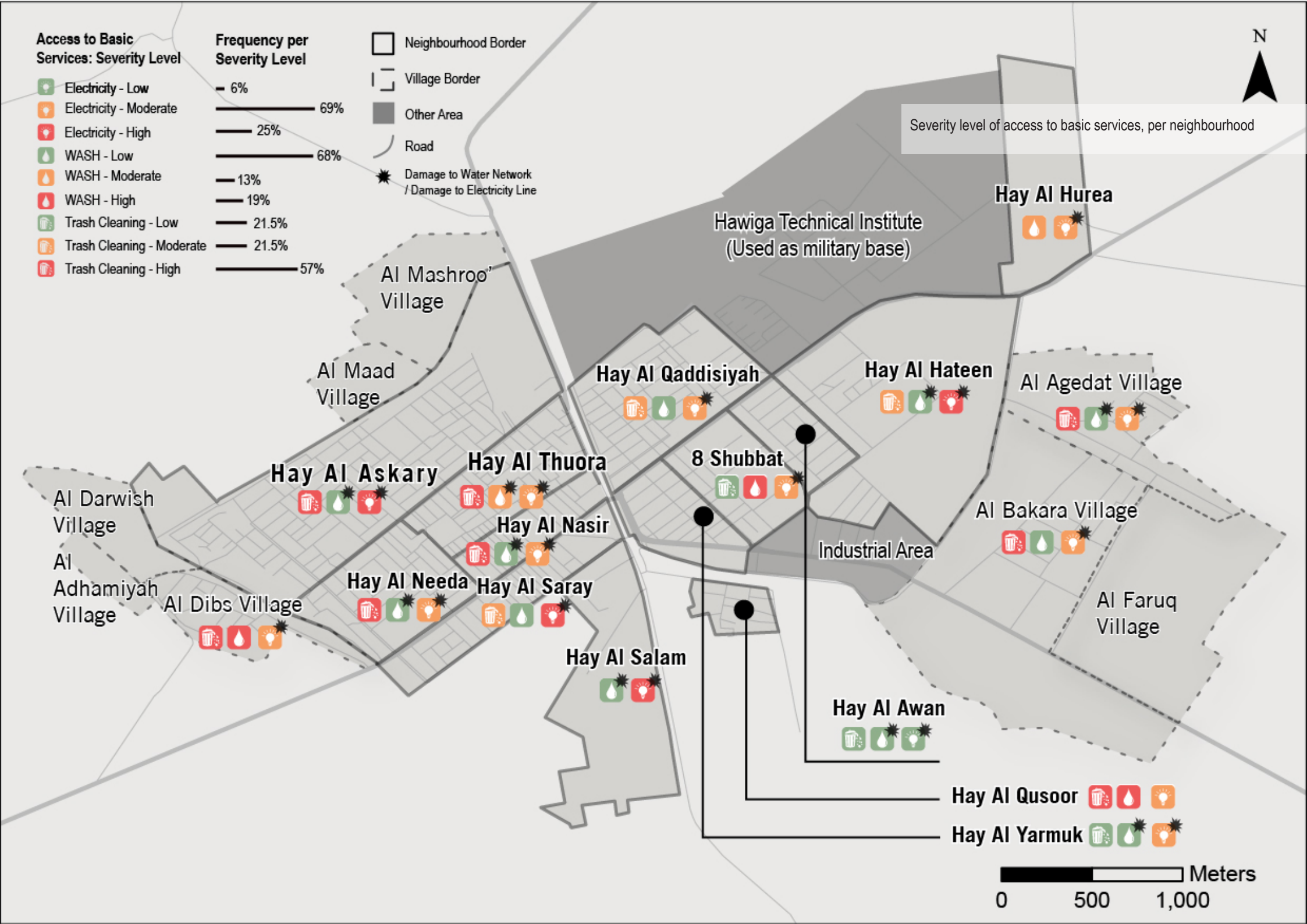
## Frequency per Severity Level

- 6%
- 69%
- 25%
- 68%
- 13%
- 19%
- 21.5%
- 21.5%
- 57%

- Neighbourhood Border
- Village Border
- Other Area
- Road
- Damage to Water Network / Damage to Electricity Line

N

Severity level of access to basic services, per neighbourhood



## Conclusion

As the context in Hawija transitions from an emergency to one of recovery and stabilization, the priority for the government and the humanitarian community has shifted to the resumption of key public services to address the needs of a diverse population. The recovery process that has started with the Government of Iraq, the UN, and different humanitarian organizations will require close coordination with multiple stakeholders, centred on the needs of the community.

This report has synthesised multiple layers of data from community leaders, individuals with specialised knowledge in service provision, and resident households with the aim of informing evidence-based planning and prioritisation of needs. The findings aim to support actors implementing humanitarian and recovery interventions at the urban level in Hawija city, providing granular, location-specific information, while informing planning and programming of

the NRC-led community center in Hawija city. With most of its population composed of recently returned households, Hawija is in its early stages of recovery.

Returning households face significant challenges in most aspects of daily life, primarily due to the fact that houses, infrastructure, and equipment have been severely damaged or destroyed during the recent conflict. The responsibility of repairing homes was a primary driver for households to take on unsustainable levels of debt, exacerbated by limited livelihood opportunities in the city. Livelihoods opportunities were negatively affected by the fact that many of Hawija city's factories and shops had been destroyed, agricultural equipment had been stolen, and the electricity supply was unreliable.

In addition, the destruction of two of the three health centres in Hawija city and increased cost

of treatment and medication posed a barrier for residents to access healthcare, three schools were not functioning due to damage, and the electricity supply had been seriously affected due to damage to multiple parts of the infrastructure. The frequency of solid waste collection in the city had significantly reduced due to damaging and looting of equipment, and the availability and quality of drinking water was much lower than before 2014. With a significant portion of students having dropped out or missed years of school due to displacement, the damage to educational facilities and shortages of teachers and equipment further compounds the functionality of the system. This, together with a lack of new opportunities within the public sector, has created an unsustainable environment for households looking to rebuild their livelihoods.

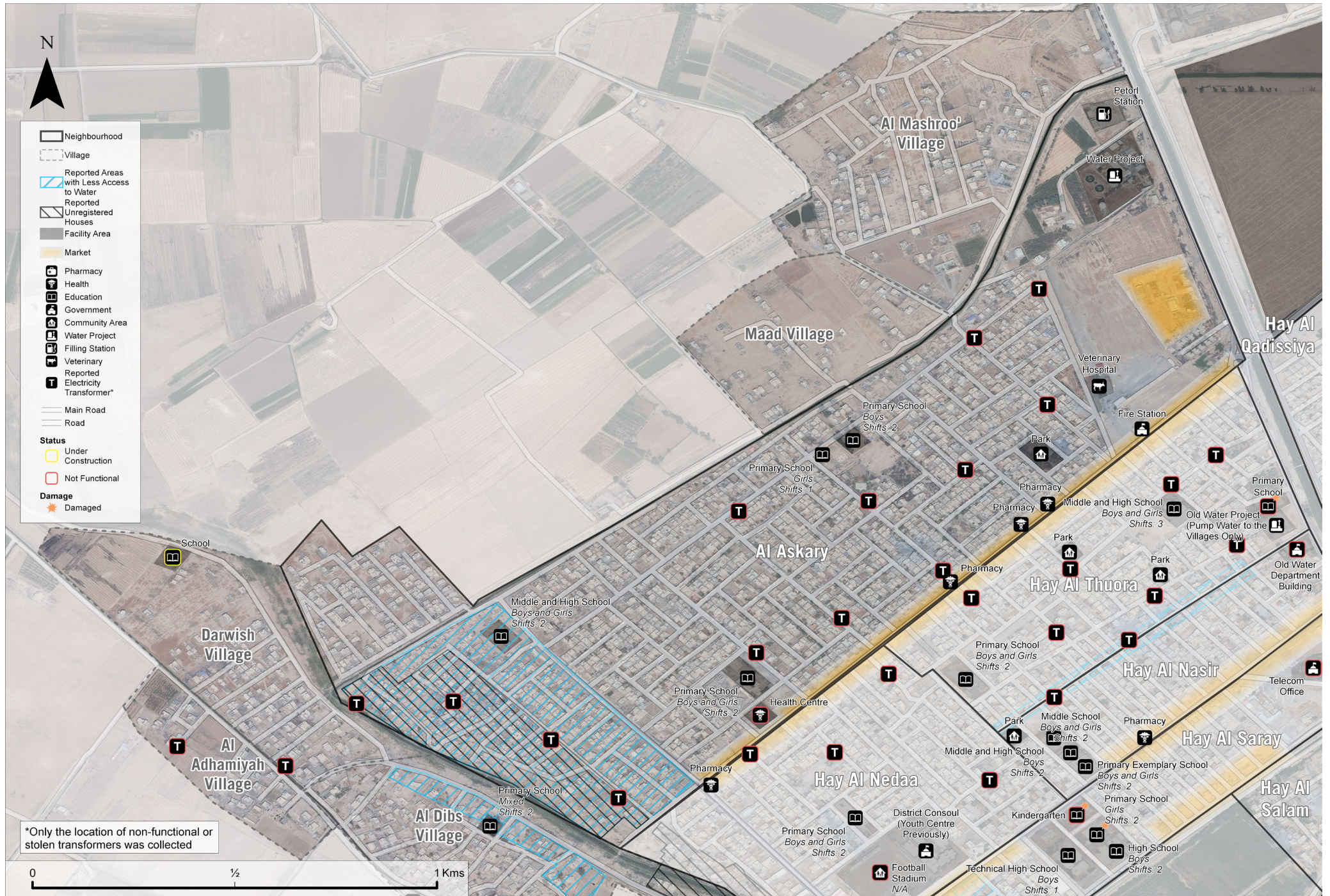


# APPENDIX:

Hawija city neighbourhood maps

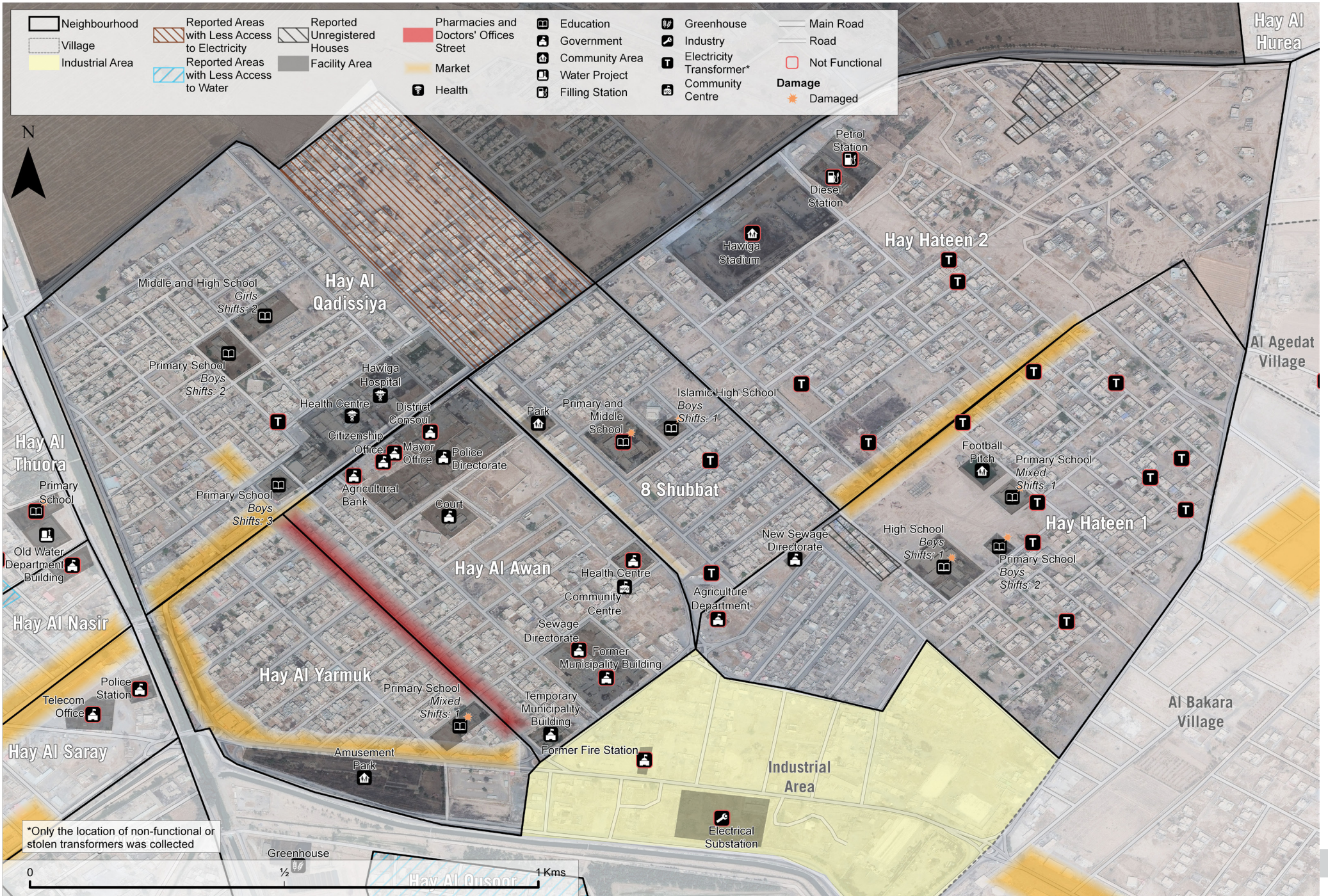


# NORTH WEST



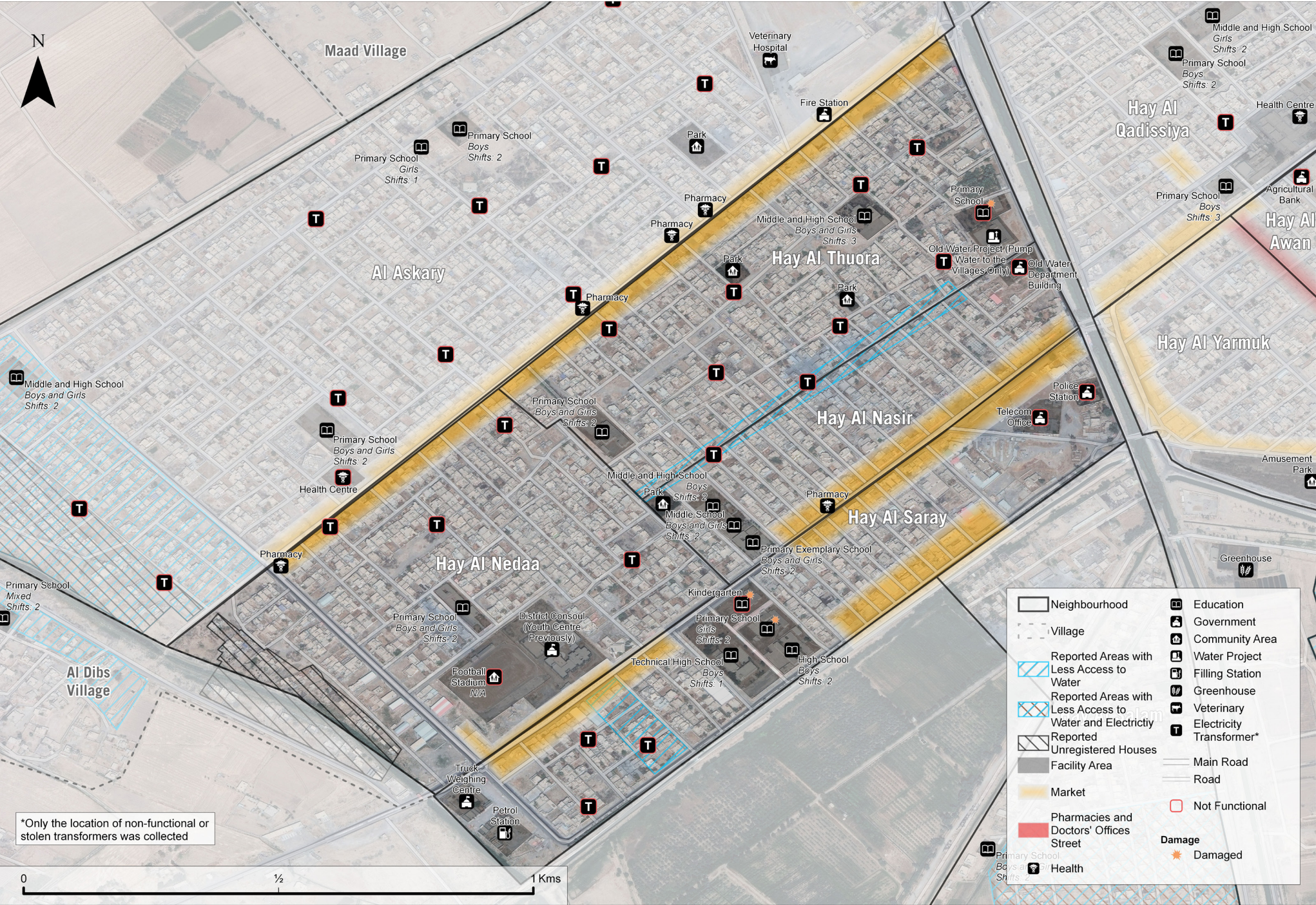


# CENTRE



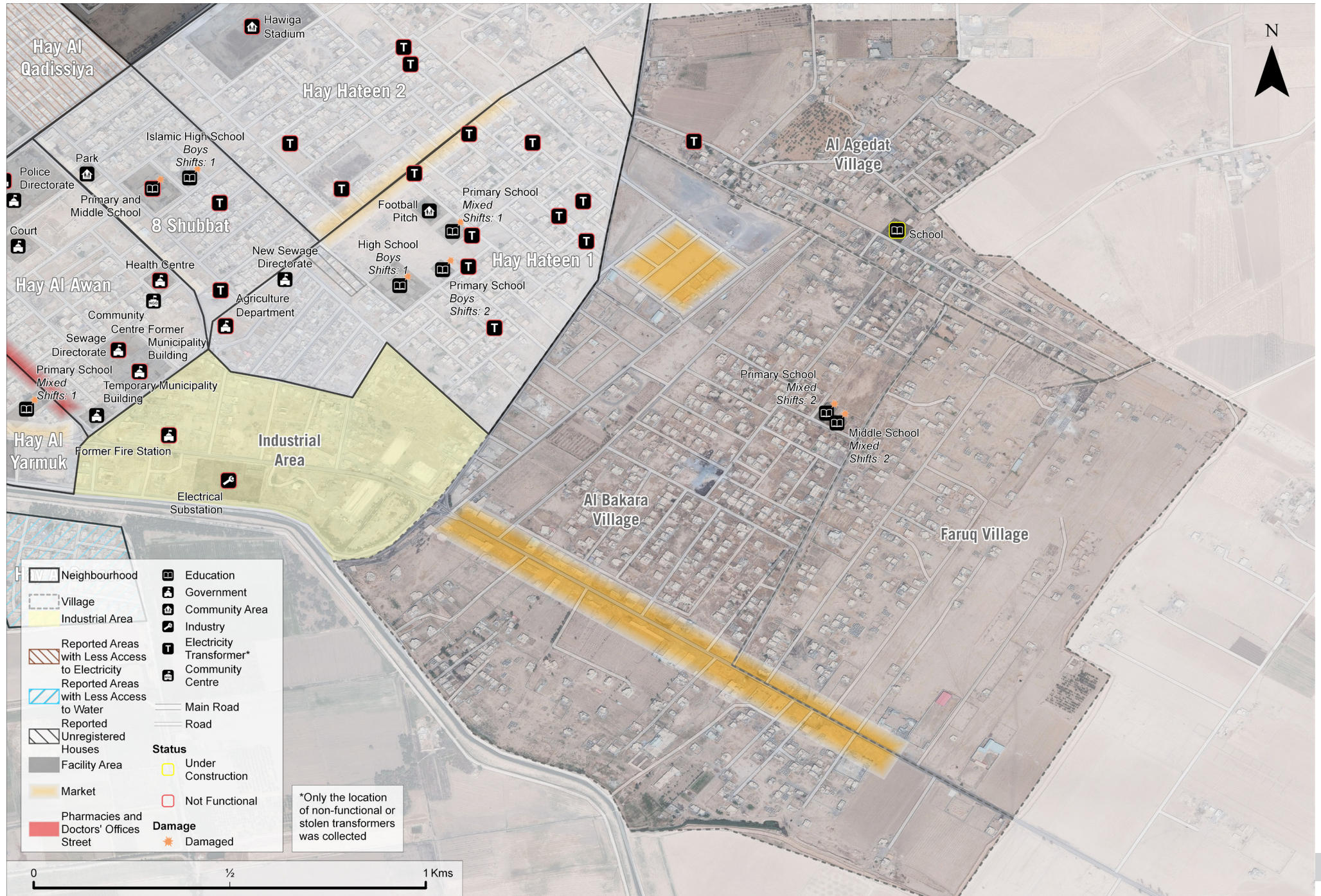


# SOUTH WEST



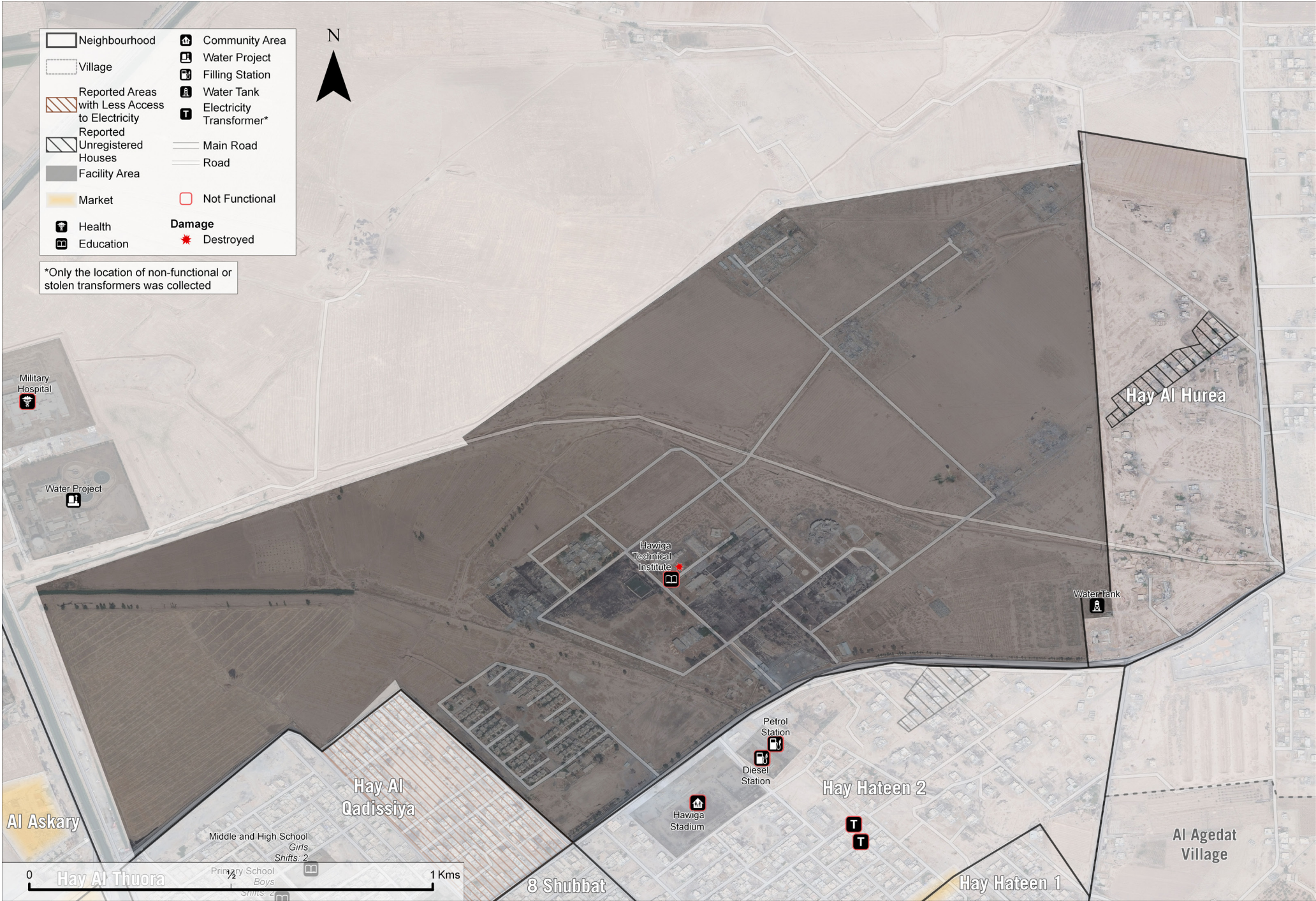


# SOUTH EAST





# NORTH





# SOUTH

