

JALAWLA AREA-BASED ASSESSMENT (ABA)

Key Findings

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4. Food security
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ABA BACKGROUND

RESEARCH OBJECTIVES

Overall objective: To inform evidence-based planning and prioritization of needs by actors implementing humanitarian and recovery interventions at the urban area level in Iraq:

- Providing **granular, location-specific information**.
- Targeting locations where **area-based coordination groups (ABCs)** are present. Supporting ABC planning and the operations of its members.

Specific objectives:

1. Define and profile the selected area.
2. Identify and map the availability and accessibility of **services** (WASH, health care, education, electricity, and legal services) within the defined area, highlighting key gaps and barriers to service provision.
3. Assess the perceptions and expectations of residents regarding **service delivery**.
4. Identify priority **multi-sectoral needs** of the population at the household level.

ASSESSMENT METHODOLOGY

The Jalawla ABA consisted of various qualitative and quantitative components:

Household Needs Assessment

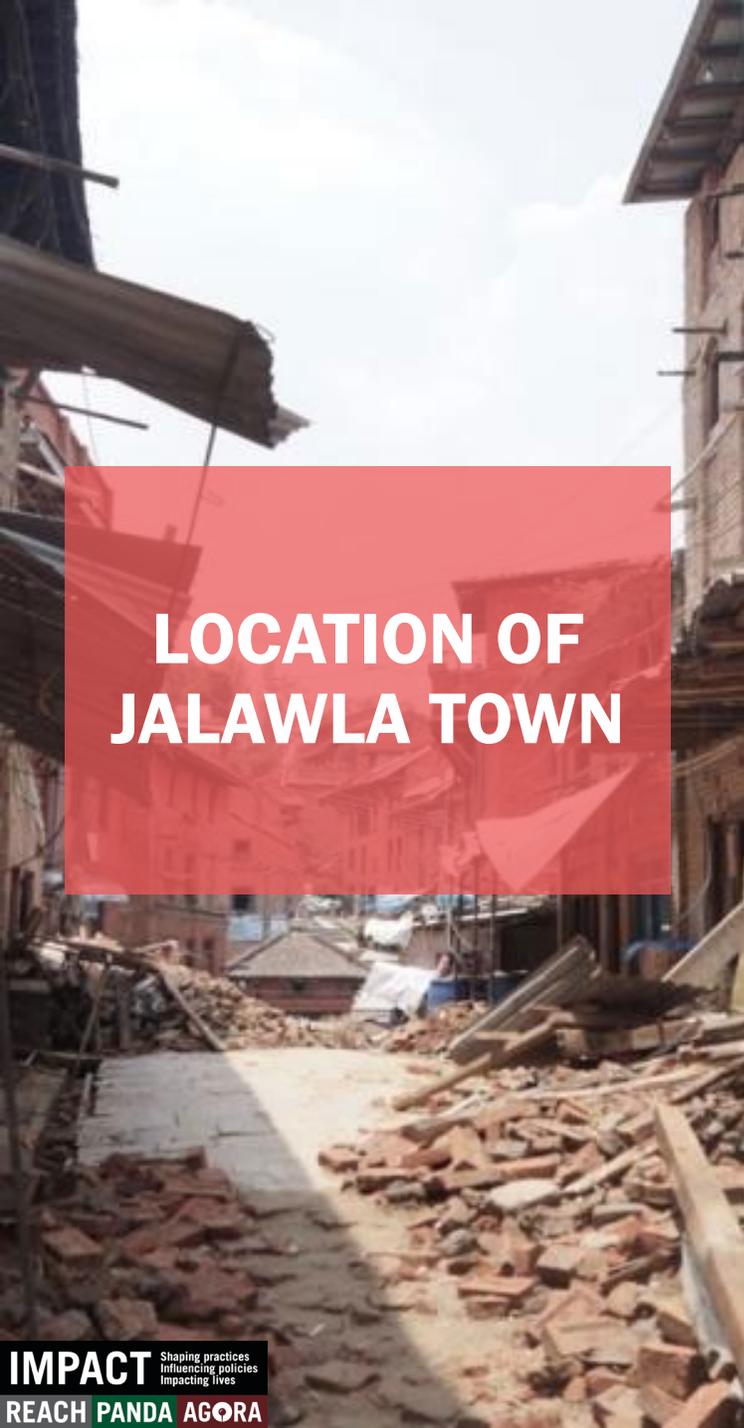
- **321 households in Jalawla town** were interviewed in-person from **12 to 27 December 2021**.
- The results regarding households are generalizable with a 95% confidence level and a 5.5% margin of error.

Key Informant Interviews (KIIs)

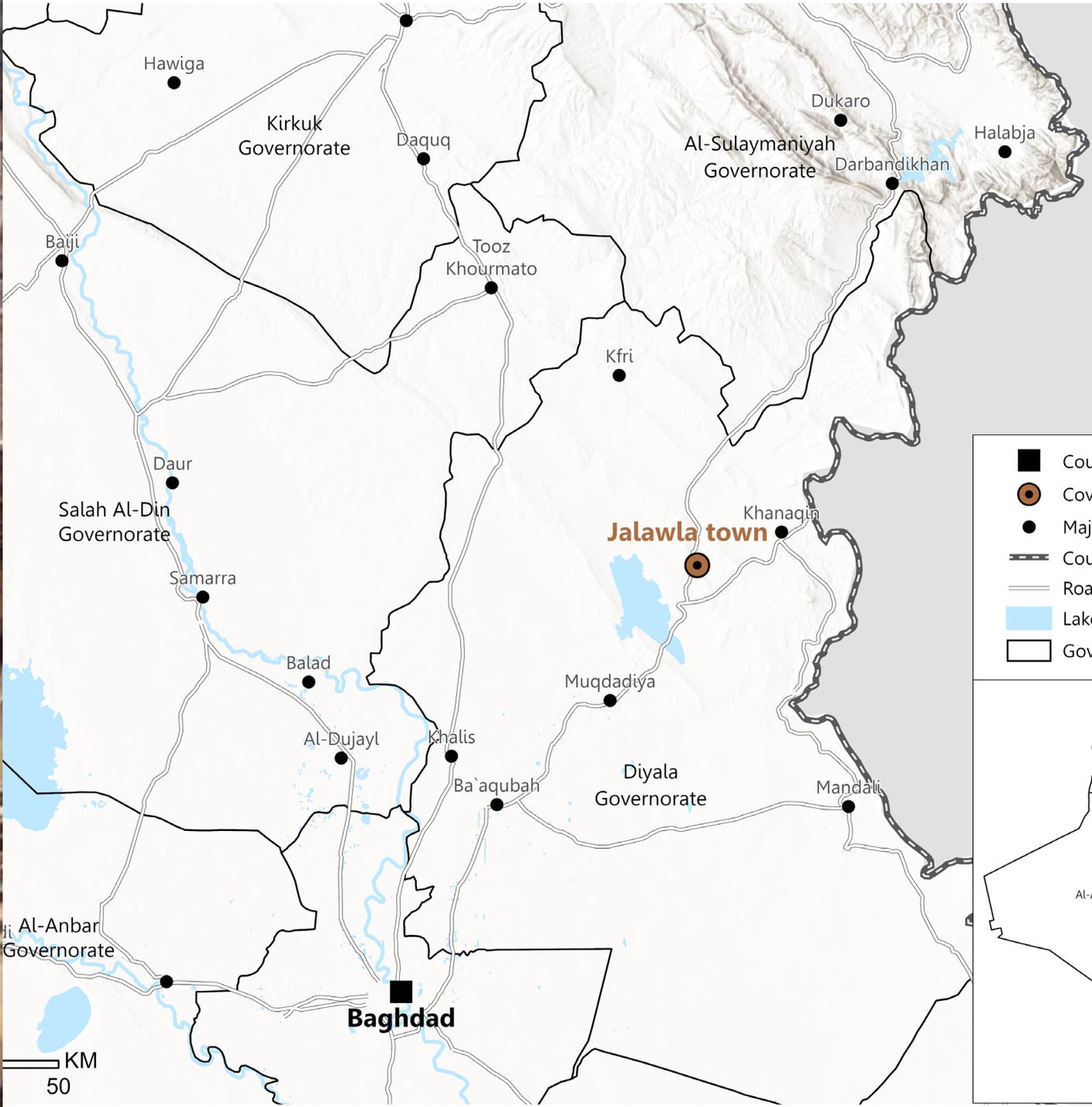
- KIIs were **conducted in December 2021**.
- **20 community leader (CL) KIIs** were conducted, covering community leaders from all the neighborhoods of Jalawla town.
- **28 subject-matter expert (SME) KIIs** were conducted (electricity, water, waste, health, education, livelihoods, legal services).

Participatory Mapping

- **7 mapping KIIs** were conducted with community leaders in Jalawla town to map the infrastructure and services in each neighbourhood.
- The mappings were conducted in a face-to-face setting using physical maps obtained from UNOSAT imagery.



LOCATION OF JALAWLA TOWN



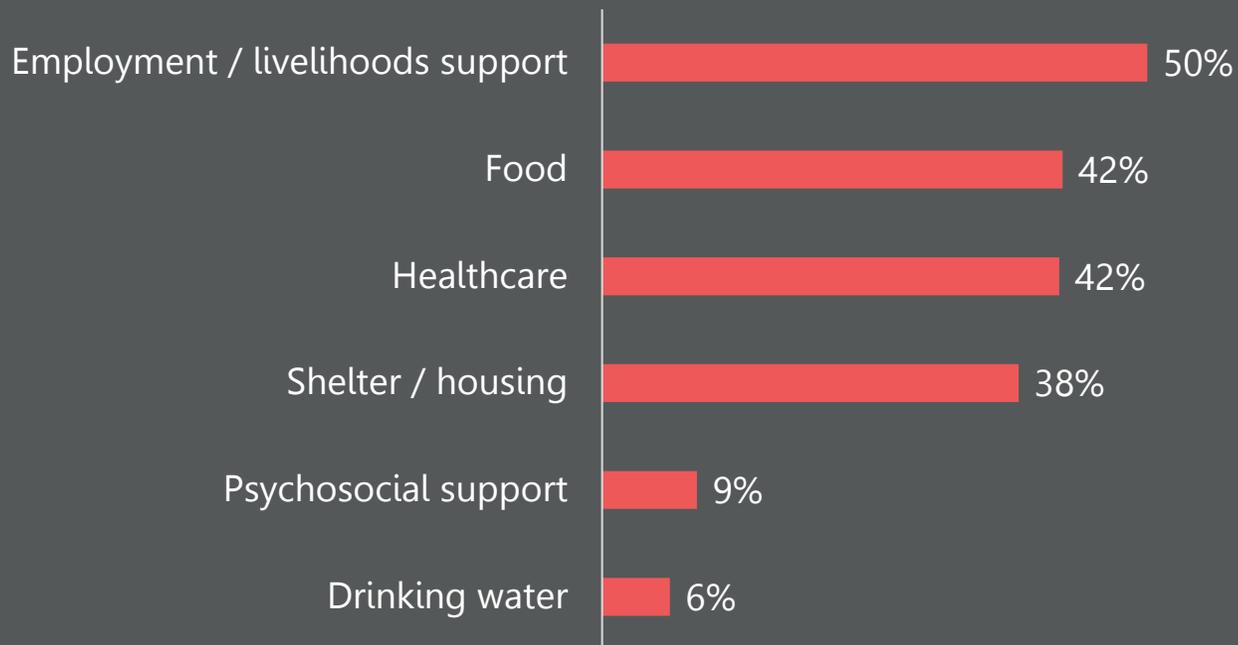
PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE



PRIORITY NEEDS



Households' most commonly reported priority needs over the year preceding data collection*



- **Employment / livelihoods support, food, and medical care** were the top priority needs reported by households in the town.
- These findings were **similar** to the 2021 Multi-Cluster Need Assessment's (MCNA) **national-level** findings, but healthcare was the most prioritised nationally by MCNA households rather than livelihoods.

* Question allowed multiple choices.

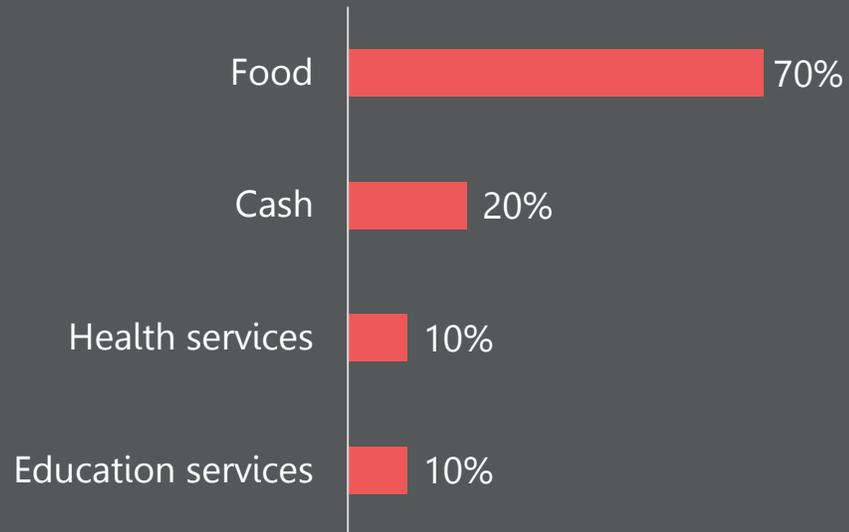


HUMANITARIAN ASSISTANCE

AVAILABILITY

94% of HHs reported **NOT receiving** any type of **humanitarian assistance** in the 30 days preceding the data collection.

Most reported type of assistance received, among HHs that received:*



* Question allowed multiple choices.

SATISFACTION

15% of those who reportedly received humanitarian assistance said they were **NOT satisfied** with the assistance received.

Most reported reasons why HHs were NOT satisfied with the assistance were:*

1. Distribution of aid was not fair (2/3)
2. Delays in delivery of aid (1/3)

- Reportedly, the assistance was mostly received from international and local NGOs.

LIVELIHOODS

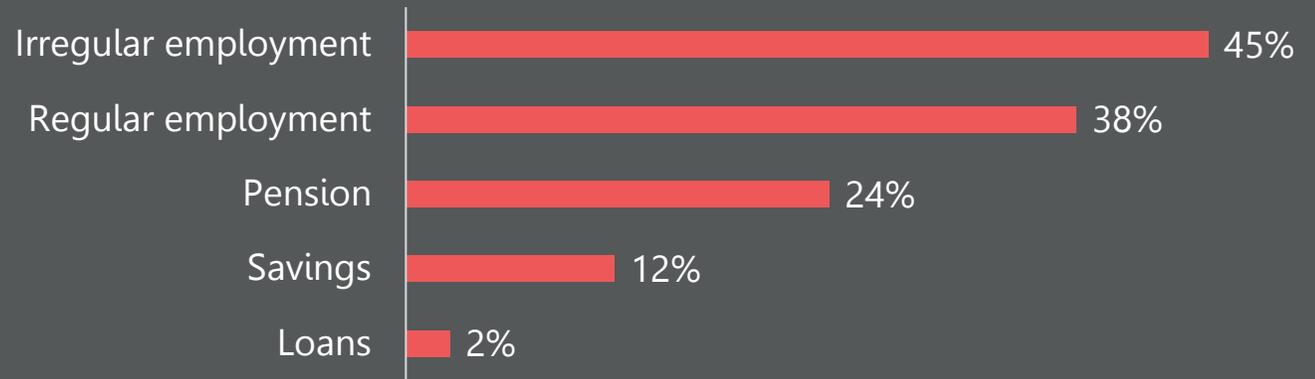


LIVELIHOODS

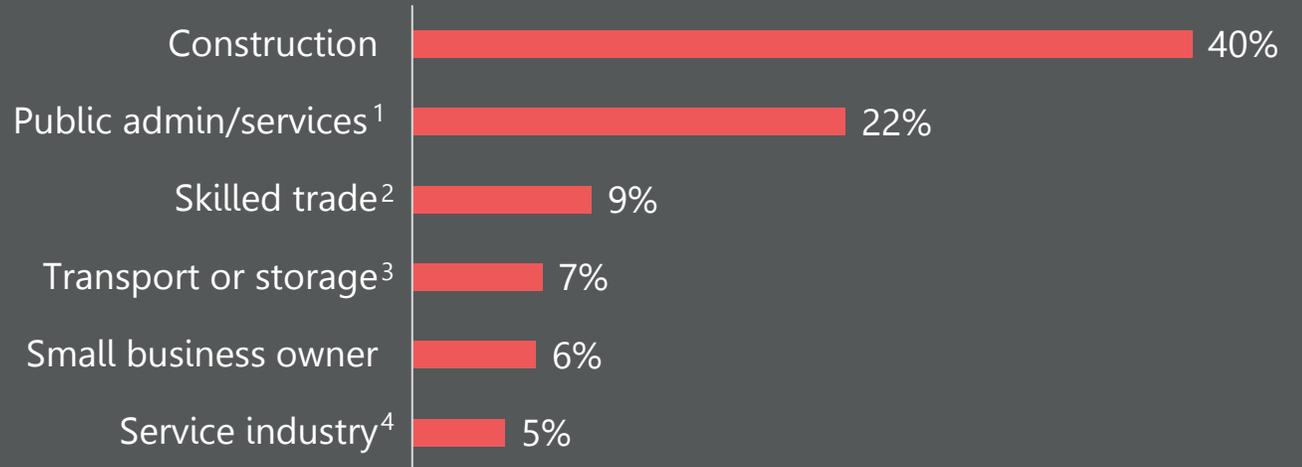
MAIN INCOME SOURCES

- **Irregular employment** (temporary or daily wage-earning) was the most reported **source of income** for households in the town.
- **Construction** was by far the most reported **sector of employment** for employed HH members.
- **Professional occupations** (e.g., teacher, doctor, or lawyer), **construction**, and **skilled manual work** were cited the most by CLs as a primary source of livelihoods.

Most reported household income sources for the 30 days preceding data collection*



Most reported sectors of employment, among individuals who reported working*



* Question allowed multiple choices.

¹ e.g., civil servant, police, public healthcare worker

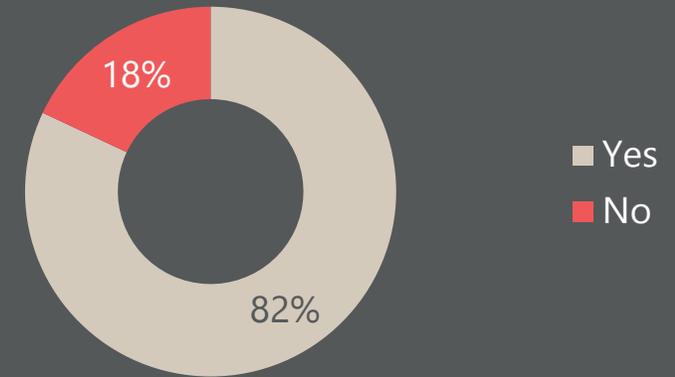
² e.g., carpenter, butcher, plumber

³ e.g., taxi or truck driver

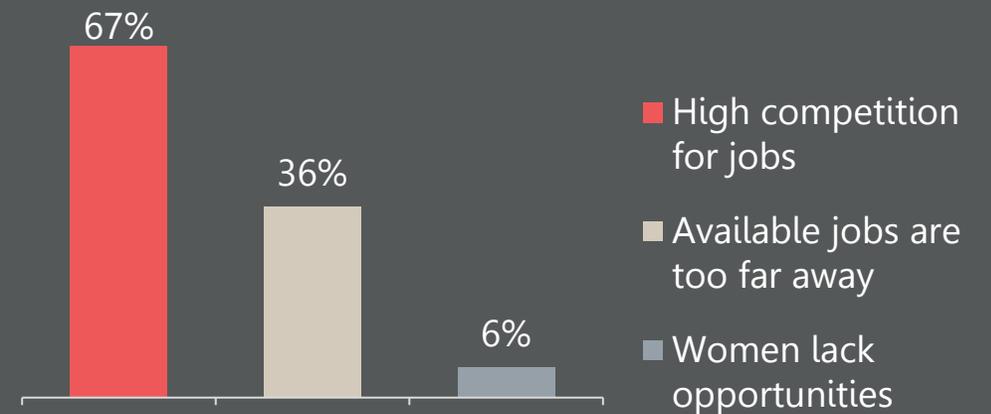
⁴ e.g., janitor, waiter, provision of food / accommodation

UNEMPLOYMENT

% of economically active HH members over 18 reportedly working for pay or profit



Most reported obstacles to finding work, among individuals actively seeking work*



* Question allowed multiple choices.

FOOD SECURITY



FOOD SECURITY

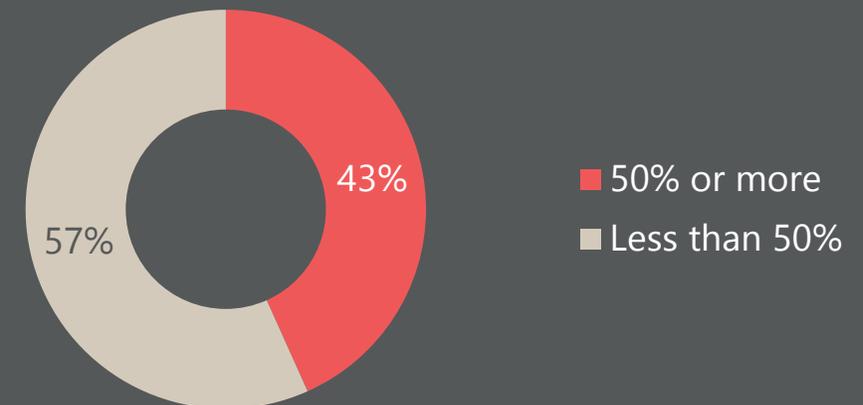
EXPENDITURE, DEBT, FCS

- A large majority of households reportedly had an **acceptable food consumption** score (FCS).
- However, **almost half** of HHs reported that their **food expenditure** comprised **50% or more** of their **total expenditure** during the 30 days preceding data collection.
 - This suggests a certain level of economic vulnerability and food insecurity among these households.

% of households by food consumption category

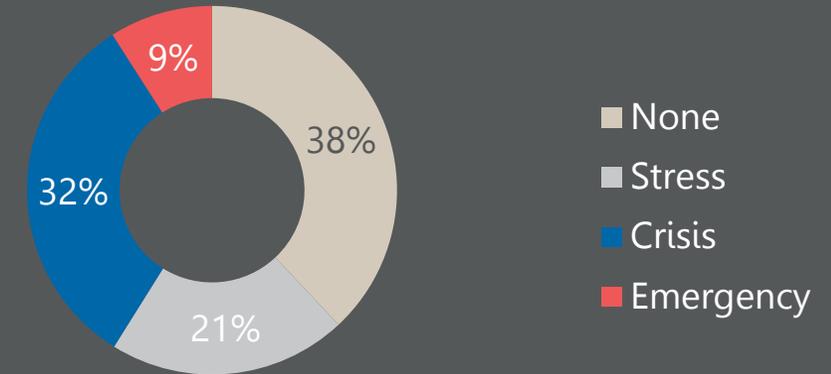


% of households by reported food expenditure as a share of total expenditure

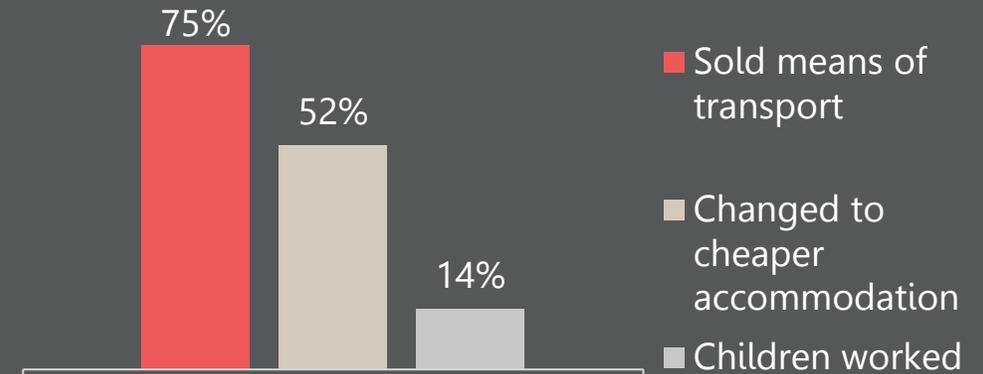


COPING STRATEGIES

% of households relying on stress/crisis/emergency strategies to cope with a lack of resources to buy food*



The most used crisis or emergency coping strategies, among households that reported using crisis or emergency strategies**

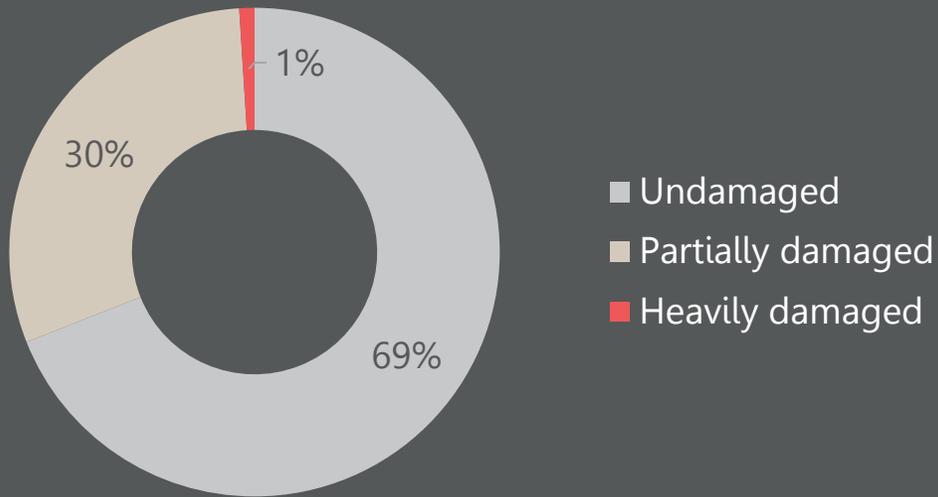


* Households were allocated to a category based on the most severe coping strategy that they used. **Stress:** sold HH assets; borrowed money; reduced spending on health/education. **Crisis:** sold means of transport; changed to cheaper accommodation; children worked. **Emergency:** withdrew children from school; engaged in high-risk activities; whole HH migrated; forced marriage. ** Questions allowed multiple choices.

SHELTER AND NON- FOOD ITEMS (NFI)

- **Almost a third** of HHs reported that their shelter was either **partially or completely damaged**.

% of households reporting that their shelter was damaged, by level of damage



SHELTER

TYPE & DAMAGE



% of households by reported shelter type



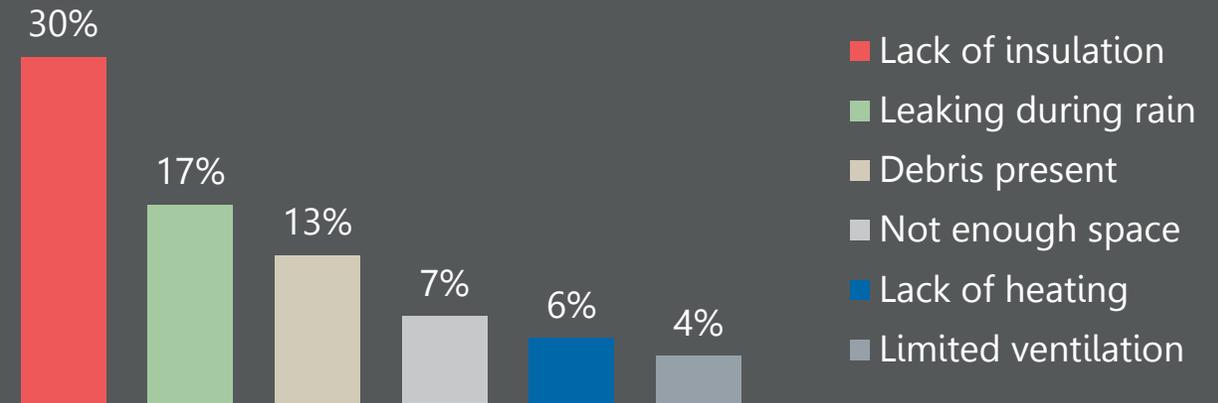


SHELTER

ISSUES AND NEEDS

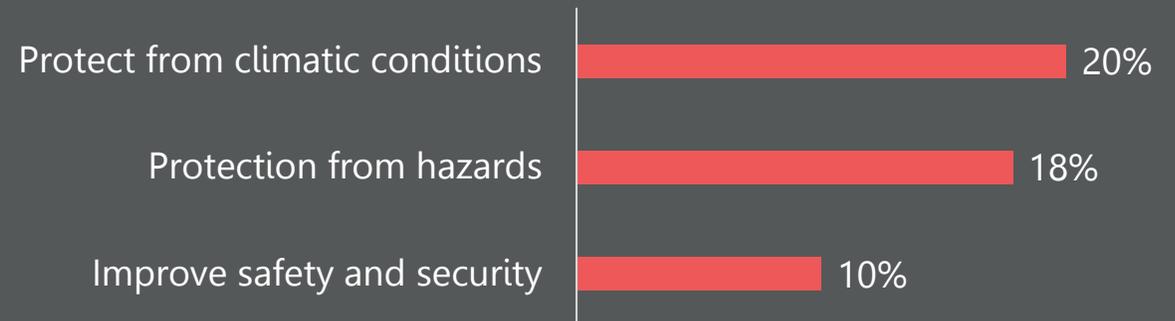
- **Lack of insulation from the cold** was the most reported **issue with households' shelter.**
- **Protection from climatic conditions** and **protection from hazards** were reportedly the most **needed improvements.**

Households' most reported issues with their shelter*



42% of HHs reported **needing shelter improvements.**

Top 3 most reported shelter improvements needed, as reported by all assessed households*



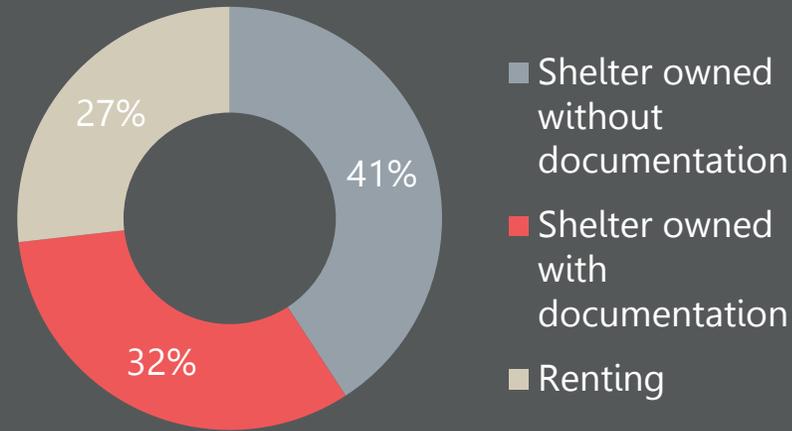
* Question allowed multiple choices.



HOUSING TENURE AND NEEDED NFI

HOUSING TENURE

% of households by reported housing tenure

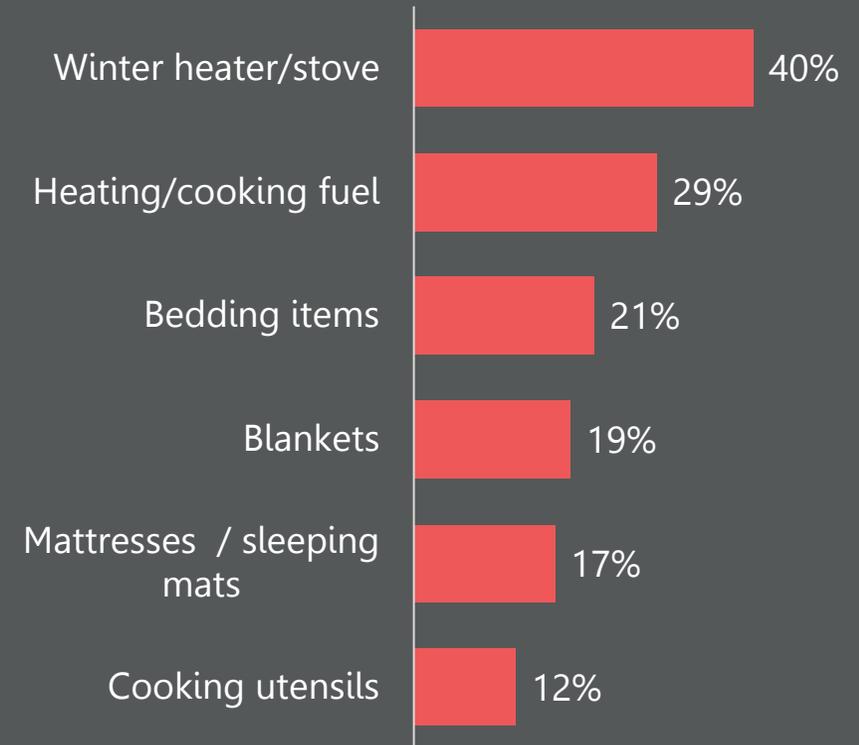


- A large minority of HHs reported **owning** their dwelling **without the documentation to prove ownership** (i.e. the property title).

NEEDED NFI

86% of HHs reported lacking certain basic household NFIs.

Most reported NFIs needed*



BASIC SERVICES



WATER

NEEDS AND ACCESS

All CLs reported that the **majority** (>60%) of households in their neighbourhood were **connected** to the **pipled water network**.

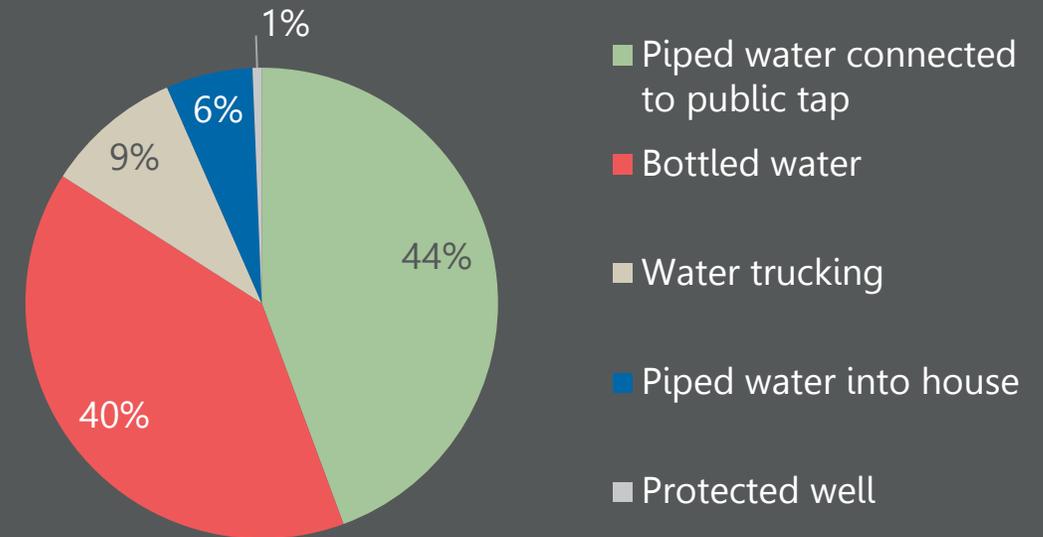
Top 3 reported reasons why HHs were NOT connected to the pipled water network as reported by CLs:*

1. Household is in an area that was not connected (**6/6**)
2. Household used an alternative source for water needs (**4/6**)
3. Could not afford to pay for connection (**4/6**)

* Question allowed multiple choices.

All households (**100%**) in Jalawla reported being **connected** to a **pipled water network**.

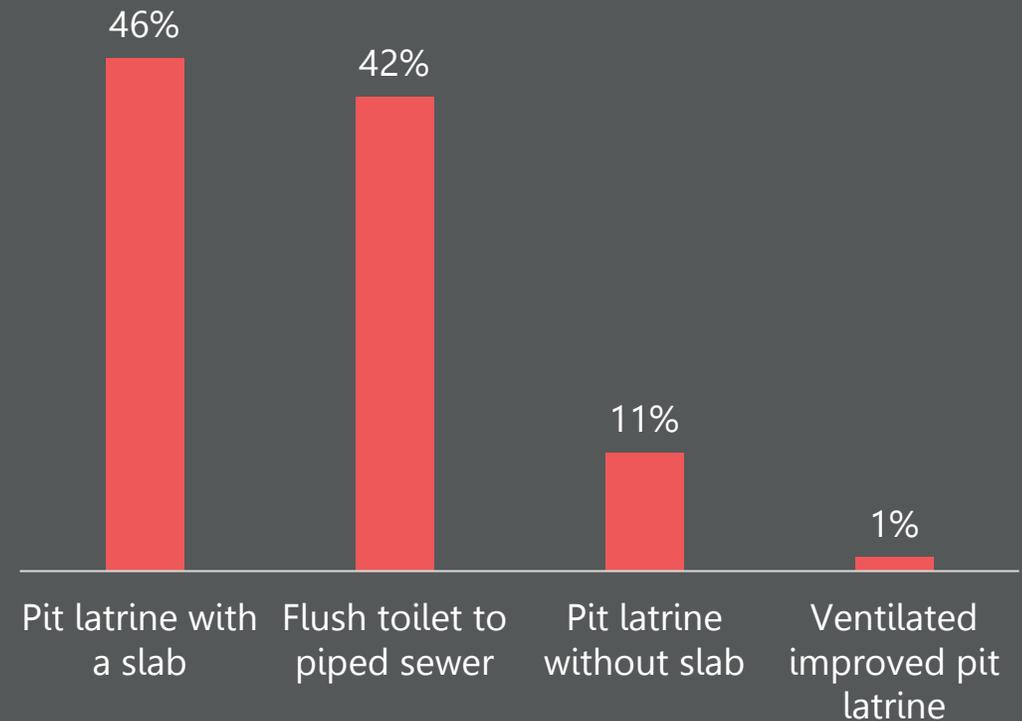
% of HHs by primary source of drinking water



- **Half of HHs** that reported using **pipled water sources** found the water from these sources **unacceptable for drinking**.
- A **large minority** of households reported using **bottled water** for their drinking water, potentially entailing greater issues of availability and affordability compared to use of the pipled water network.

LATRINE ACCESS

% of households by reported type of toilet facility usually used



- **Most HHs (89%)** reported having **improved toilet facilities** (those designed to hygienically separate excreta from human contact).
- **Almost all (99%)** HHs reported having **private latrines**.



WASTE

ACCESSIBILITY & BARRIERS

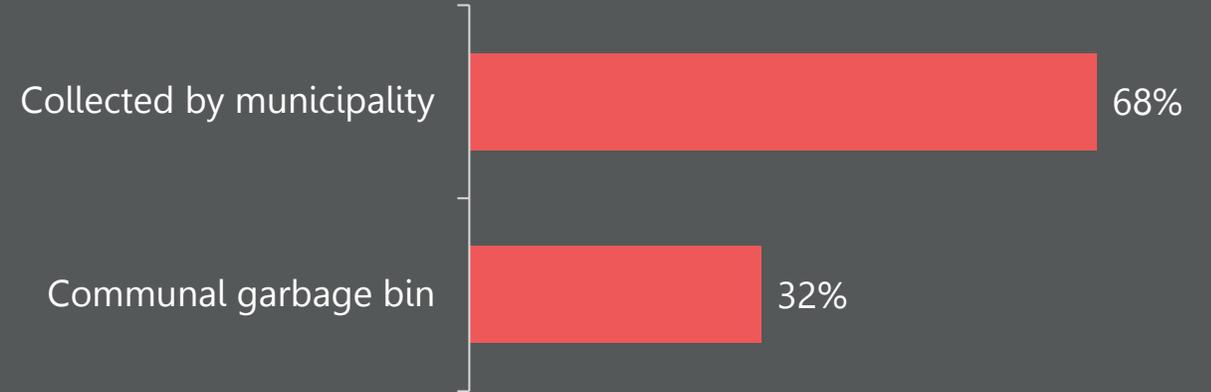
12/20 CLs reported that **all households** in their neighbourhood had **access** to **formal solid waste removal services**.

Top 3 reported reasons why HHs did NOT have access to formal solid waste removal services, as reported by CLs*

1. Area was not served by formal waste removal services (**5/5**)
2. No bins or other ways of collecting trash (**4/5**)
3. Could not afford to pay for services (**3/5**)

** Question allowed multiple choices.*

% of households by reported primary method of waste disposal



11/20 CLs reported that there were households **informally disposing their waste** in their neighbourhood.

Most reported informal disposal methods:

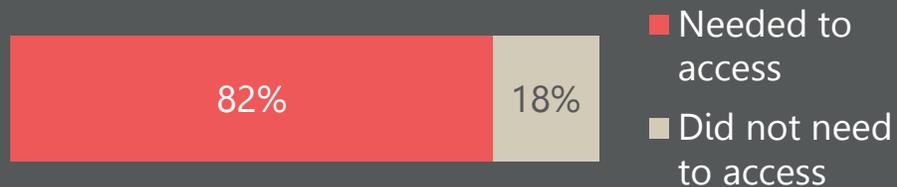
1. Open dumping (**10/20**)
2. Open burning (**3/20**)



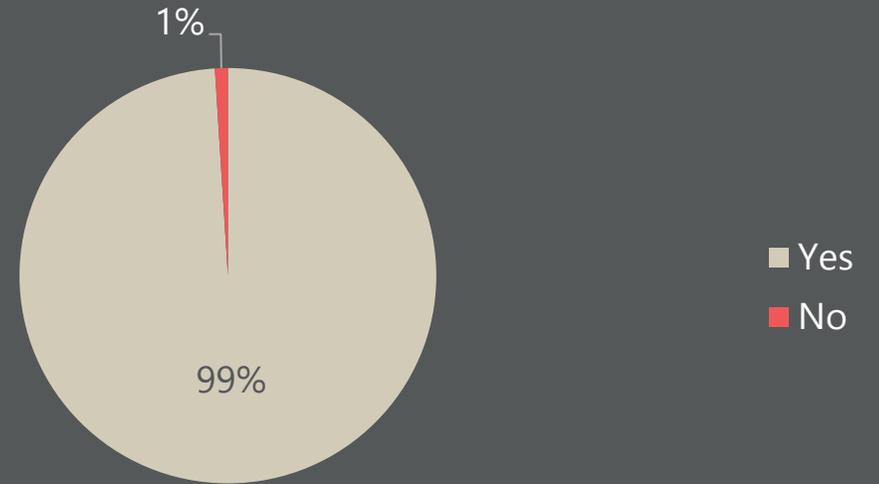
HEALTHCARE

NEED AND ACCESS

- **Most HH members** reportedly **needed to access health services or treatment** in the three months preceding the data collection.



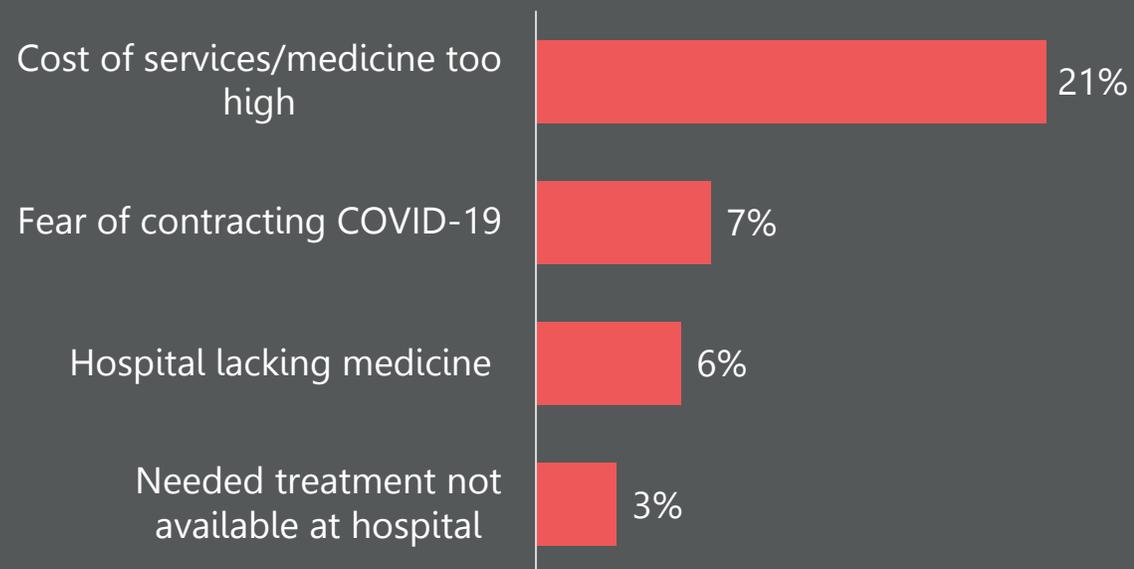
% of HH members that were reportedly able to access health services or treatment, of those that needed access



- **29%** of those that needed healthcare stated that they **encountered some difficulties accessing it**.
- Additionally, **over half of CLs (13/20)** stated that there were **barriers to accessing healthcare** for households in their neighbourhood.

BARRIERS TO ACCESSING HEALTHCARE

Most reported barriers to accessing health services among individuals that needed to access to healthcare services*



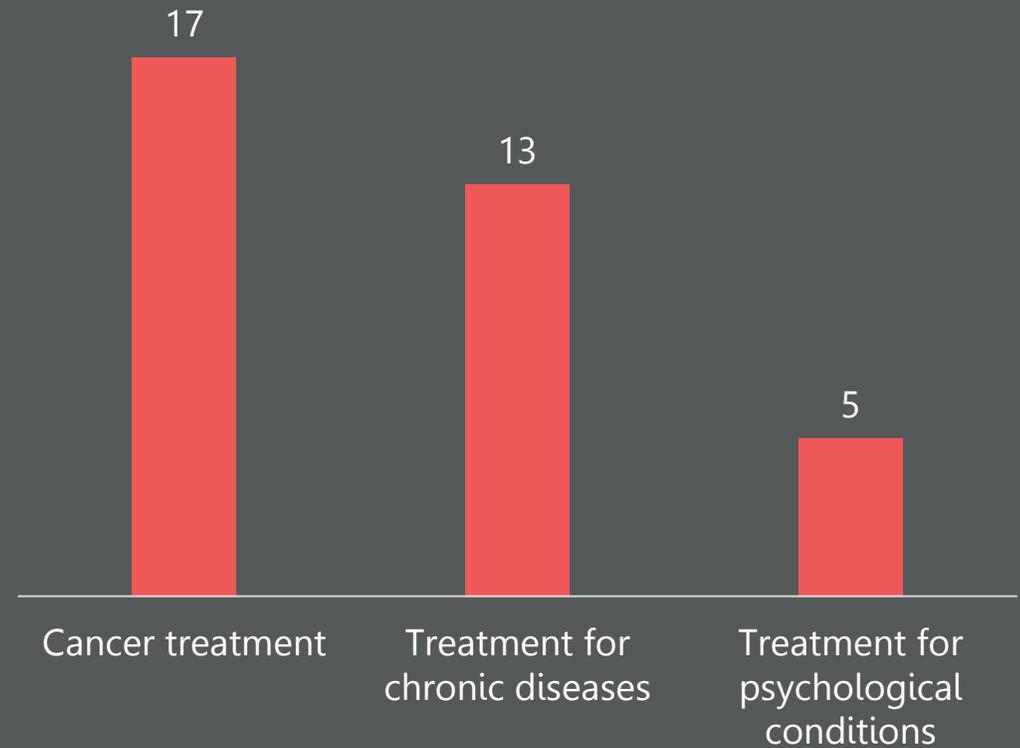
- A lack of medicine in hospitals (9/13) and medicine being too expensive (6/13) were the **barriers** most cited by CLs.

* Question allowed multiple choices.

AVAILABILITY OF HEALTH PROCEDURES

17/20 of CLs reported that there were specific healthcare **procedures** that were **needed but not available** in their neighbourhood.

Most reported unavailable healthcare procedures*



* Question allowed multiple choices.

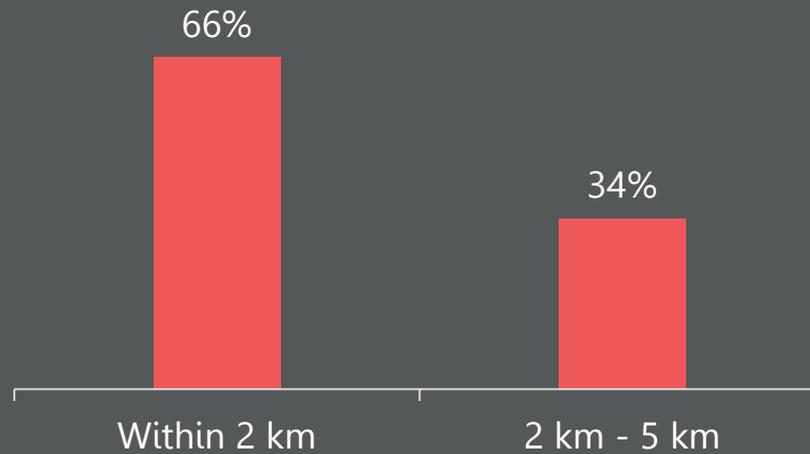


DISTANCE TO HEALTH FACILITIES

CLINICS

66% of HHs reported having access to a functioning **health clinic within 2 km.**

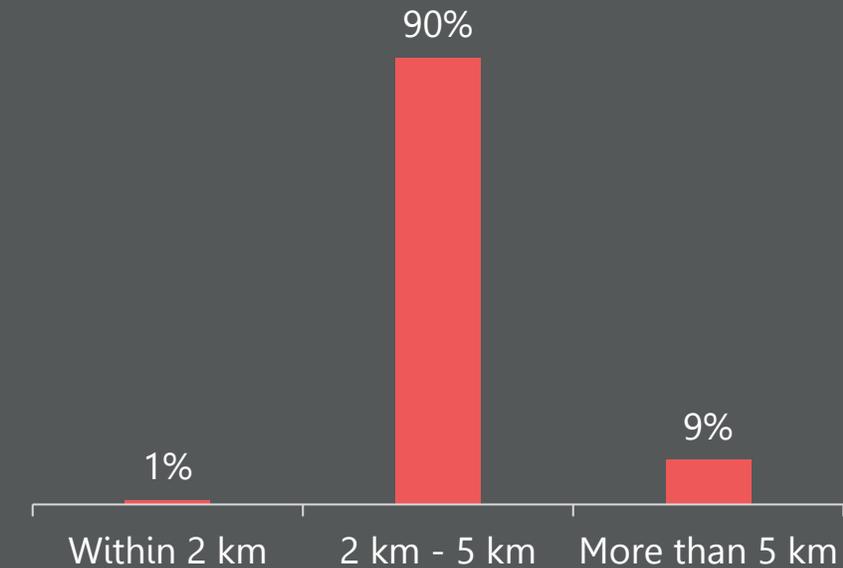
Reported distance to closest functioning health clinic



HOSPITALS

Only **1%** of HHs reported having access to a functioning **hospital within 2 km.**

Reported distance to closest functioning hospital





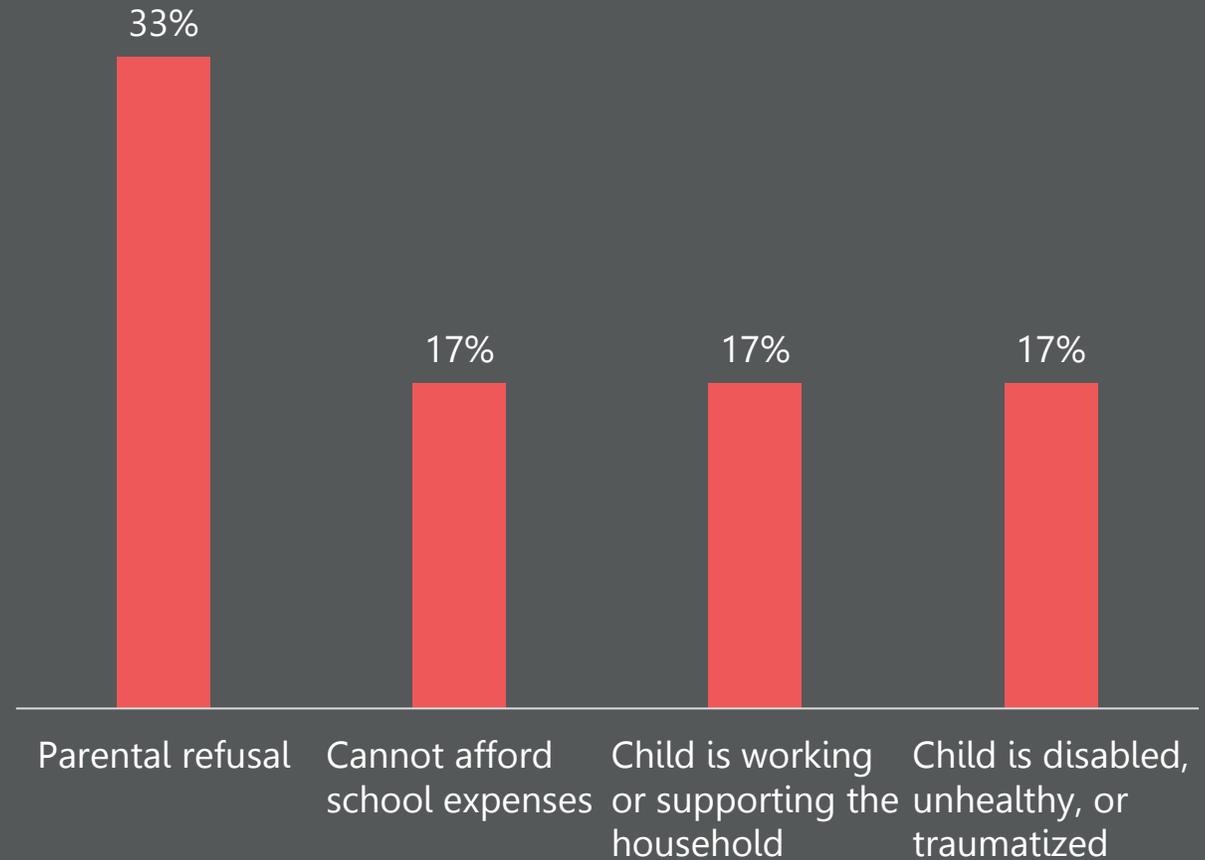
EDUCATION

SCHOOL ATTENDANCE

98% of school-aged household members (6-17 years old) were reportedly **attending school** regularly during the 2021-22 school year.

None of the school-age household members had reportedly **missed a year or more of school since 2014.**

Most reported reasons that school-aged HH members were not attending formal education*

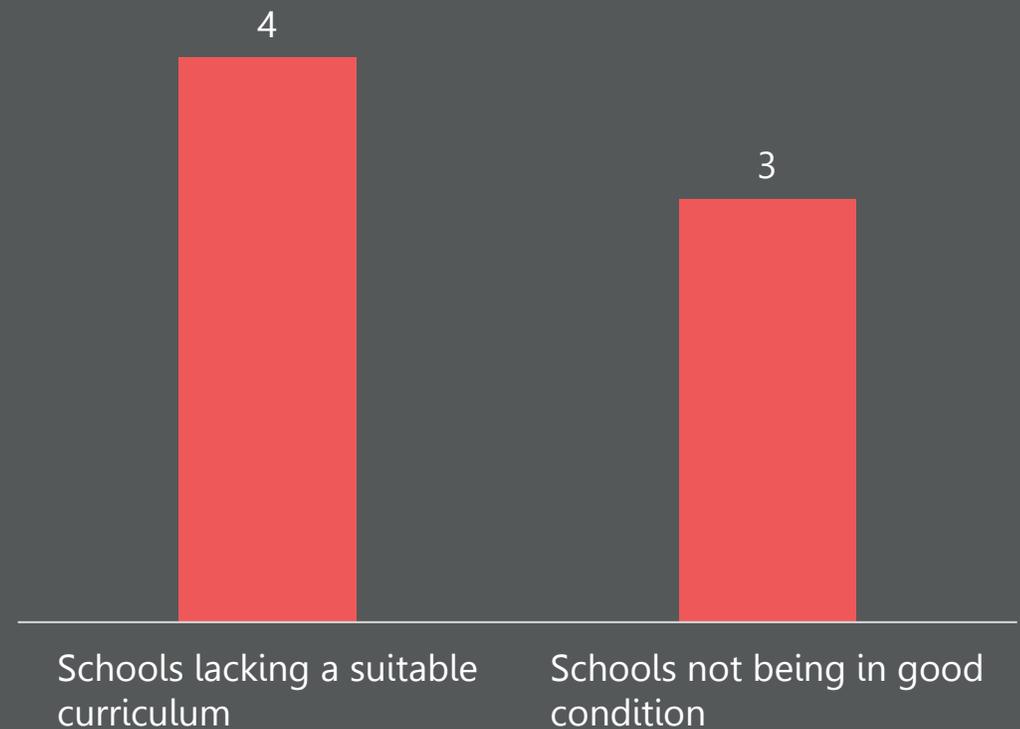


* Question allowed multiple choices.

EDUCATION BARRIERS

6/20 CLs reported that school-aged children in their neighbourhood **faced barriers to accessing education.**

Among CLs that reported children facing barriers to accessing education, the most reported barriers were:*

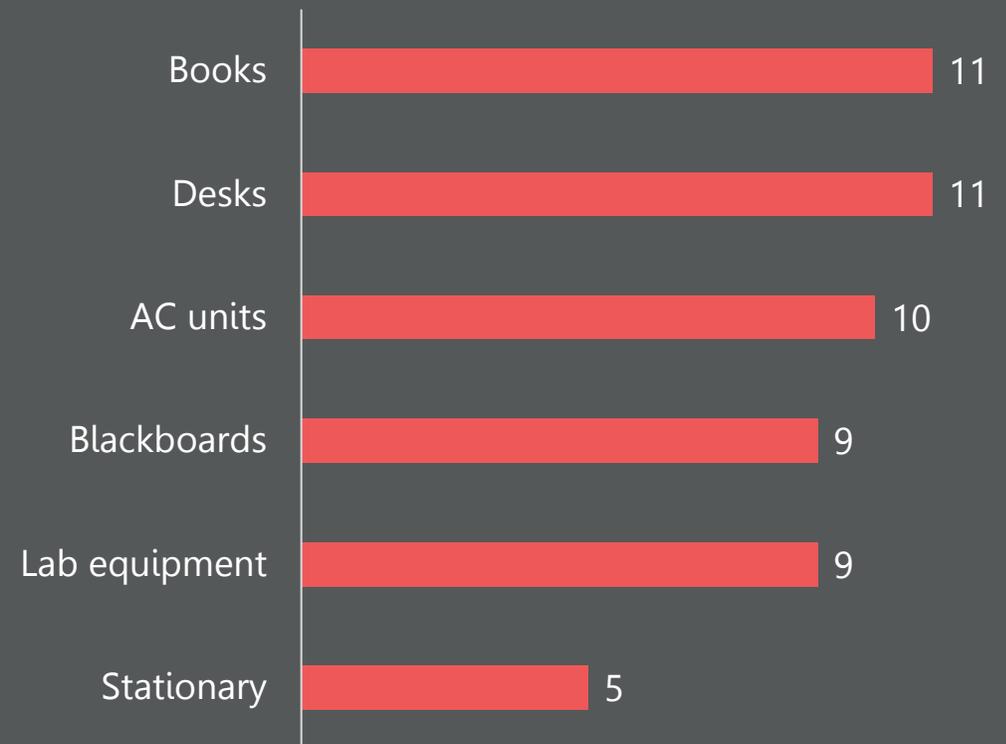


** Question allowed multiple choices.*

LACKING SCHOOL EQUIPMENT

18/20 CLs stated that **schools** in their neighbourhood **lacked equipment and supplies**.

Equipment and supplies most reported to be lacking in schools by CLs:*



* Question allowed multiple choices.

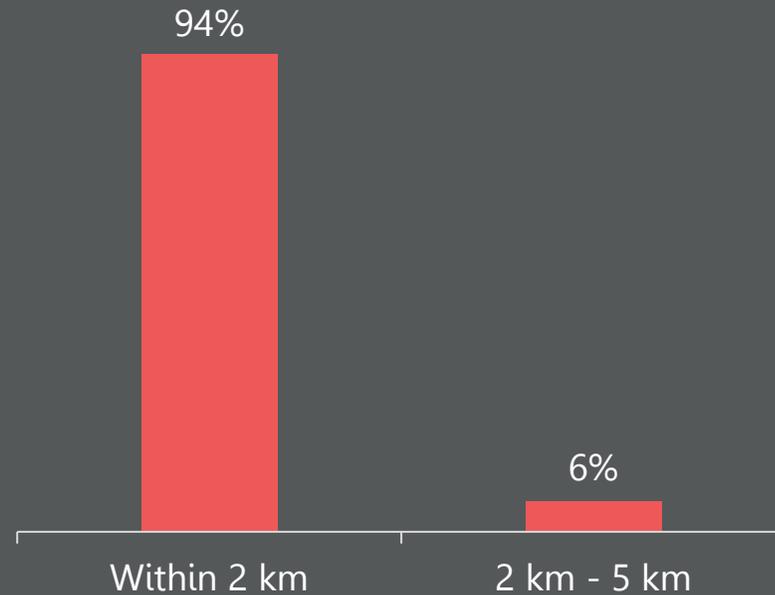


SCHOOL ACCESSIBILITY

PRIMARY SCHOOLS

94% of HHs reported having access to a functioning **primary school** within 2 km.

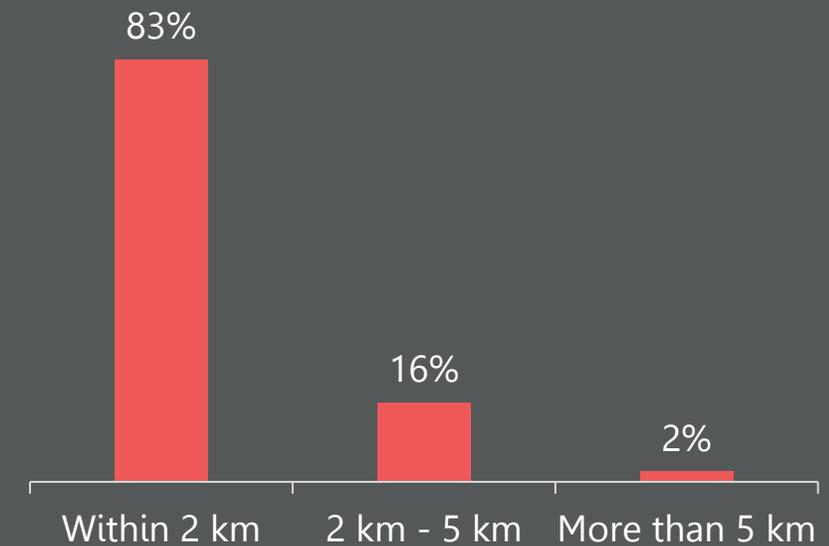
Reported distance to closest functioning primary school:



SECONDARY SCHOOLS

83% of HHs reported having access to a functioning **secondary school** within 2 km.

Reported distance to closest functioning secondary school:





ELECTRICITY

ACCESSIBILITY, SOURCES DAMAGE

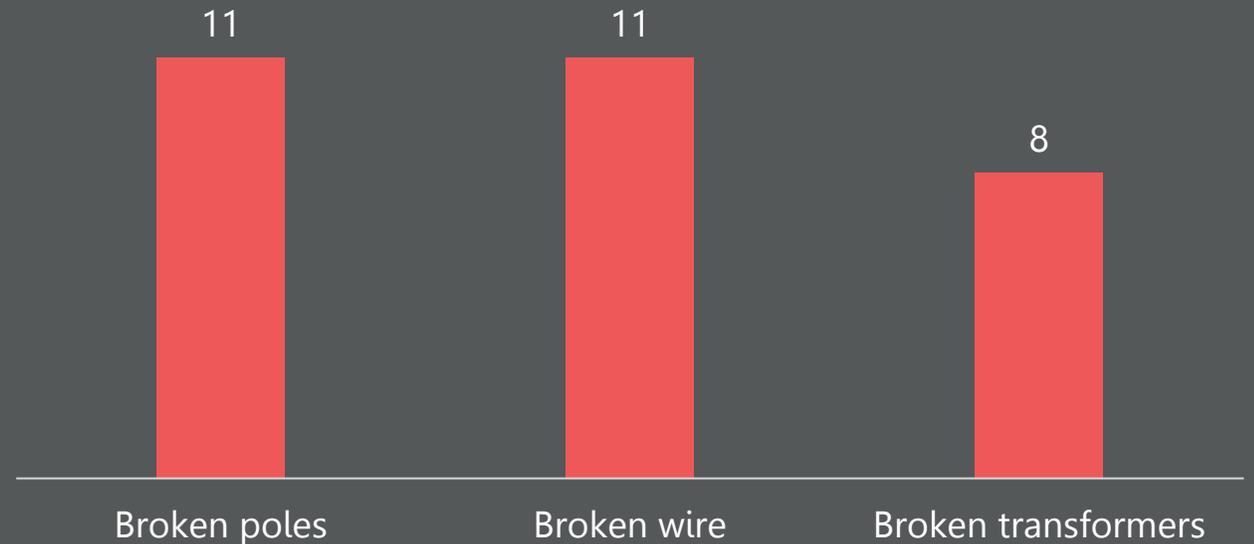
99% of HHs reported having access to electricity.

% of HHs by their reported primary source of electricity, among HHs that reported having access to electricity



11/20 CLs reported that there was **damage to the electrical network/infrastructure** in their neighbourhood.

Most reported broken electrical equipment / infrastructure*

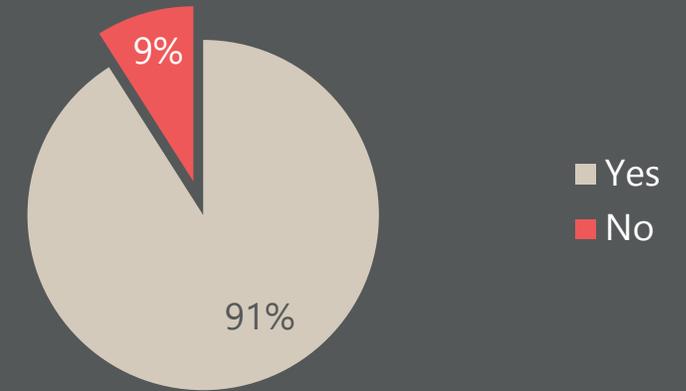


* Question allowed multiple choices.

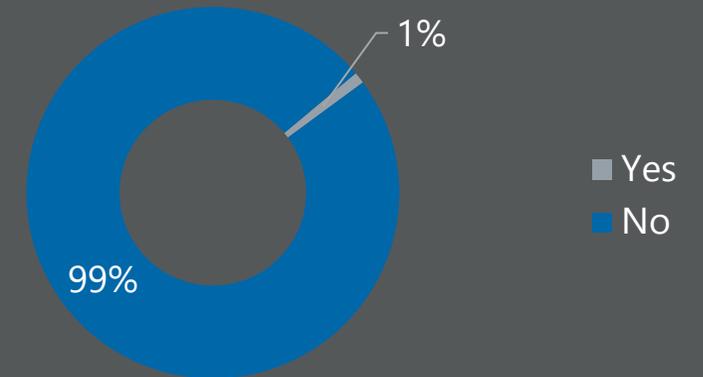
PROTECTION

SAFETY PERCEPTIONS AND DISCRIMINATION

% of households reporting feeling safe from harm/violence in their location

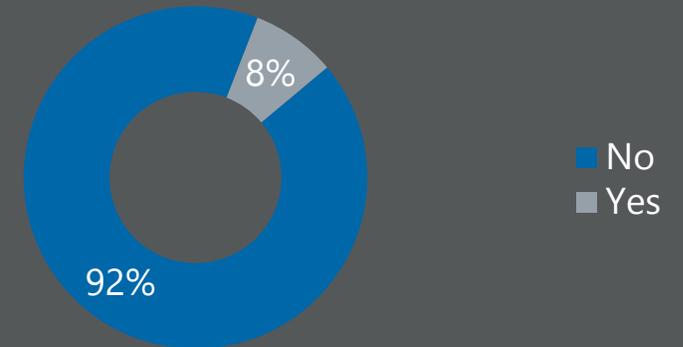


% of household reporting having faced stigmatization or discrimination in their location

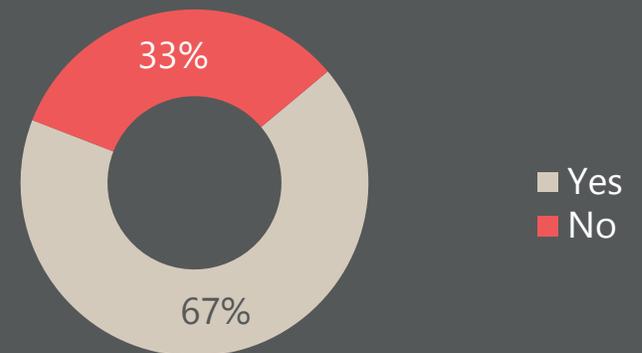


MOVEMENT RESTRICTIONS AND LOCAL DECISION-MAKING

% of households reporting having experienced movement restrictions in the month preceding data collection



% of households reporting feeling able to play a role in local decision-making



CONCLUSIONS

01

Jalawla town has largely experienced a **positive recovery**.

Most households had **access to a range of functioning essential services**.

02

However, **barriers to accessing/using certain services** reportedly remained:

- **piped water** in houses **unacceptable for drinking**;
- **schools** in most neighbourhoods **lacked equipment and supplies**;
- most HHs received **electricity** for **less than half the day**.

03

Other reported **needs and vulnerabilities** were identified:

- reliance on **temporary employment** and **negative coping strategies**;
- HHs **lacking documents** to prove **ownership of their shelter**.

04

Experts and community leaders generally **recommended**:

- upgrading and/or building new **service infrastructure**, including school buildings, water pipes, landfill sites, and power plants.

THANK YOU FOR YOUR ATTENTION



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Upon request

