

Humanitarian Overview: Falluja City

Iraq, April 2017



Introduction

Total population in the city: 36,037 families¹
Est. returnee pop: 36,037 families
Est. % of IDPs (of total pop.): 0
Date of AG arrival: June 2014
Date of AG departure: June 2016
Humanitarian access: Limited
Month of data collection: April 2017

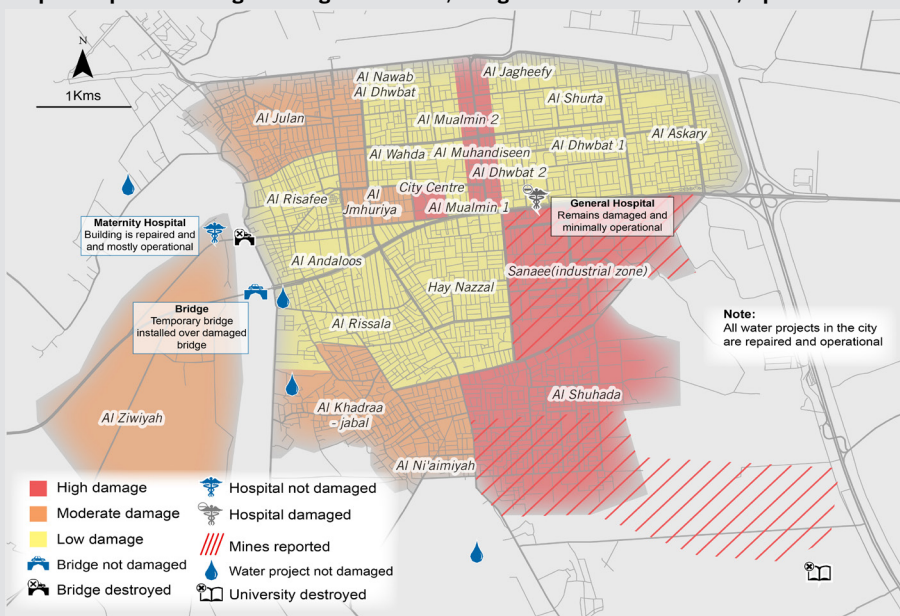
Overview

In June 2016, Falluja was fully retaken from Armed Groups (AGs) who had controlled the city since January 2014. From September 2016, IDPs began to return to the city. By the end of May 2017, 36,037 families had returned to the city.

Since the previous round of data collection conducted by REACH in Falluja in December 2016, needs remained severe despite improvements. The main sectors of need in the city were shelter, healthcare and livelihoods. Damage remained quite severe throughout the city, particularly in the southern neighbourhoods. The lack of livelihood opportunities and high costs were reported to be preventing people from accessing healthcare services or being able to afford rent. For those who did not work in the public sector – particularly daily workers – the job market had still largely not recovered.

Improvements were reported in WASH, education and food security sectors, primarily due to improved access to drinking water, increased access to schools and the enhanced functionality of markets and supply chains.

Map 1: Reported damage to neighbourhoods, bridges and health facilities, April 2017



¹ IOM DTM, 30 May 2017. The city was reported to have been emptied following the departure of AGs.

Key findings

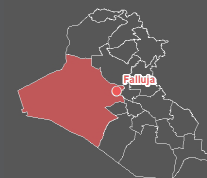
Summary of key findings and needs by sector:

The severity ranking below is based on a set of indicators measuring the severity of each sector: 0= No severity to 4 = Extreme severity.

Sector	Key Findings
Healthcare	3 <ul style="list-style-type: none"> The main public hospital was heavily damaged and only the emergency department was reported to be operational at the time of assessment. The maternity hospital incurred minor damage, but was reported to be repaired and functioning, though with some equipment missing. At the time of assessment, there were reportedly doctors available, including specialists, with some of the doctors from the main hospital having moved to the maternity hospital. However, surgeries were reported to be unavailable, and for more complex care individuals were traveling to the private hospital in Khaldiya or to public hospitals in Baghdad. There were reported cases of people dying because of the lack of timely trauma care. Overall, KIs reported that there was not enough medicine, especially for chronic diseases. Pharmacies were open, but many could not afford the medicine.² There were reportedly 1-2 health centres open, but they also did not have sufficient medicine or equipment. Specialists worked at these centres in shifts, meaning that they were not available every day.
Shelter and Damage	3 <ul style="list-style-type: none"> Damage to houses and infrastructure remained most prevalent in southern neighbourhoods (see Map 1). However, the entire city incurred low to medium-level damage through looting and burning - much of which had reportedly not been repaired. The continued presence of mines was reported in two neighbourhoods, Sanaee and Shuhada 1, and these neighbourhoods were reported to be closed to civilians.³ Between 15-30% of individuals were reported to be sharing housing, with two to four families living in one house, as they either could not afford to rent or were reconstructing damaged houses. Those sharing houses were generally extended families. Rent prices had reportedly nearly doubled, with KIs putting average rent prices for a house at between 300,000-600,000 IQD per month. Between 5-20% of households were reported to be living in damaged or unfinished housing.
Livelihoods	2.5 <ul style="list-style-type: none"> Approximately 5-10% of households were reported to have no source of livelihoods at all, relying entirely on charity and assistance from friends and neighbours. In addition, the majority of those who were not employed by the government did not have sufficient income, as the unskilled labour market had largely not recovered. Government employees (including retired) – approximately 60-70% of those employed – received a stable income or pensions. Areas on the periphery of the city that largely relied on farming (pre-AG arrival) had not recovered because of a lack of seeds, materials and water. Many of those who had returned to the city reportedly did so because they had exhausted their financial resources in their areas of displacement - meaning that many households arrived with little to no savings with which to support themselves during periods of limited livelihood opportunities.
WASH	1.5 <ul style="list-style-type: none"> All three water pumps were reported to be operational, with most neighbourhoods receiving water 24 hours/day. However, some neighbourhoods like Shuhada, Sanaee and Jubail had more limited access to water, largely because of pipe damage. The water coming from the water pumps was reported to be chlorinated. A small number reported using chlorine if they did not have filters, purchasing it from pharmacies. Small numbers of individuals were said to be buying water, with some also reporting boiling water if they did not have access to additional cleaning methods. None were reported to be drinking water straight from the tap. There were diseases a few months ago – especially skin conditions, diarrhoea and kidney stones – but at the time of assessment fewer cases were reported.
Education	1.5 <ul style="list-style-type: none"> 60-70% of schools were functioning, with the additional 30-40% reportedly too damaged to function. Most schools were operating in two shifts, which is standard for Falluja. However some schools, especially primary schools, were said to be operating in three shifts and were reported to be overcrowded. The vast majority of primary school students reportedly attend school. However, approximately 10-15% of secondary school students (12+) were not studying because they were working - this figure was reported to be higher than before AG arrival. There were reportedly sufficient teachers working and they were said to be receiving their government salaries. However, there were generally insufficient educational materials available, with families having to buy textbooks and other materials that are generally provided by the government.
Food Security	1 <ul style="list-style-type: none"> Overall food and NFI items were reported to be available and 60-80% of pre-AG markets were open. Goods were slightly more expensive than before the arrival of AGs, as goods reportedly only come from Baghdad, which can create a bottleneck for supply. Prices were said to spike by 5-20% for some goods if the checkpoints to Baghdad were closed or overcrowded. The Public Distribution System (PDS) was reported to be functioning, but was sporadic – only bringing flour and oil every few months.

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Methodology

REACH collected in-depth information from 30 Key Informants (KIs) through Community Group Discussions (CGDs) and Key Informant Interviews (KIIs) between 16 and 27 April 2017. Participants comprised of returnees living in Falluja City and IDPs living in the Kurdish Region of Iraq (KRI) who remain in touch with friends and family in Falluja. Where possible, findings have been triangulated with secondary sources. The presented findings should be understood as indicative only.

Returnees and IDPs

The city of Falluja was liberated from AG occupation in July 2016 and residents began returning to the city in September 2016. Based on the responses of KIs, the city was entirely composed of returnees, as IDPs are reportedly not being allowed to settle in the city.⁴ As of 27 April 2017, 36,037 returnee families lived within Falluja City. The vast majority of them – 21,125 – returned from areas of displacement within Anbar governorate, primarily from nearby IDP camps. A further 5,607 families returned from areas of displacement in Erbil governorate and an additional 4,304 families from Baghdad governorate.⁵

When asked for the primary factors driving return, KIs reported two main factors: firstly, government employees had been informed by the Government of Iraq (GoI) that their salaries would be halted if they did not return to their area of origin; secondly, for all IDPs, depleting resources in their area of displacement, particularly for those who had to pay rent in out-of-camp settings, was a strong push factor.

Returnees within the city face multiple challenges, particularly regarding livelihoods, healthcare and shelter. The high price of rent – which had doubled since before the arrival of AGs – puts intense strain on the finances of families. The lack of livelihoods for unskilled workers compounds the financial strain for many families. In particular, non-governmental workers who returned to damaged or destroyed homes were especially susceptible to resorting to negative coping strategies, including borrowing money and foregoing healthcare expenses.

Some KIs reported small amounts of secondary displacement, primarily back to the KRI and outside of Iraq for those who had the financial resources to do so. They also noted that some displaced Falluja residents continue to live outside of the city due to security concerns, and commute on a daily basis from their areas of displacement to work in the city.

Table 2: Reported price changes between December 2016 and April 2017

*Prices taken for April 2017 come from the Reach Initiative Iraq Joint Price Monitoring (JPMI) programme, data for Falluja.

Product	Prices December 2016 ⁶	Prices April 2017 ⁷	Price change
Flour (50 kg)	25,000 IQD (21.2 USD)	25,000 IQD* (21.3 USD)	—
Rice (50 kg)	50,000 IQD (42.4 USD)	38,000 IQD* (32.3 USD)	▼
Sugar (50 kg)	50,000-60,000 IQD (42.4-50.9 USD)	45,000-50,000 IQD* (38.3-42.6 USD)	▼
Cooking oil (1 L)	2,000 IQD (1.7 USD)	1,500 IQD* (1.3 USD)	▼
Tomato (1 L)	750-1,000 IQD (0.6-0.8 USD)	1,500 IQD (1.3 USD)	▲
Fresh Meat (1 kg)	7,000-10,000 IQD (5.9-8.5 USD)	10,000-12,000 IQD (8.5-10.2 USD)	▲
Fuel (1 L)	500 IQD (0.4 USD)	500 IQD (0.4 USD)	—
Kerosene (1 L)	300-500 IQD (0.2-0.4 USD)	550 IQD* (0.5 USD)	▲

Footnotes:

² Supported by, IOM, DTM, March 2017; However, KIs reported that pharmacies were unaffordable for many before – they received cheaper medicine from the hospitals.

³ Iraq Protection Cluster, Returnees Profile Anbar, (March 2017).

⁴ Triangulated with IOM DTM, Returnee Figures as of 30 May 2017.

⁵ Ibid.

⁶ Based on an exchange rate of 1 USD = 1,178 IQD (as of 22 December 2016) via www.xe.com.

⁷ Based on an exchange rate of 1 USD = 1,175 IQD (as of 30 May 2017) via www.xe.com.