

AREA-BASED ASSESSMENT (ABA) in al-Qairawan

Key findings
September 2022
Iraq

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01

ABA BACKGROUND

RESEARCH OBJECTIVES

Overall objective: to inform evidence-based planning and prioritization of needs by actors implementing humanitarian, stabilisation and development 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 and the affected population.
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 affected population at the household level.
5. Understand **challenges to achieving durable solutions** for affected populations in the area of assessment.
6. Identify and evaluate the movement intentions of households in displacement and push and pull factors affecting potential returns.

ASSESSMENT METHODOLOGY

Al-Qairawan ABA consisted of various, primarily quantitative components:

Household Needs Assessment

- **136 household surveys** in al-Qairawan town, and **143 household surveys** in the **surrounding villages**, from 19 July to 2 August 2022.*
- **69 interviews were conducted with displaced households from Al-Qairawan** from 26th to 27 of July 2022.**

Key Informant Interviews (KIIs)

- **12 community leader (CL) interviews** were conducted; covering community leaders in al-Qairawan town and adjacent villages from 21 to 24 July 2022.
- **47 subject-matter expert (SME) interviews** conducted (electricity, water, waste, health, education, livelihoods, legal services). Data was collected from 24 to 25 July 2022.

Participatory Mapping

- **13 mappings** were conducted with community leaders from 28 to 30 June 2022 to visualize the infrastructure and services in each neighborhood.
- The mappings were conducted in a face-to-face setting using physical maps obtained from satellite imagery from ArcGIS.

**Statistically representative at a 95/8 confidence level and margin of error*

*** Non-statistically representative*

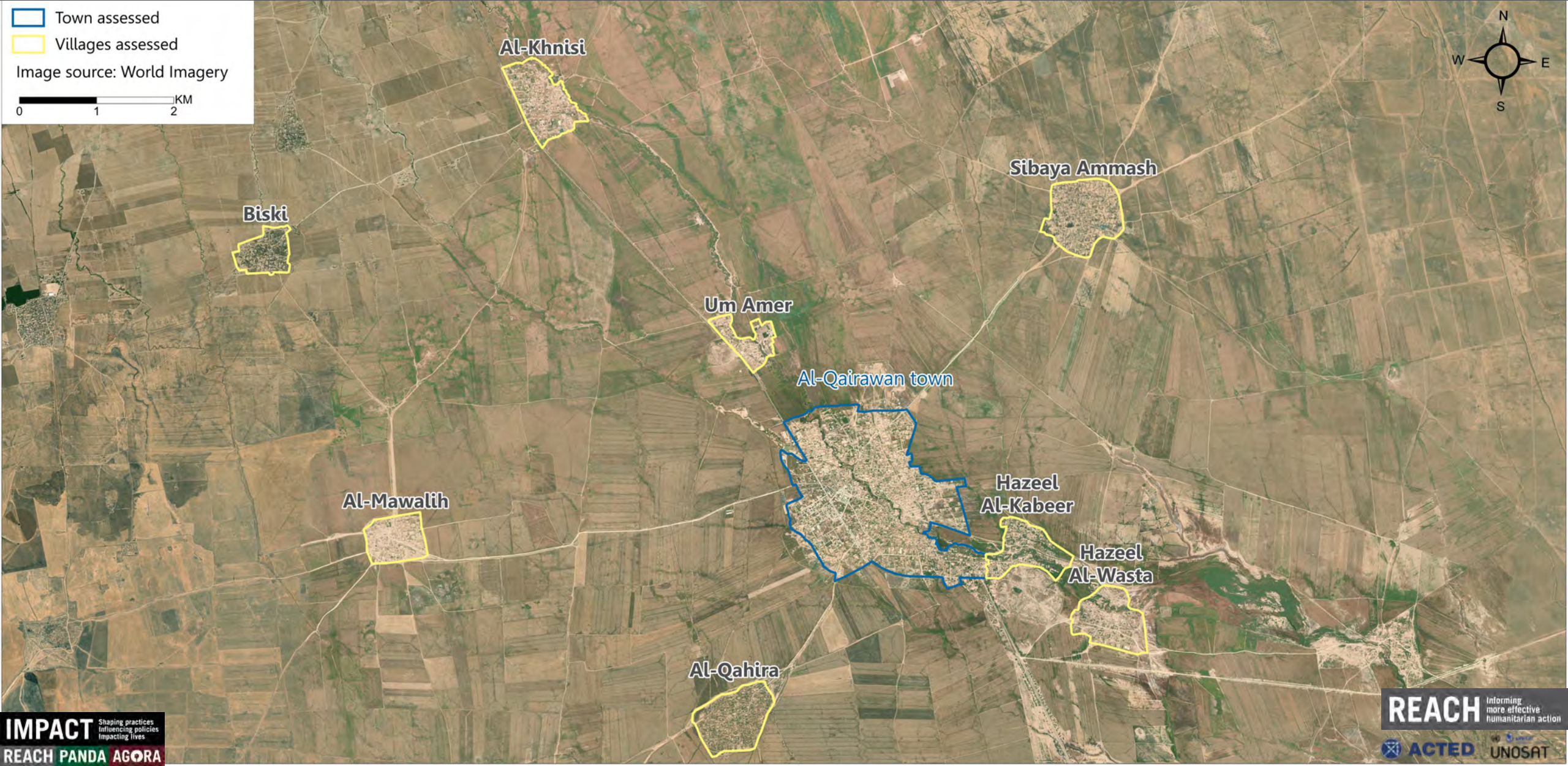
COVERAGE MAP OF AL-QAIRAWAN AND SURROUNDING VILLAGES

Town assessed

Villages assessed

Image source: World Imagery

012KM



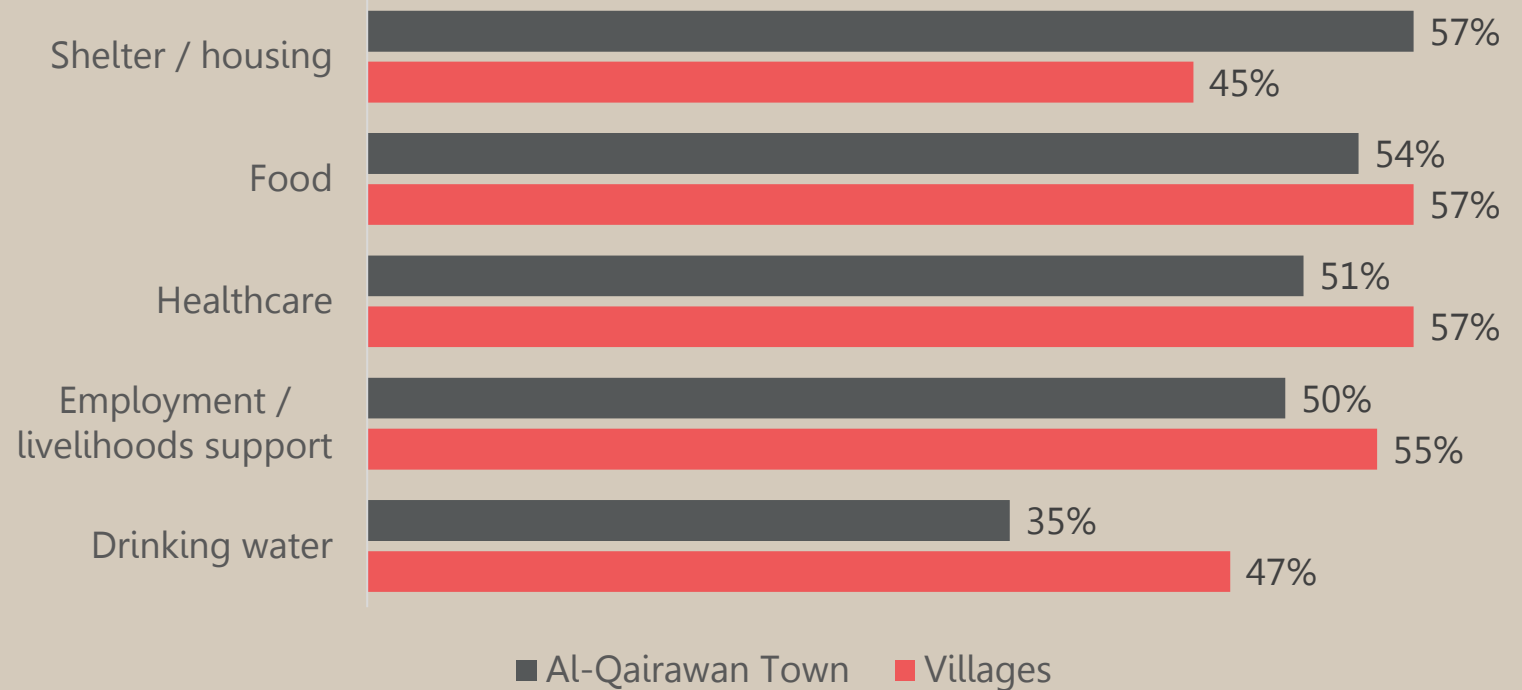
02



PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE

PRIORITY NEEDS

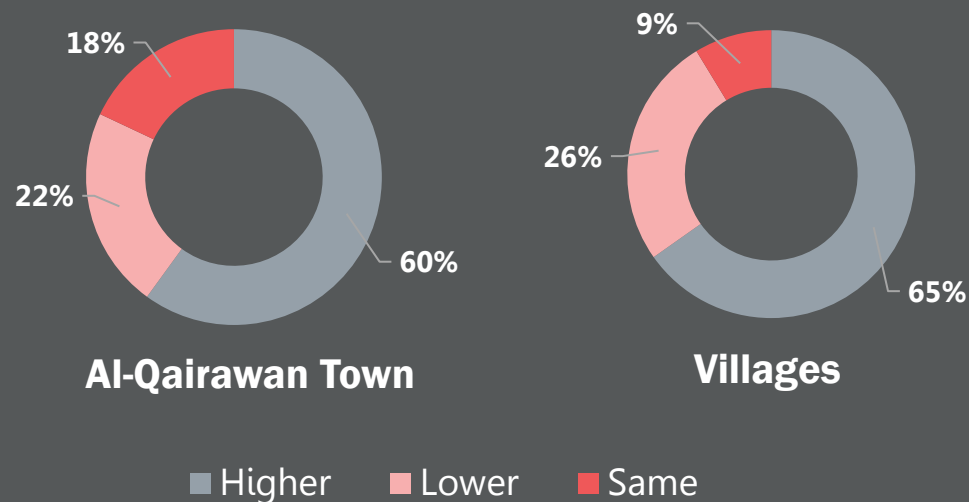
Households' most reported priority needs over the year preceding data collection*



- **Food, shelter/housing, healthcare, livelihood opportunities, and drinking water** were the top priority needs reported by households in al-Qairawan town and adjacent villages.
- All households (HHs) in al-Qairawan town reported NOT receiving any type of humanitarian assistance in the 30 days preceding data collection, and **only 2 households reported receiving it in the villages.**

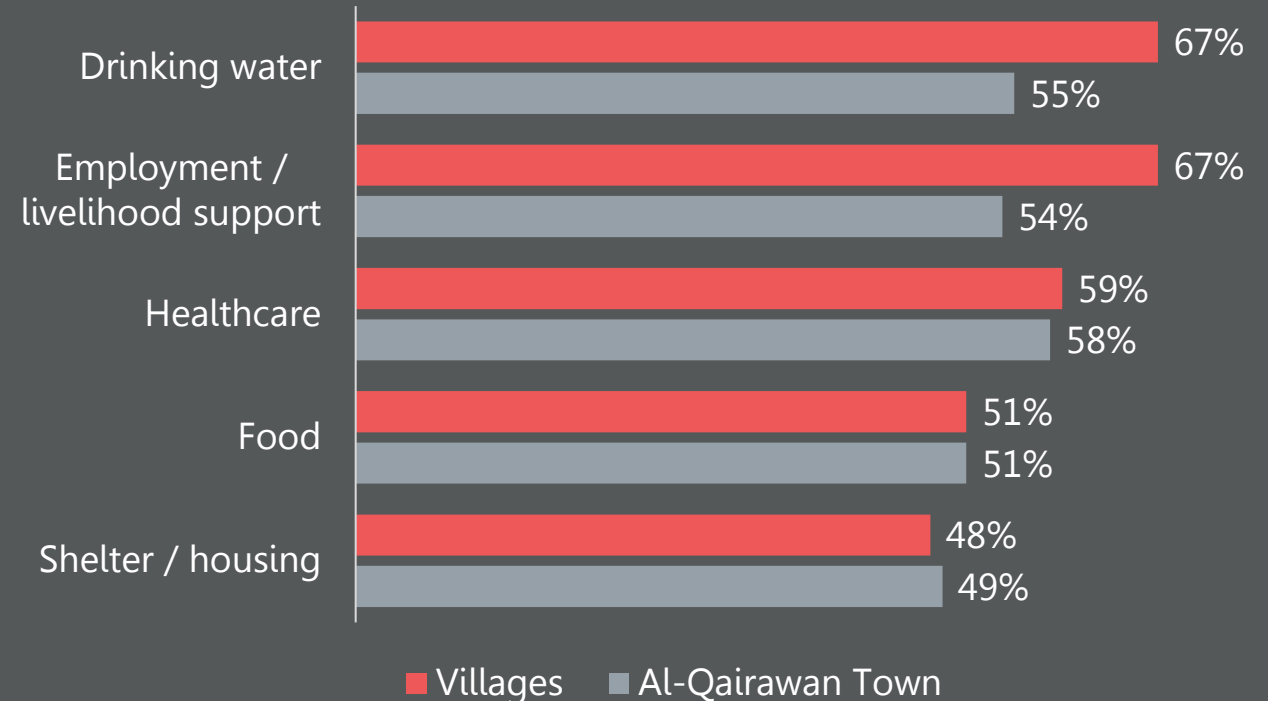
Changes on needs before & after displacement

HHs reporting how their needs have changed compared to before displacement:



- Overall, two-thirds of the interviewed households in both the town and villages reported their needs were higher. The needs that were reportedly higher included employment and drinking water in the villages and healthcare and drinking water in al-Qairawan town.

Of the households reporting their needs were higher at the time of data collection compared to before displacement, **the following types of needs that were reported to be higher were:***



Households in the villages were more likely to report that employment and drinking water were higher needs after return compared to households in al-Qairawan town.

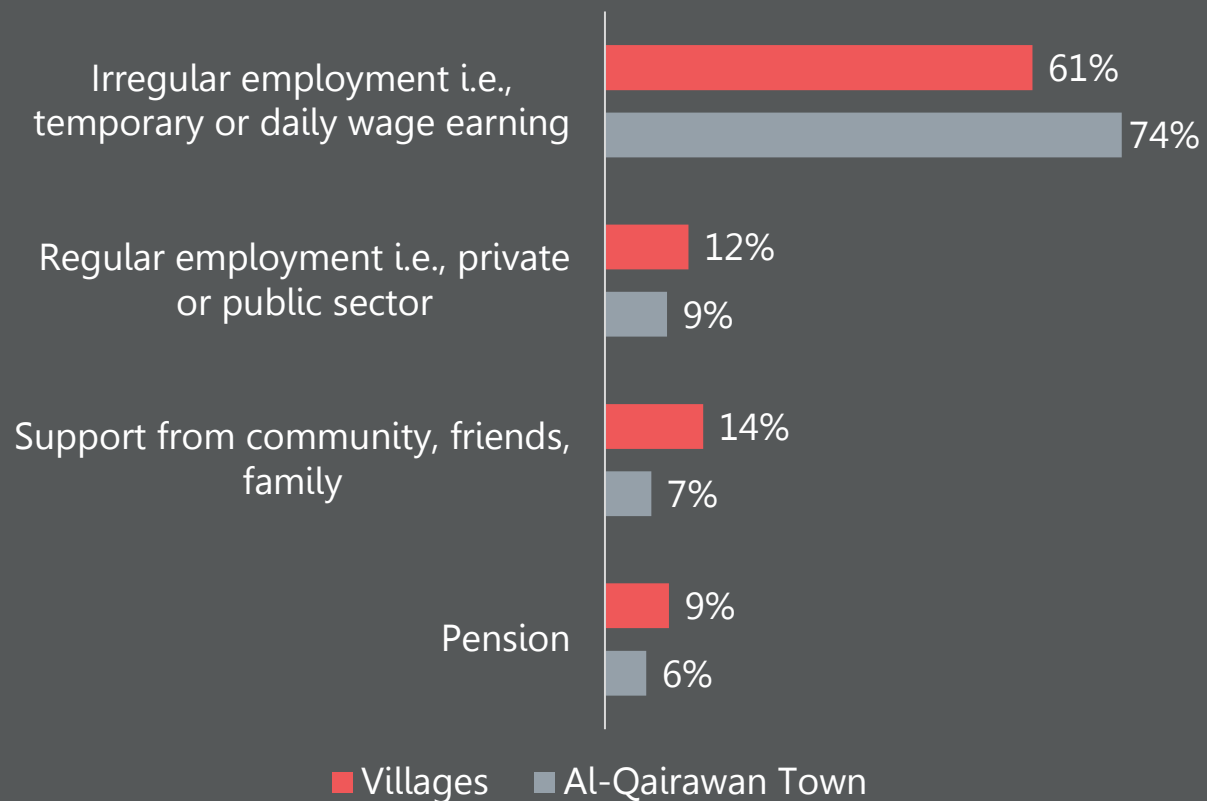
* Question allowed multiple choices.

03



LIVELIHOODS

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



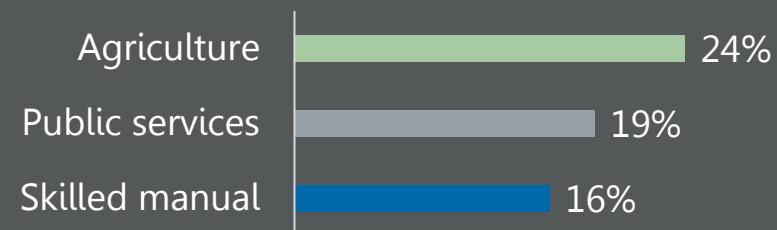
Estimated average of household's monthly income: **320,750 IQD** in al-Qairawan town **302,000 IQD** in villages.

*Question allowed multiple choices.

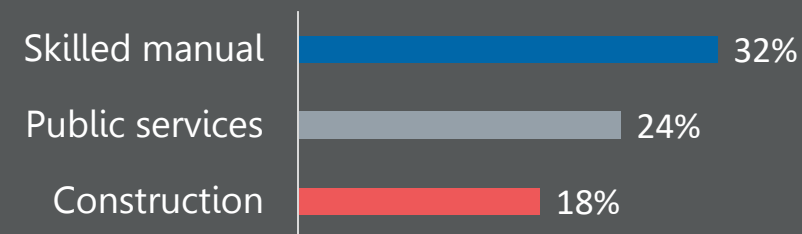
90% of household members reported working in the same sector as the one they worked in before displacement.

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

Al-Qairawan Town



Villages



**Public services: e.g., civil servant, police, public healthcare worker.

Skilled manual work: e.g., carpenter, butchers, plumber



Primary obstacles to finding employment

59% of economically active adult HH members in al-Qairawan **town** and **67%** in the **villages** were reportedly **NOT earning income by working** during the month prior data collection.

Most reported obstacles to finding work for unemployed adults in al-Qairawan:*

Obstacles	Al-Qairawan Town	Villages
1. High competition for jobs	67%	67%
2. Available jobs were too far away	36%	37%
3. Lack of livelihood opportunities for women	27%	27%

43% of **heads of household** in al-Qairawan **town** and **37%** in the **villages** were reportedly **working** the month prior data collection.

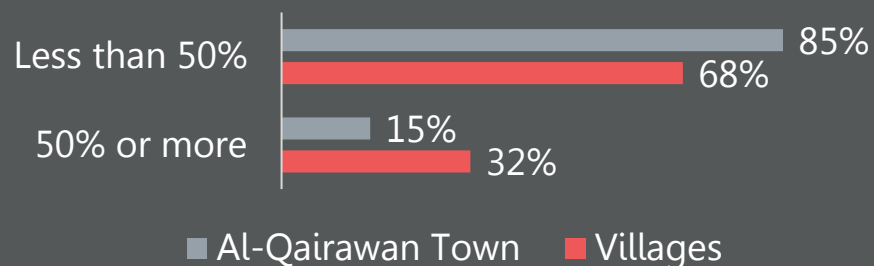
04



FOOD SECURITY

FOOD SECURITY

Households by reported food expenditure as a share of total expenditure the month prior data collection

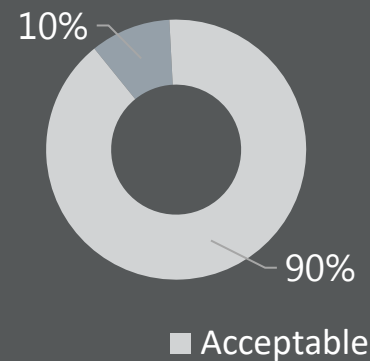


An important proportion of HHs in the villages reported spending half or more of their total expenditure on food.

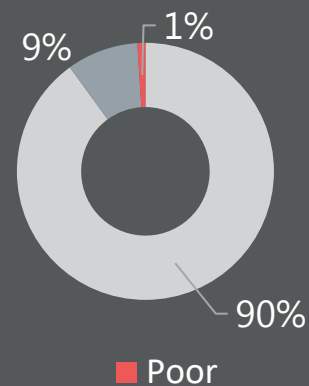
Households reported having taken on debt to afford food in al-Qairawan town (**61%**) and villages (**72%**) the month prior data collection.

Households by food consumption score category:

Al-Qairawan Town

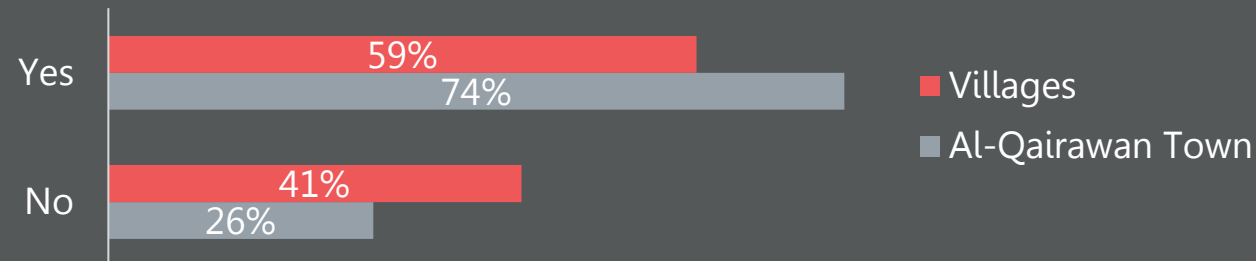


Villages

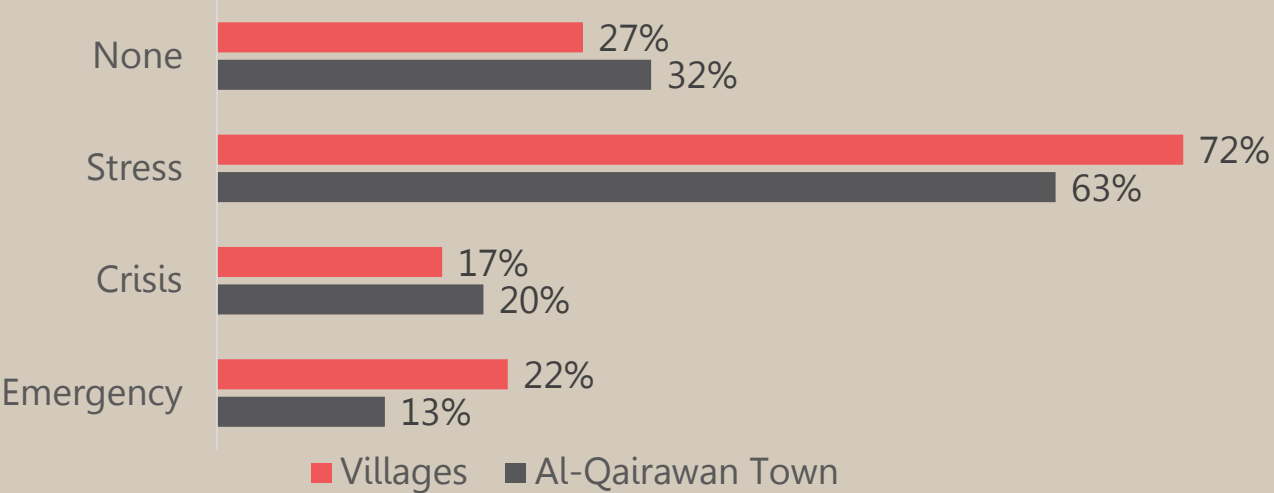


- A large majority of households in both areas reportedly had an acceptable (>35) food consumption score (FCS).

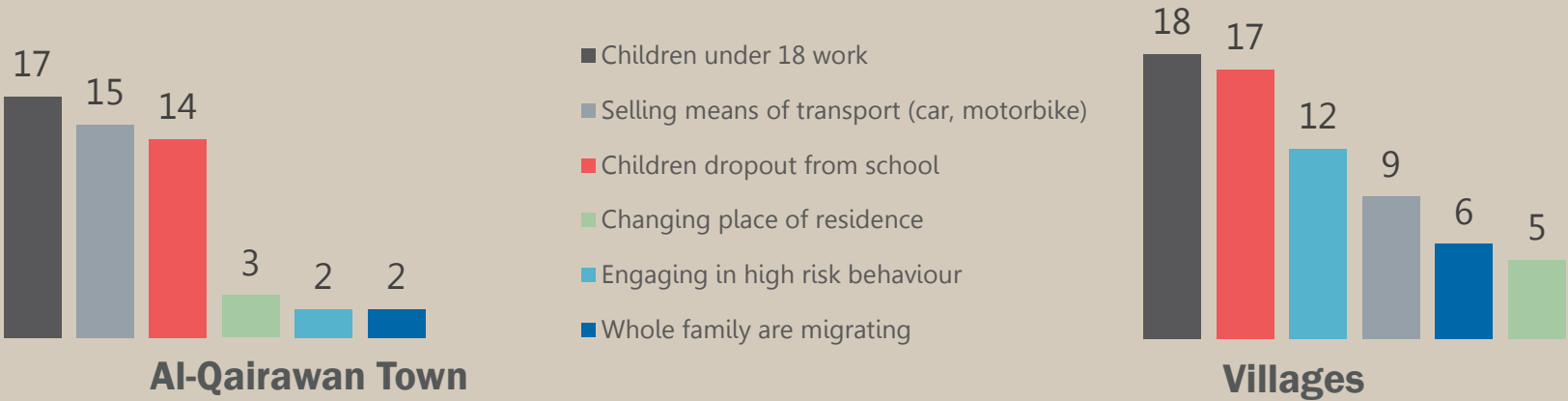
Households reporting having access to functional market:



Types of coping strategies used by households the 30 days prior data collection*



The most used crisis or emergency coping strategies, among households that reported using crisis or emergency strategies, by number of HHs*



* Question allowed multiple choices unless selected 'None'. 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.

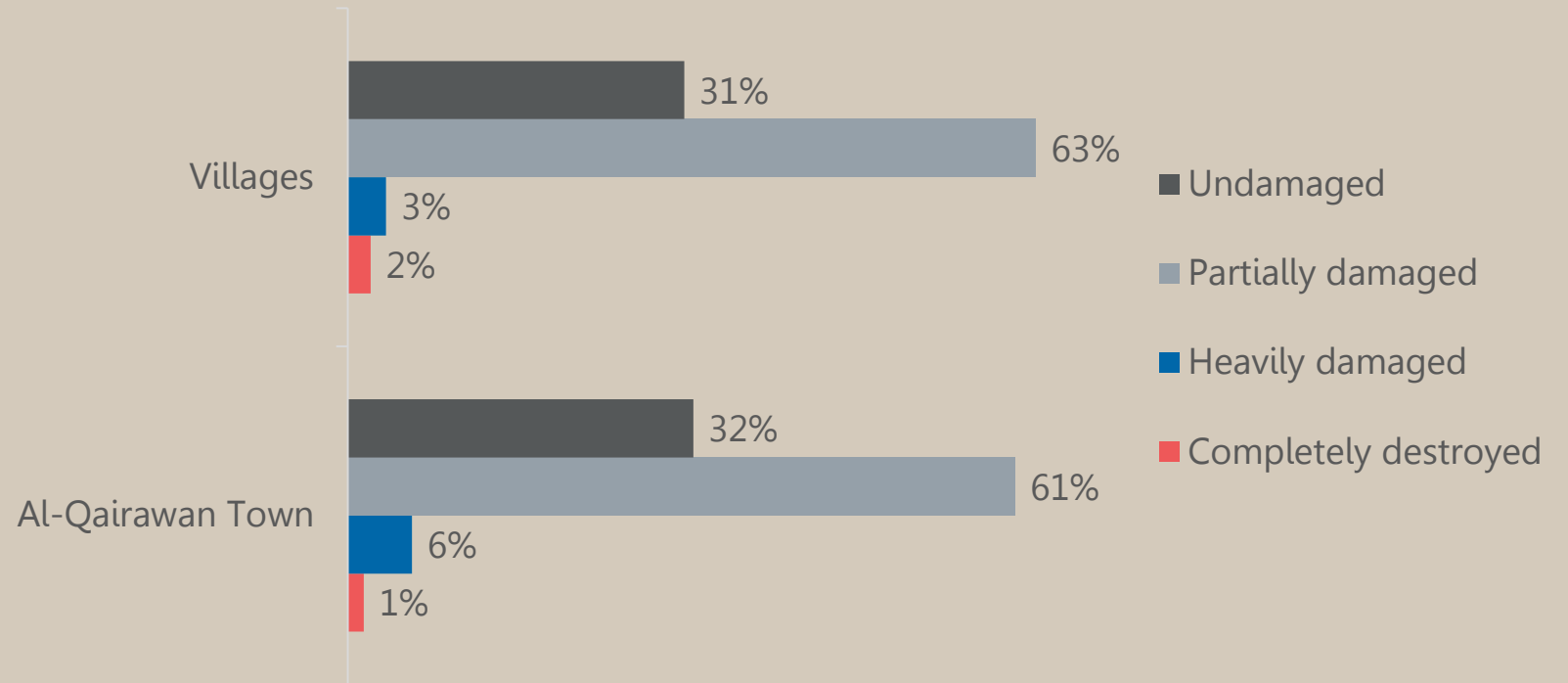
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SHELTER

SHELTER DAMAGE

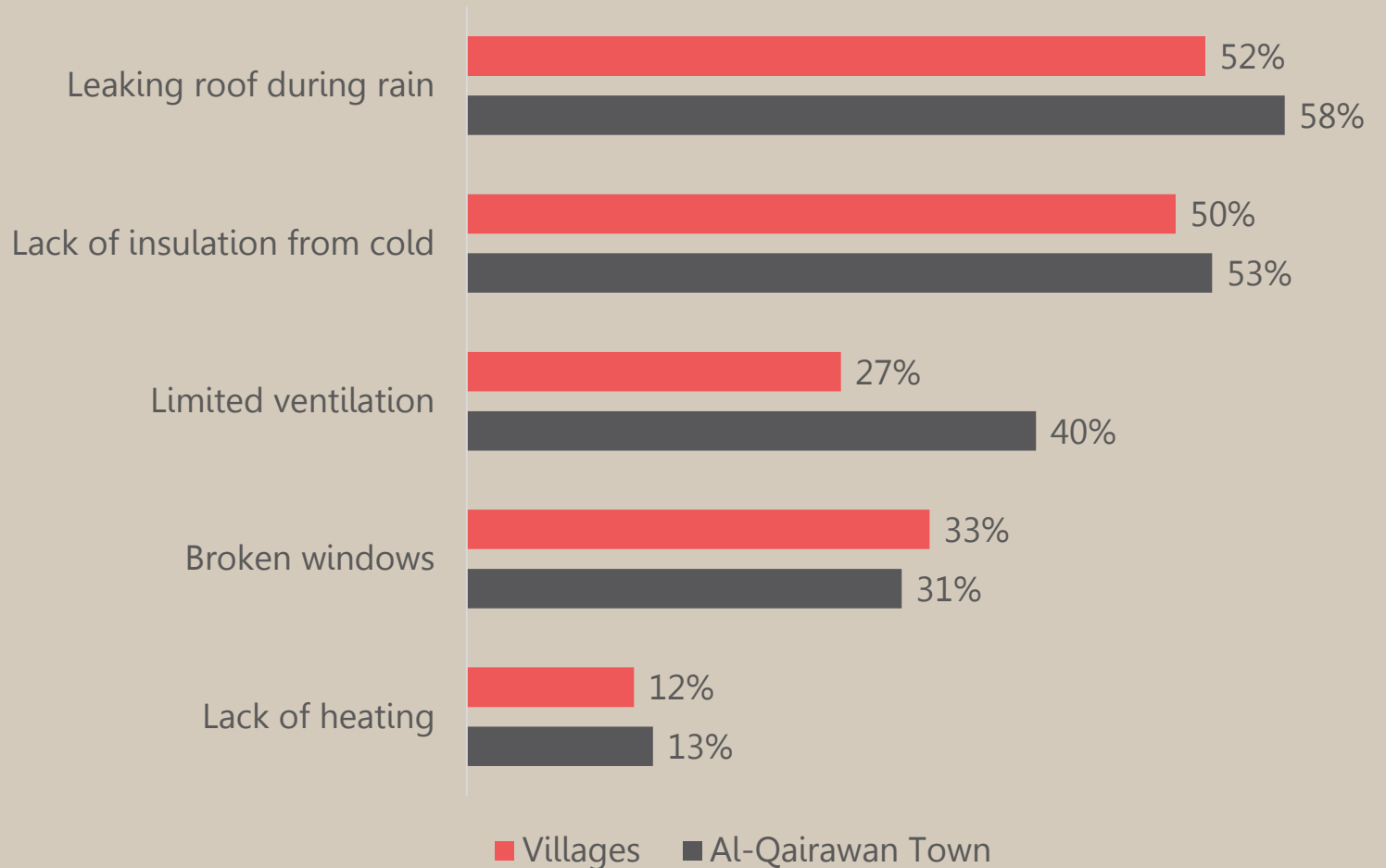
% of households reporting that their shelter was damaged at the time of data collection, by level of damage



- **More than half** of households in both areas reported having their current shelter **partially damaged**.
- A small minority in both stated that their shelter was heavily damaged or completely destroyed.

ISSUES WITH SHELTER

Households' most reported issues with their shelter at the time of data collection*



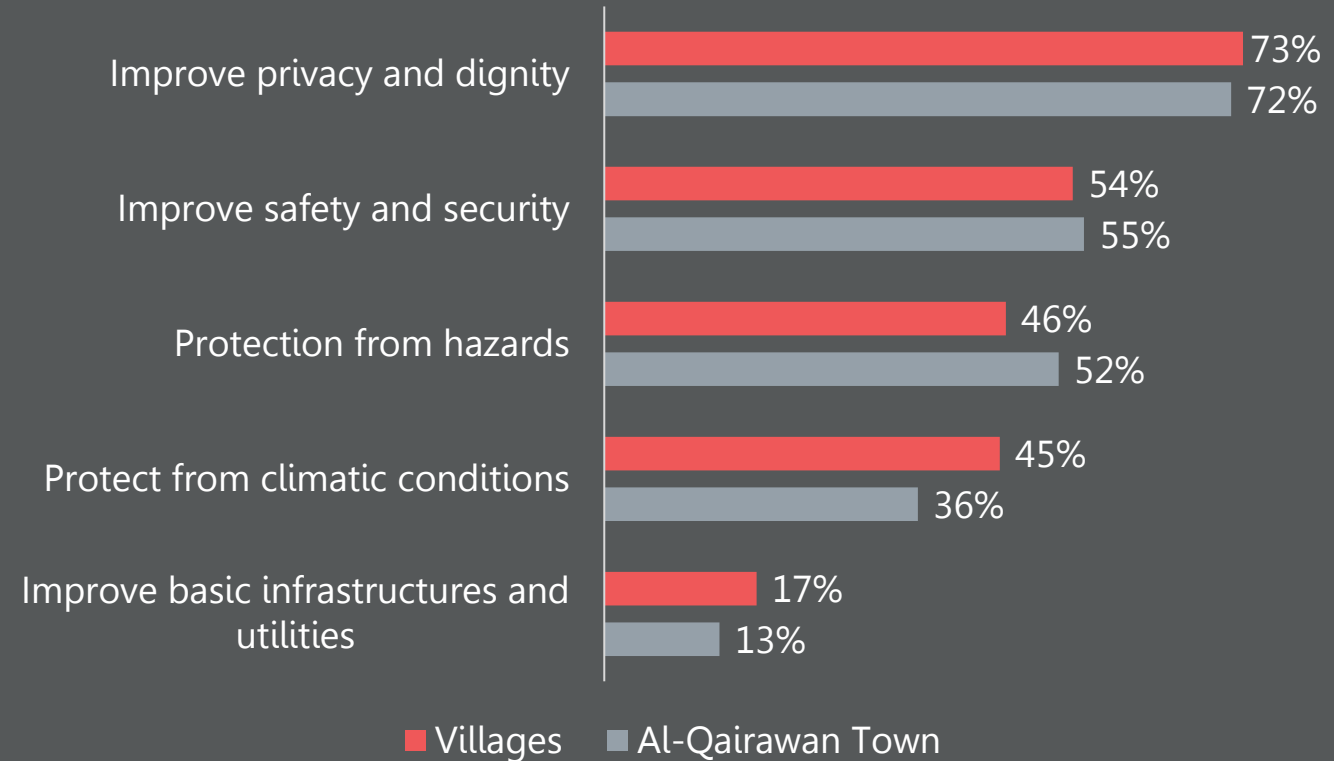
- A **leaking roof during rain** and a **lack of insulation from the cold** were frequently mentioned in both locations.

* Question allowed multiple choices.

NEEDED IMPROVEMENTS TO SHELTER

- **90%** of HHs in al-Qairawan town reported needing shelter improvements.
- **93%** of HHs in surrounding villages reported needing shelter improvements.

% of all assessed HHs that reported needing shelter improvements at the time of data collection, by type of improvement*



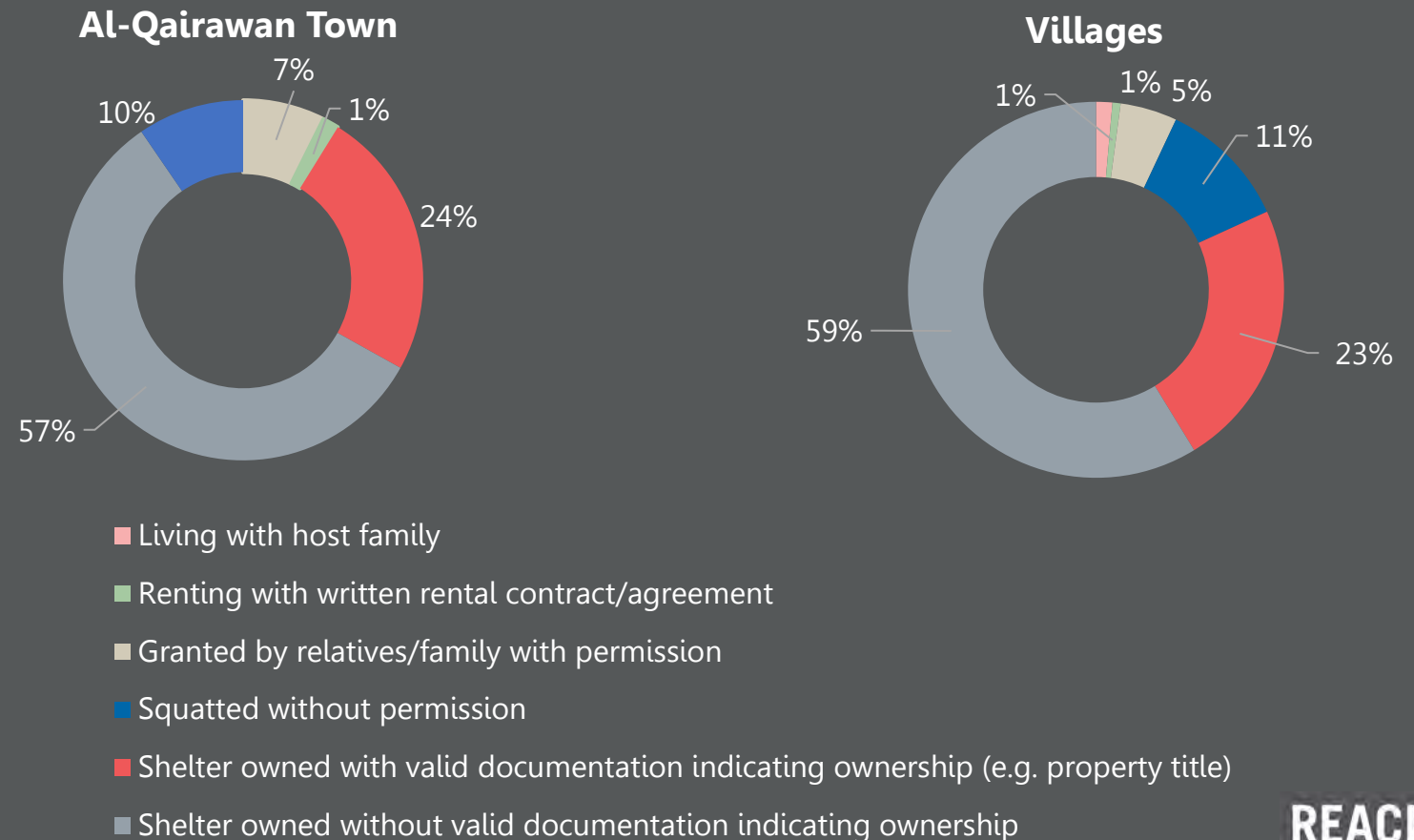
- **Improved privacy and dignity, improved safety and security, and protection from hazards** were the top priority needs reported by households in both areas.

* Question allowed multiple choices.

CURRENT HOUSING TENURE

57% of HHs in al-Qairawan town and **59%** in villages reported owning their current shelter without valid documentation indicating ownership.

Households by reported current housing tenure:



06



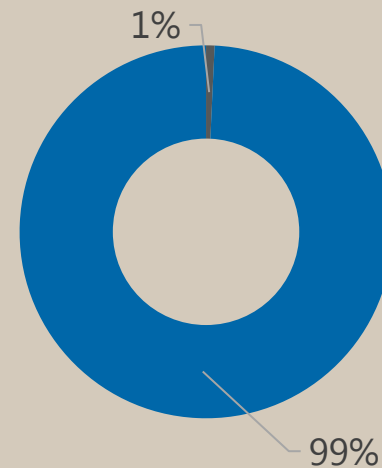
BASIC SERVICES

DRINKING WATER SOURCES

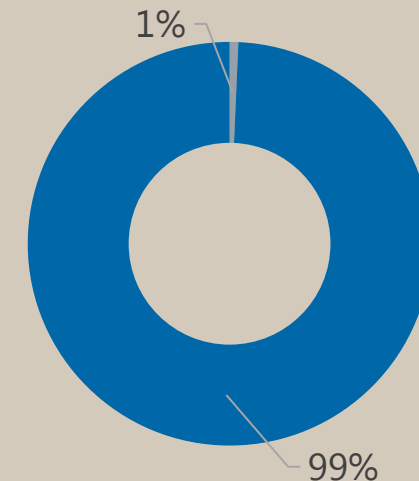
The vast majority of households in both the town and the villages reported **NOT** being connected to a piped water network (92% in both).

% of HHs by primary source of drinking water

Al-Qairawan Town



Villages



■ Borehole
■ Bottled water
■ Water Trucking

- All CLs from al-Qairawan town and villages reported that their communities **did not** have access to a piped water network.
- A notably **larger % of HHs** in the **villages** (**97%**) than in al-Qairawan town (**79%**) reported **NOT** treating water before drinking.

WATER

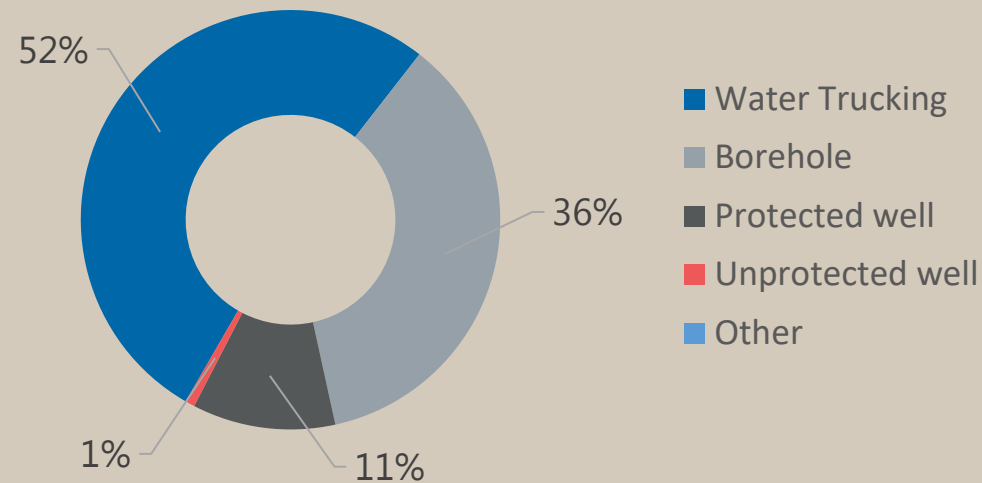
WATER

WATER SOURCES FOR OTHER PURPOSES

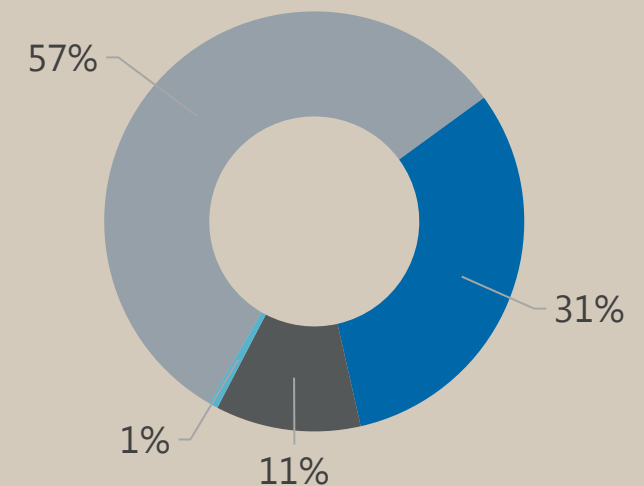
The **vast majority** of households in both al-Qairawan town (**91%**) and the villages (**91%**) reported having a **private water tank**.

% of HHs by primary source of water for cooking, bathing and washing

Al-Qairawan Town



Villages

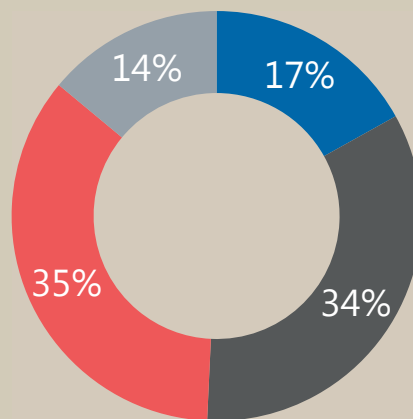


SANITATION & HYGIENE

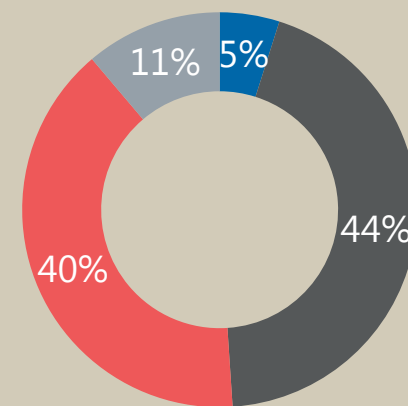
- The majority of HHs reportedly had access to improved toilet facilities, however **35%** of HHs in al-Qairawan town and **40%** in villages did not and used pit latrines without slab.*
- **43%** of HHs reportedly did **NOT** have access to sufficient hygiene items (e.g., soap and feminine hygiene products) at the time of data collection.

Household reporting having access to toilets, by type:

Al-Qairawan Town



Villages



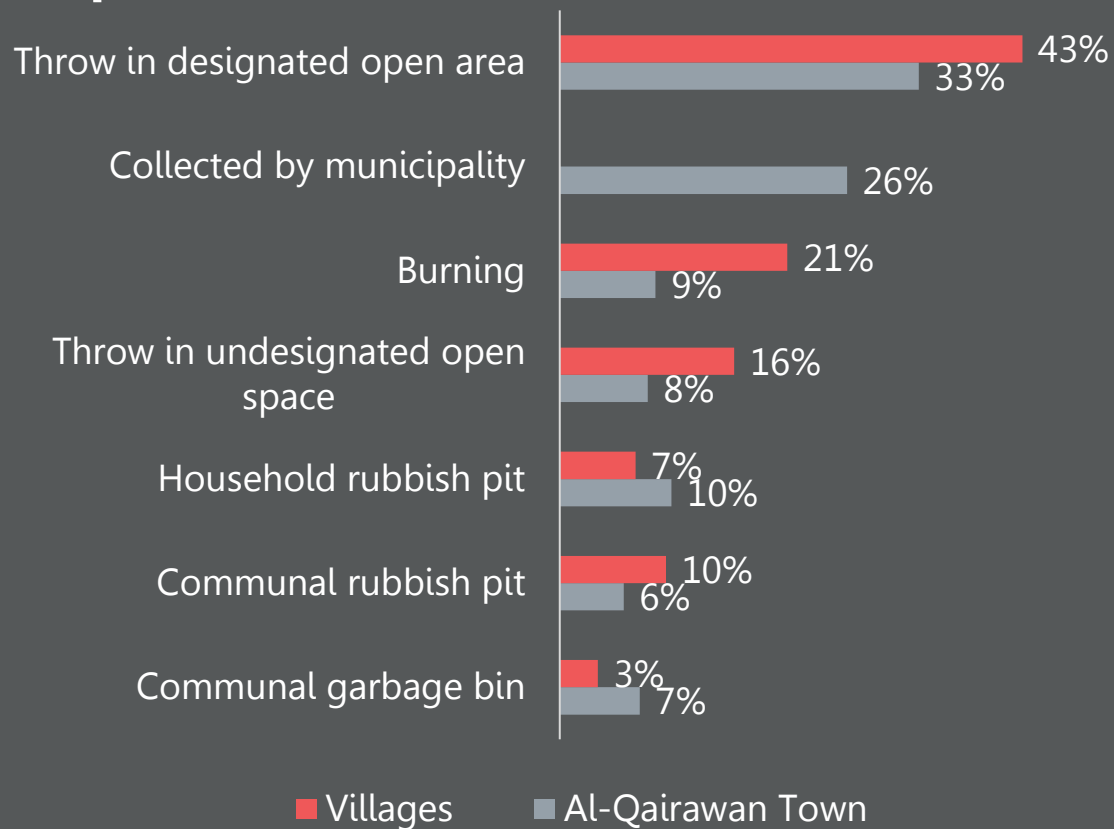
■ Flush toilet ■ Pit latrine with a slab ■ Pit latrine without slab ■ Ventilated improved pit latrine

* Improved toilet facilities are those designed to hygienically separate excreta from human contact.

More information available here: <https://washdata.org/monitoring/methods/facility-types>

SOLID WASTE

Households by reported primary method of waste disposal



- **Throwing waste in a designated open area** was the most common method of getting rid of waste in both al-Qairawan town and surrounding villages.

Al-Qairawan Town

5/5 CLs in al-Qairawan town reported there were households informally disposing of their waste in their neighbourhood.

Most reported informal method in al-Qairawan town:*

1. Open dumping (**4/5**)
2. Open burning (**2/5**)
3. Transporting waste to areas that receive collection services (**1/5**)

Villages

7/7 CLs in villages reported there were households informally disposing of their waste in their neighbourhood.

Most reported informal method in the villages:*

1. Open dumping (**6/7**)
2. Open burning (**5/7**)

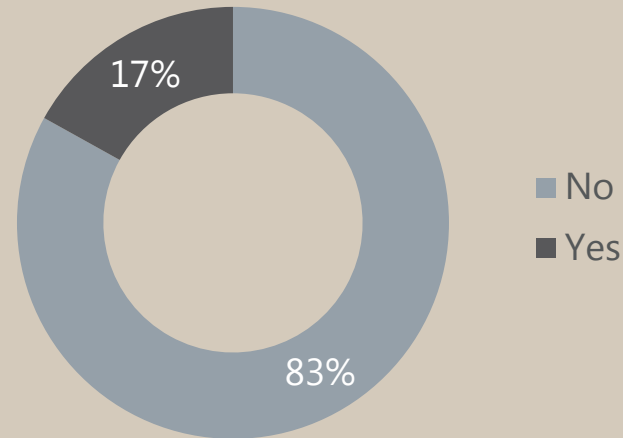
- All CLs (**7/7**) in the surrounding villages and **3/5** in al-Qairawan town reported that waste removal services were the same as before 2014, while the rest (**2/5**) in the town reported having poorer services.

* Question allowed multiple choices.

NEED AND ACCESS

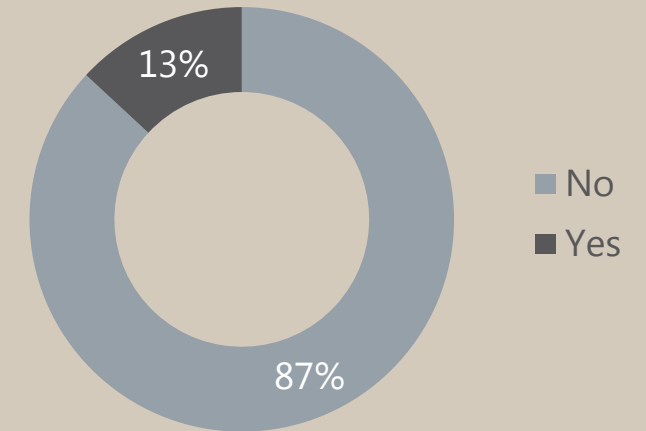
% of household members that reported needing to access health services or treatment in the 3 months preceding data collection

Al-Qairawan Town



33% of HH members in al-Qairawan **town** reported **NOT** being **able to access** healthcare services or treatment, among those that reported needing to access them.

Villages

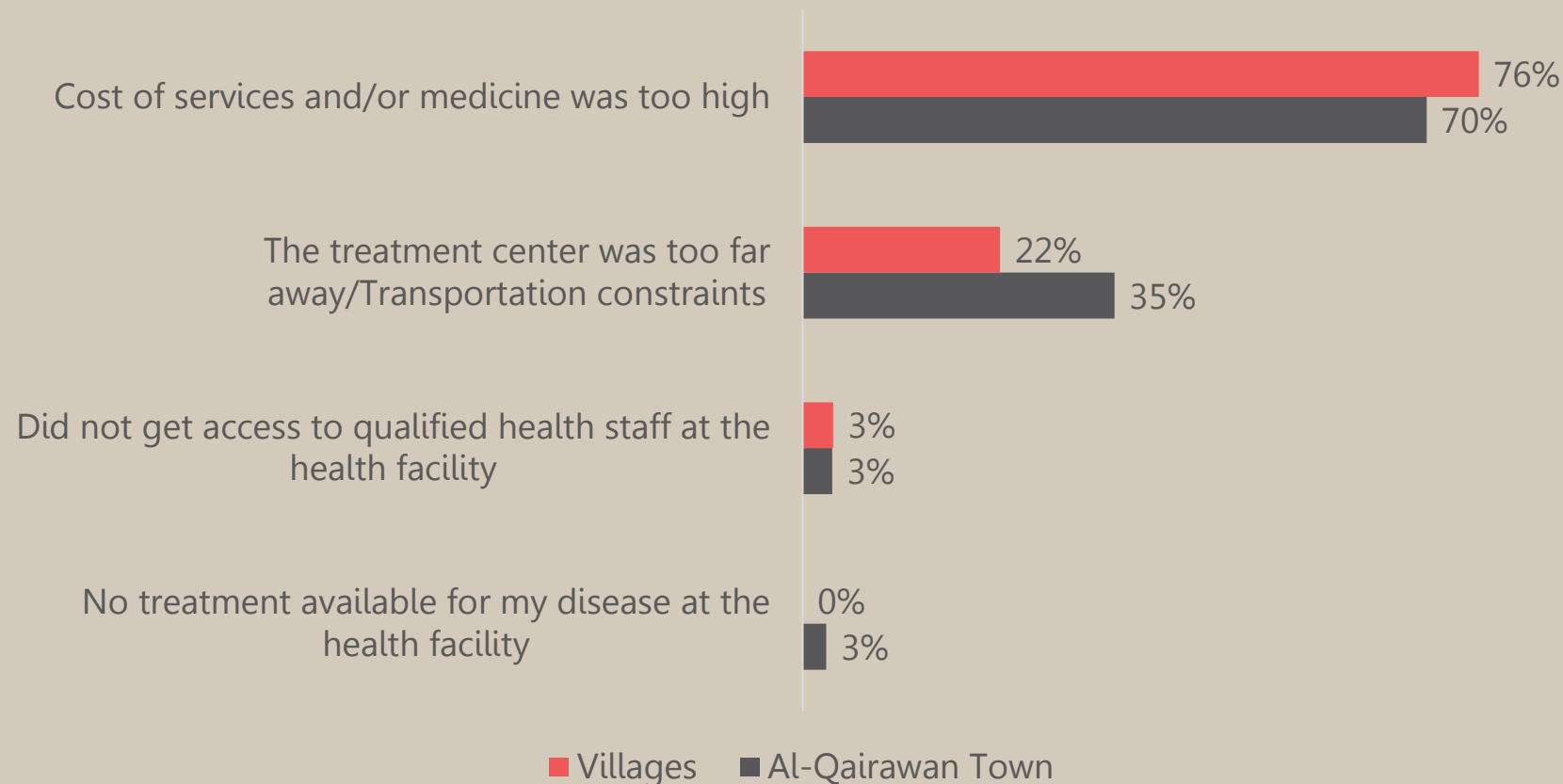


23% of HH members in **villages** reported **NOT** being **able to access** healthcare services or treatment, among those that reported needing to access them.

HEALTHCARE

HEALTHCARE BARRIERS

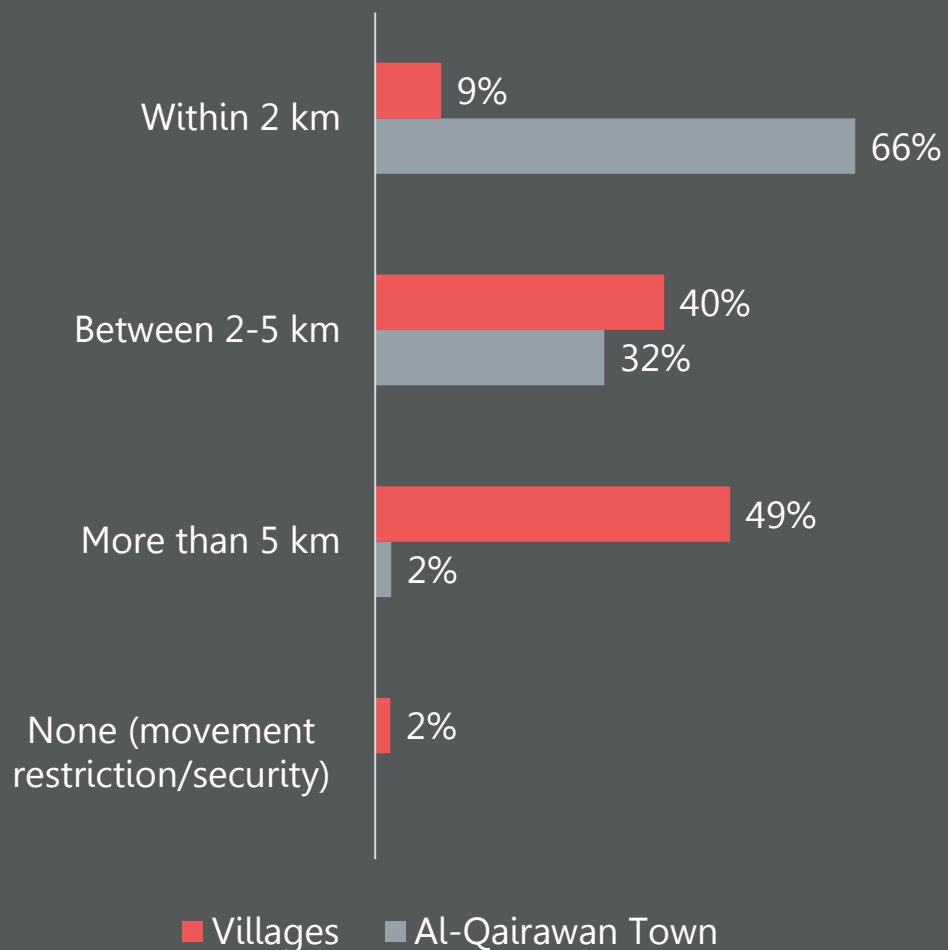
Most reported barriers to accessing health services among individuals that needed to access to healthcare services:*



- For nearly a third of the HHs in al-Qairawan town and villages the **high cost** of services and/or medicine was the most reported **barrier to accessing healthcare** in both the town and villages.

* Question allowed multiple choices.

% of HHs by reported distance to closest functioning health clinic

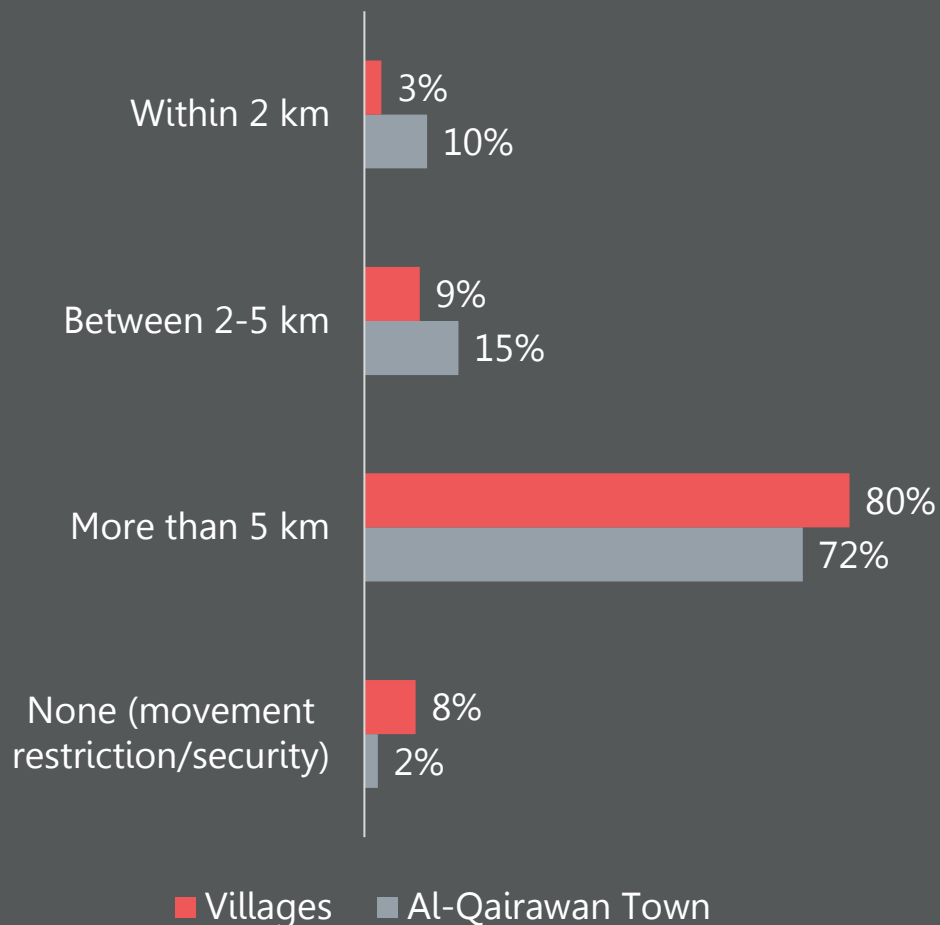


ACCESS TO HEALTH CLINICS

Nearly half of the HHs in the villages **(49%)** reported having to travel **more than 5km** to the closest functioning **health clinic**.

2% of HHs in the **villages** reported experiencing movement restrictions that prevent them to access health services in clinics.

% of HHs by reported distance to closest functioning hospital



ACCESS TO HOSPITALS

The majority of HHs both in al-Qairawan town and the villages reported having to **travel more than 5km to the closest hospital.**

Health SMEs reported HHs going to hospitals in **Sinjar, Telafar and Mosul.**

A few households in al-Qairawan town (**2%**) and the **villages (8%)** reported experiencing movement restrictions that prevent them to access health services in hospitals.

AVAILABILITY OF PROCEDURES



HEALTH PROCEDURES

Al-Qairawan town

5/5 CLs in al-Qairawan **town** reported that there were specific healthcare **procedures** that were **needed but not available** in their neighbourhoods.

Most reported unavailable healthcare procedures:*

1. Cancer treatment (**4/5**)
2. Treatment for chronic diseases (**3/5**)
3. Surgical procedures (**3/5**)
4. Treatment for psychological conditions (**2/5**)

Villages

6/7 CLs in the **villages** reported that there were specific healthcare **procedures** that were **needed but not available** in their neighbourhoods.

Most reported unavailable healthcare procedures:*

1. Surgical procedures (**4/6**)
2. Diagnostic procedures (**4/6**)
3. Cancer treatment (**2/6**)
4. Treatment for chronic diseases (**2/6**)
5. Vaccination (**2/6**)

* Question allowed multiple choices.



EDUCATION

SCHOOL ATTENDANCE

Challenges

28% of school-age HH members in al-Qairawan town and **23%** in villages were reportedly **not attending school in the current or previous schooling year.**

Most reported reasons why children were not attending school:*

Al-Qairawan town

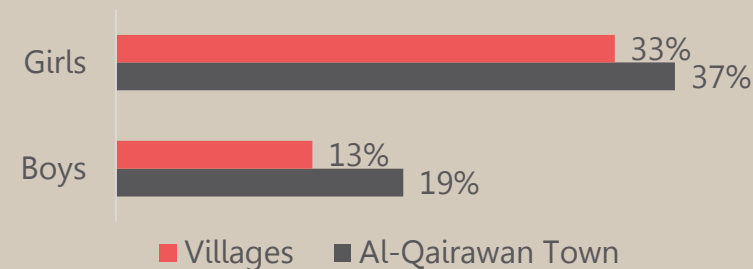
1. Unaffordable costs (**35%**)
2. Parental refusal (**21%**)
3. Physical limitations (**18%**)

Villages

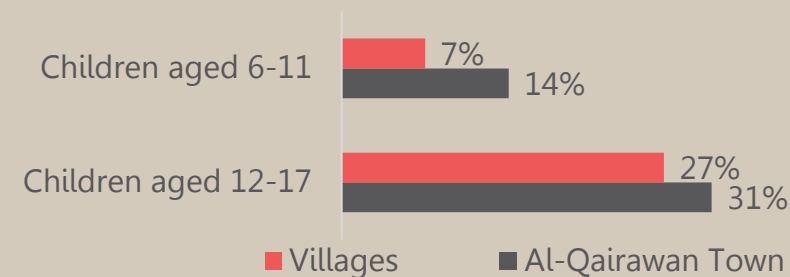
1. Unaffordable costs (**38%**)
2. School not functioning (**25%**)
3. Physical limitations (**13%**)

By age and gender

% of children reportedly not attending school, by gender



% of children reportedly not attending school, by age group

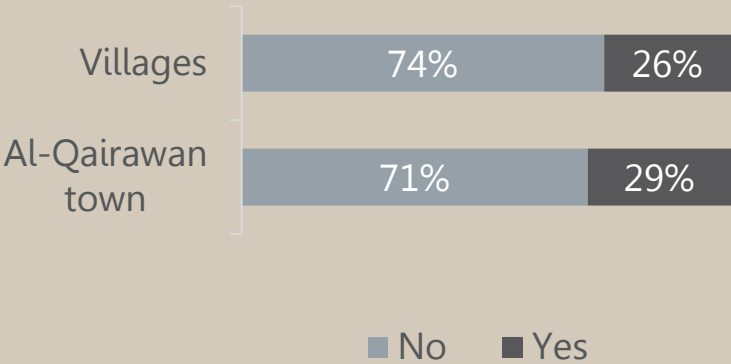




SCHOOL ATTENDANCE

Ever attended school

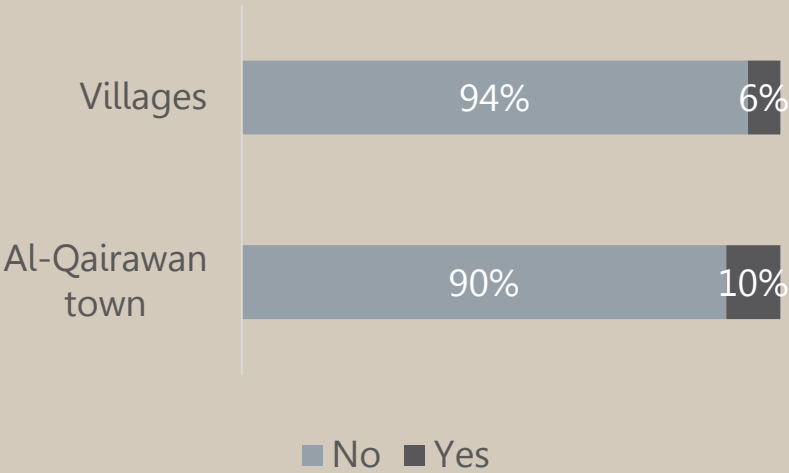
Of the children not attending formal education, % of children who had ever attended school



Of the school-age children that reportedly had **attended school (overall 44 children), only 2 children** were reported that they **intended to re-enroll**.

School dropout

% of school-age HH members currently enrolled in school and having reportedly missed a year or more of education





EDUCATION

ACCESS TO EDUCATION BARRIERS

3/5 CLs in al-Qairawan town and **6/7** in villages reported that school-aged children in their neighbourhood **faced barriers to accessing education.**

Most reported barriers to accessing education:*

Al-Qairawan Town

1. Schools being too far (**1/3**)
2. Schools lacking trained teachers (**1/3**)
3. Unaffordable costs (**1/3**)

Villages

1. Schools being too far (**4/6**)
2. Schools lacking trained teachers (**2/6**)
3. Unaffordable costs (**2/6**)
4. Schools not in good condition (**2/6**)

Most reported specific population groups facing additional barriers to accessing education:*

Al-Qairawan Town

- Children who had missed school due to displacement (**3/5**)

Villages

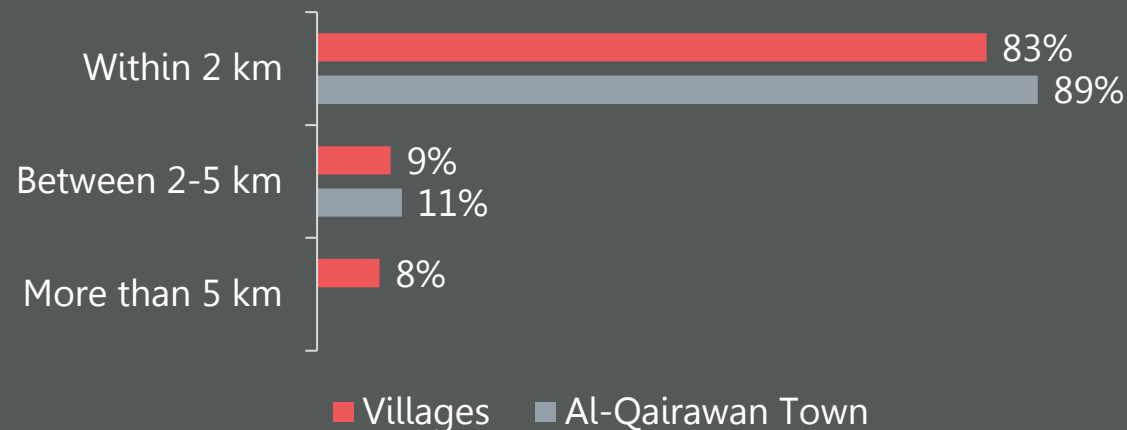
- Girls, children with disabilities and children from low-income families (**2/7**)

SCHOOL ACCESSIBILITY

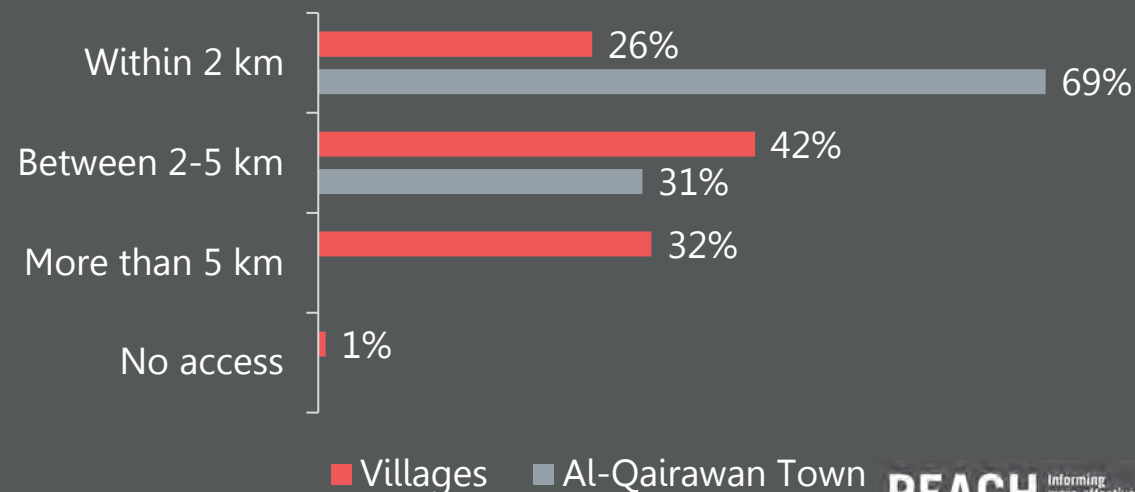
The majority of HHs both in al-Qairawan town (**89%**) and villages (**83%**) reported having access to a functioning **primary school** within **2 km**.

Higher percentages of households from the villages reported having to travel larger distances to the nearest **secondary school**.

% of HHs by reported distance to closest functioning primary school



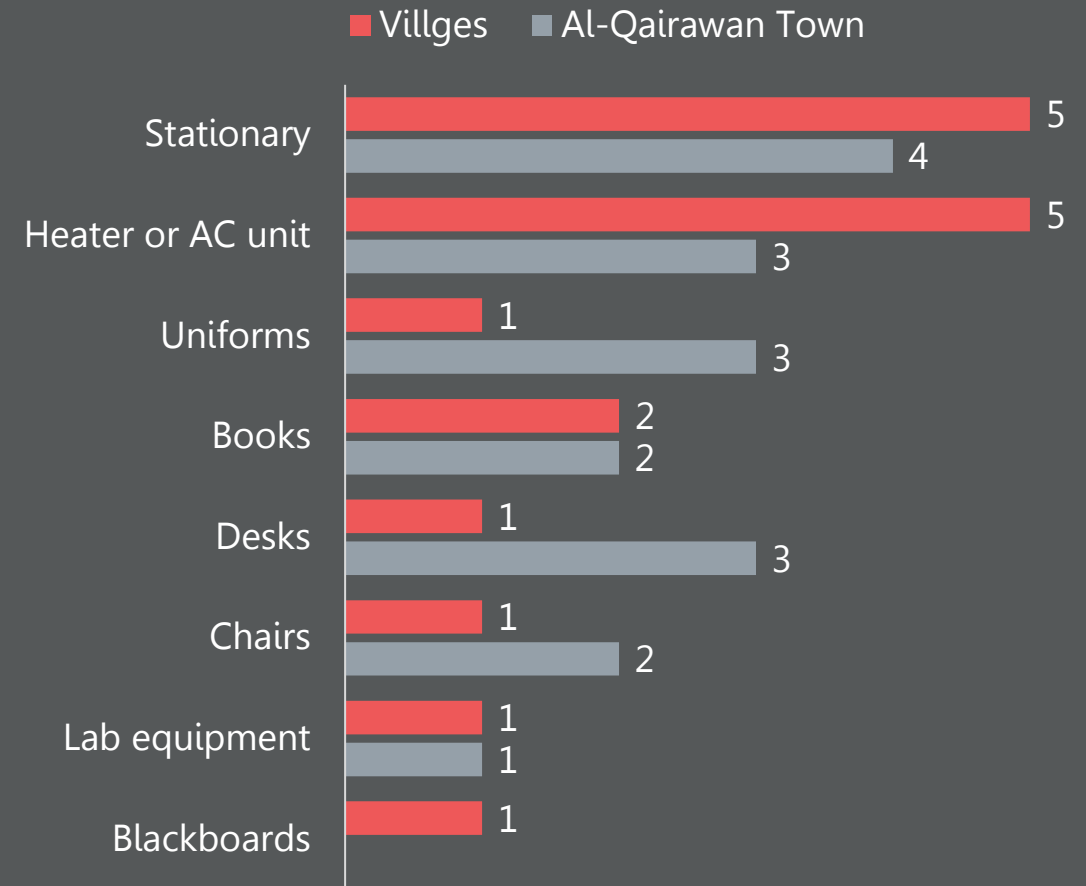
% of HHs by reported distance to closest functioning secondary school



LACKING SCHOOL EQUIPMENT

4/5 CLs in al-Qairawan and **5/7** CLs in the villages reported that schools in their neighbourhood **lacked equipment and supplies**.

Stationery and equipment most commonly missing according to CLs*



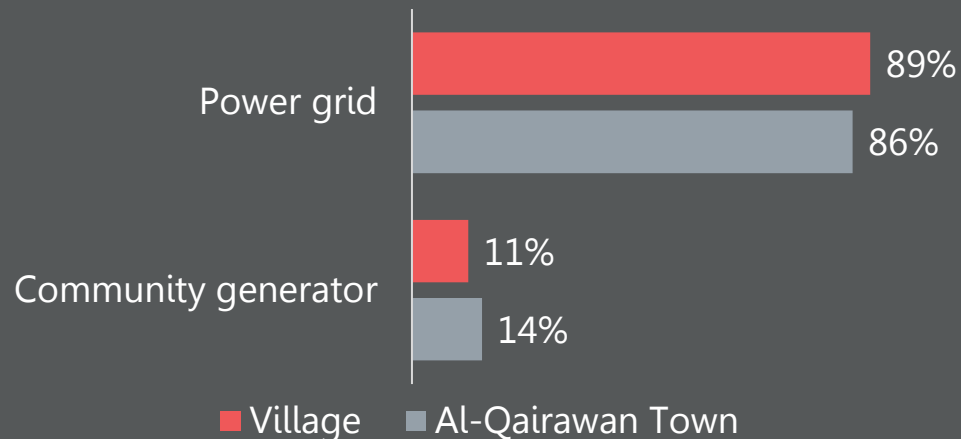
* Question allowed multiple choices.

ELECTRICITY

ACCESS AND INFRASTRUCTURE DAMAGE

8% of HHs in al-Qairawan town **4%** and of HHs in villages reported **NOT** having **access to electricity**.

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



INFRASTRUCTURE DAMAGE

Al-Qairawan Town

5/5 CLs in al-Qairawan town reported that there was **damage to the electrical network/ infrastructure** in their neighbourhood.

Most reported broken electrical equipment/ infrastructure in al-Qairawan town:*

1. Broken transformers (**5/5**)
2. Broken wires (**3/5**)
3. Broken poles (**3/5**)

Villages

7/7 CLs in **villages** reported that there was **damage to the electrical network/ infrastructure** in their neighbourhood.

Most reported broken electrical equipment/ infrastructure in villages:*

1. Broken transformers (**5/7**)
2. Broken wires (**5/7**)
3. Broken poles (**4/7**)

* Question allowed multiple choices.

07



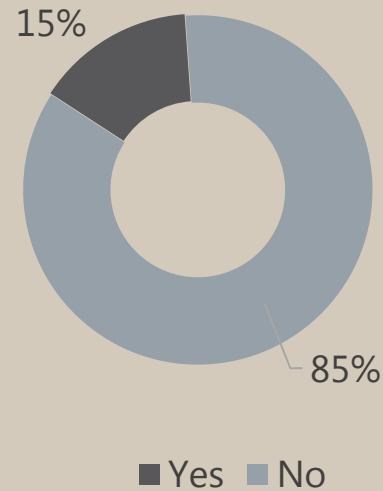
PROTECTION

SAFETY PERCEPTIONS & MOVEMENT RESTRICTITONS

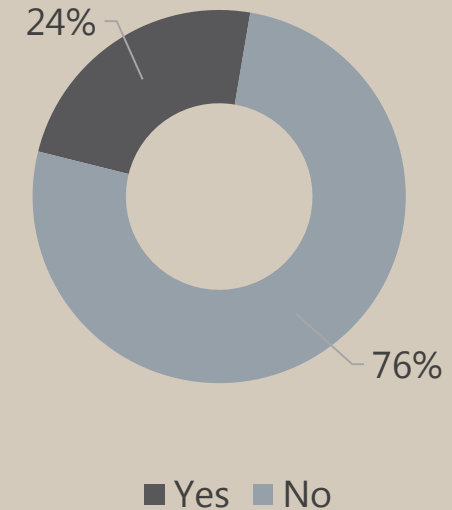
- In both al-Qairawan town and villages, **99% of households reported feeling safe from harm/violence in their location.**
- However, **32%** of households in town and **27%** in villages reported **their shelters needed clearance of explosive remnants of war (ERW).**

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

Al-Qairawan Town



Villages

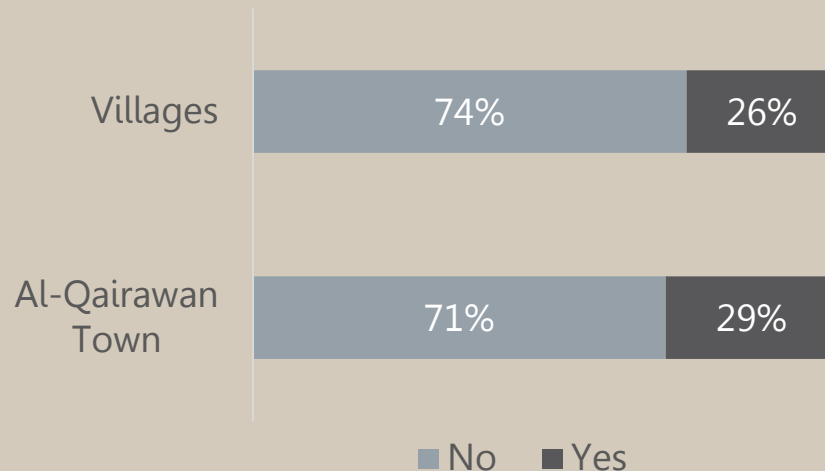


- The majority of households reported having **freedom of movement**, however a higher proportion of HHs living **in the villages** reported **facing movement restrictions.**

CIVIL DOCUMENTATION

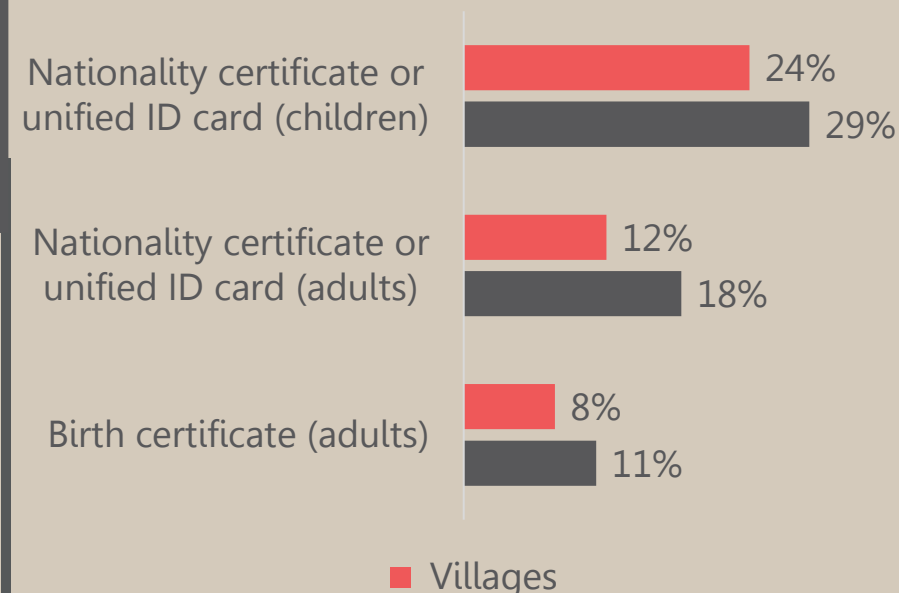
Missing Civil Documentation

% of households reporting missing at least one key household or individual document



- HHs in al-Qairawan town were more likely to miss key documentation than HHs in the villages.
- According to legal SMEs, HHs missing civil documentation faced **movement restrictions, issues accessing public services** i.e., legal, education.

Most reported types of civil documents missing*



- Legal SMEs mentioned **children from low-income families, and with perceived Islamic State of Iraq and Syria (ISIL) ties** as specific groups facing additional barriers to obtain new documentation.

* Question allowed multiple choices.

08



SOCIAL COHESION & CIVIL SOCIETY

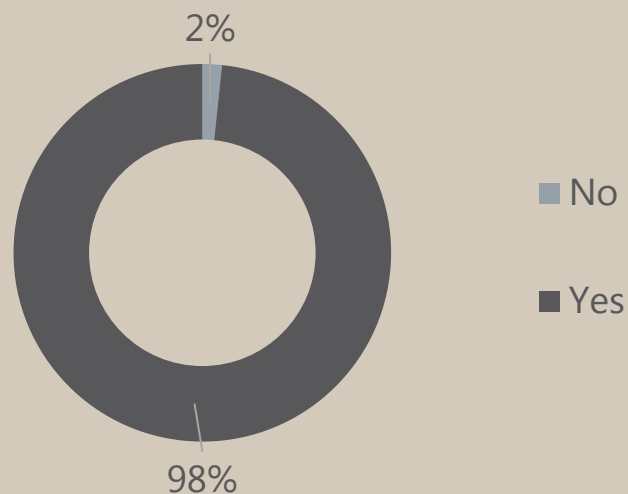


CIVIL SOCIETY

Political and social participation

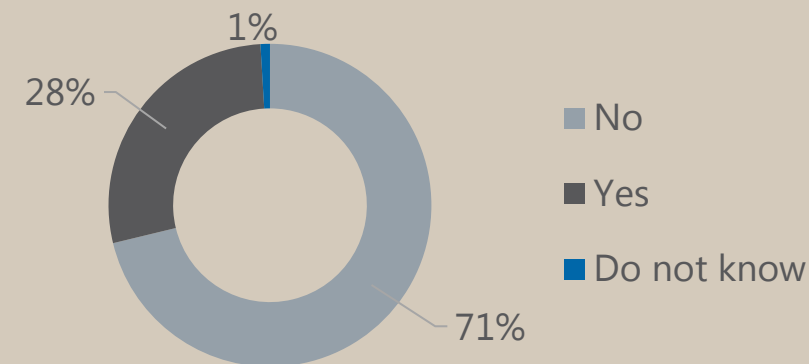
Elections

% of HHs reporting the head of HH voted in the 10 October 2021 elections



Participation

% of HHs reporting that at least one HH member had participated in a community, social, political or professional organization in the 6 months prior data collection



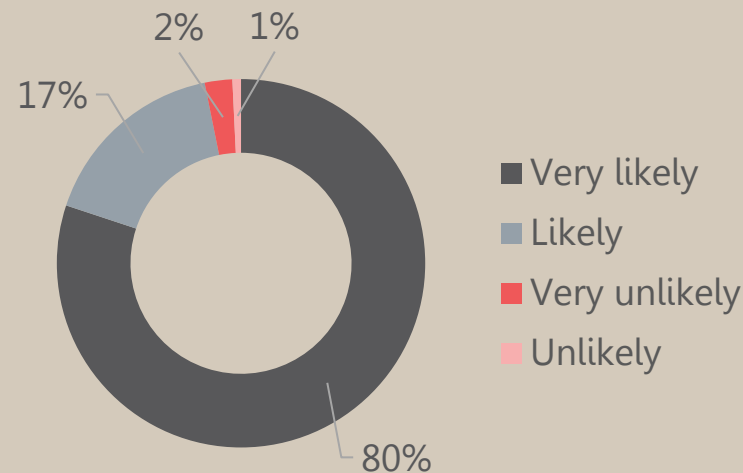
22% of HHs in **al-Qairawan town** and **27%** in **villages** reported feeling **unable to play a role in decision making** in their area.

Social Cohesion

Social cohesion, cooperation and disputes

Cooperation

% of HHs reporting the likelihood that in the case of a communal problem households would cooperate with others community members to solve it



Disputes

4/5 CL from **al-Qairawan town** reported that HHs in their neighborhoods were involved in some type of dispute.

3/7 CL from the **villages** reported that HHs in their communities were involved in some type of dispute.

Most commonly reported types of disputes (overall):*

1. Property issues (e.g., land, housing) (**5/7**)
2. Family issues (e.g., divorce) (**5/7**)

* Question allowed multiple choices.

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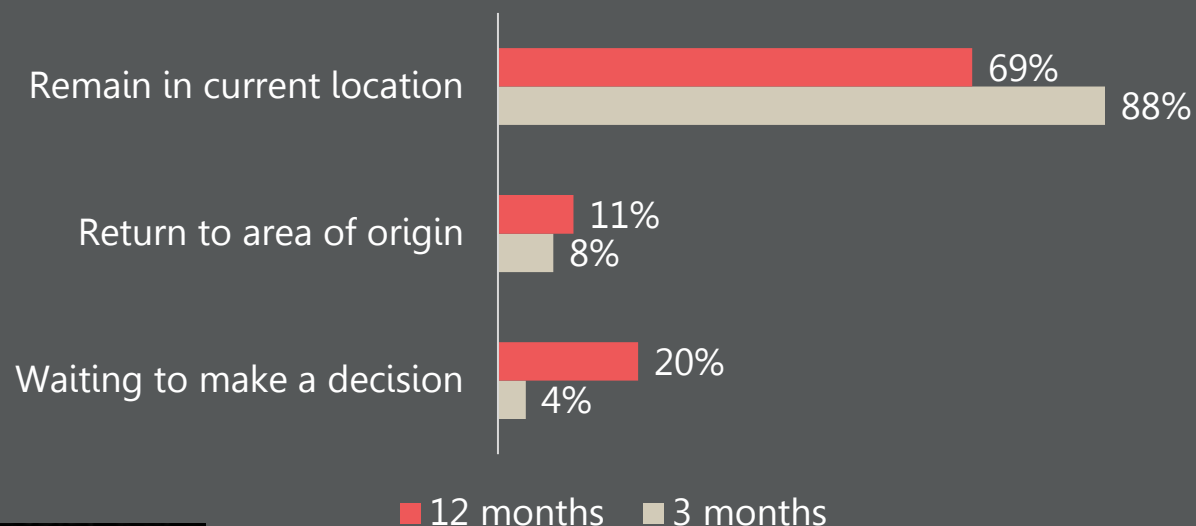


IDP MOVEMENT INTENTIONS

MOVEMENT INTENTIONS OF IDP HOUSEHOLDS*

A low proportion of IDP HHs from al-Qairawan town and surrounding villages reported having the intention to return to their areas of origin (AoO) in the 3 months (**8%**) and 12 months (**11%**) following data collection.

Displaced households by reported movement intentions for 3- and 12-months following data collections:



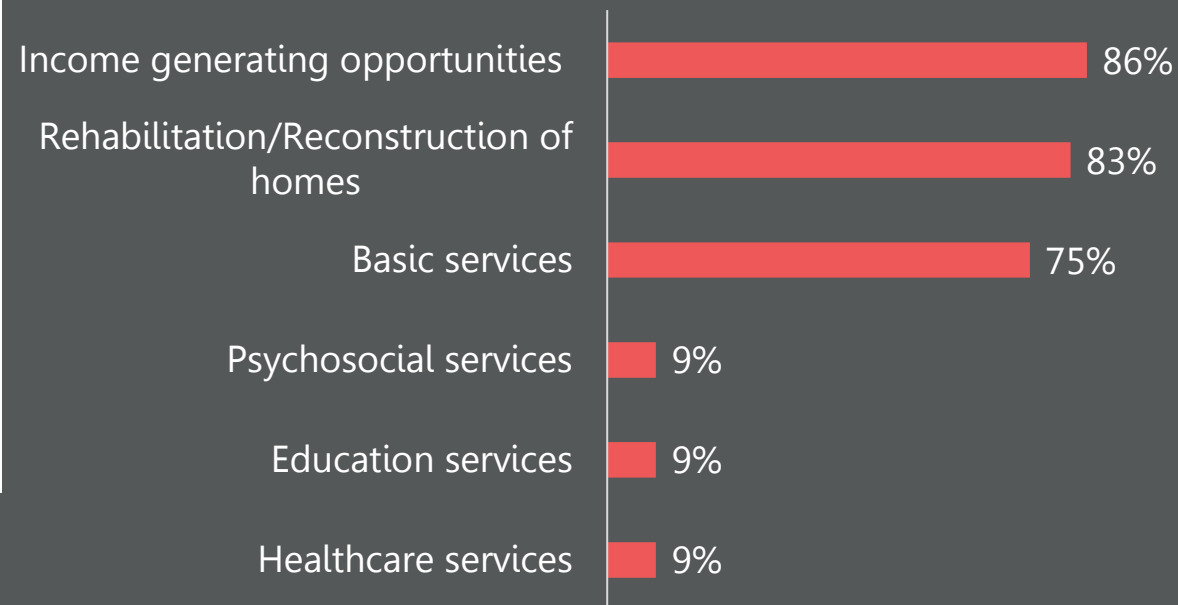
■ 12 months ■ 3 months

* The surveyed IDP households were from al-Qairawan sub-district.

Top 3 reported reasons why IDPs were NOT intending to return within the next year following data collection:**

1. Lack of livelihood opportunities in AoO (**75%**).
2. House I own in AoO has been damaged/destroyed (**67%**)
3. No financial means to return (**53%**)

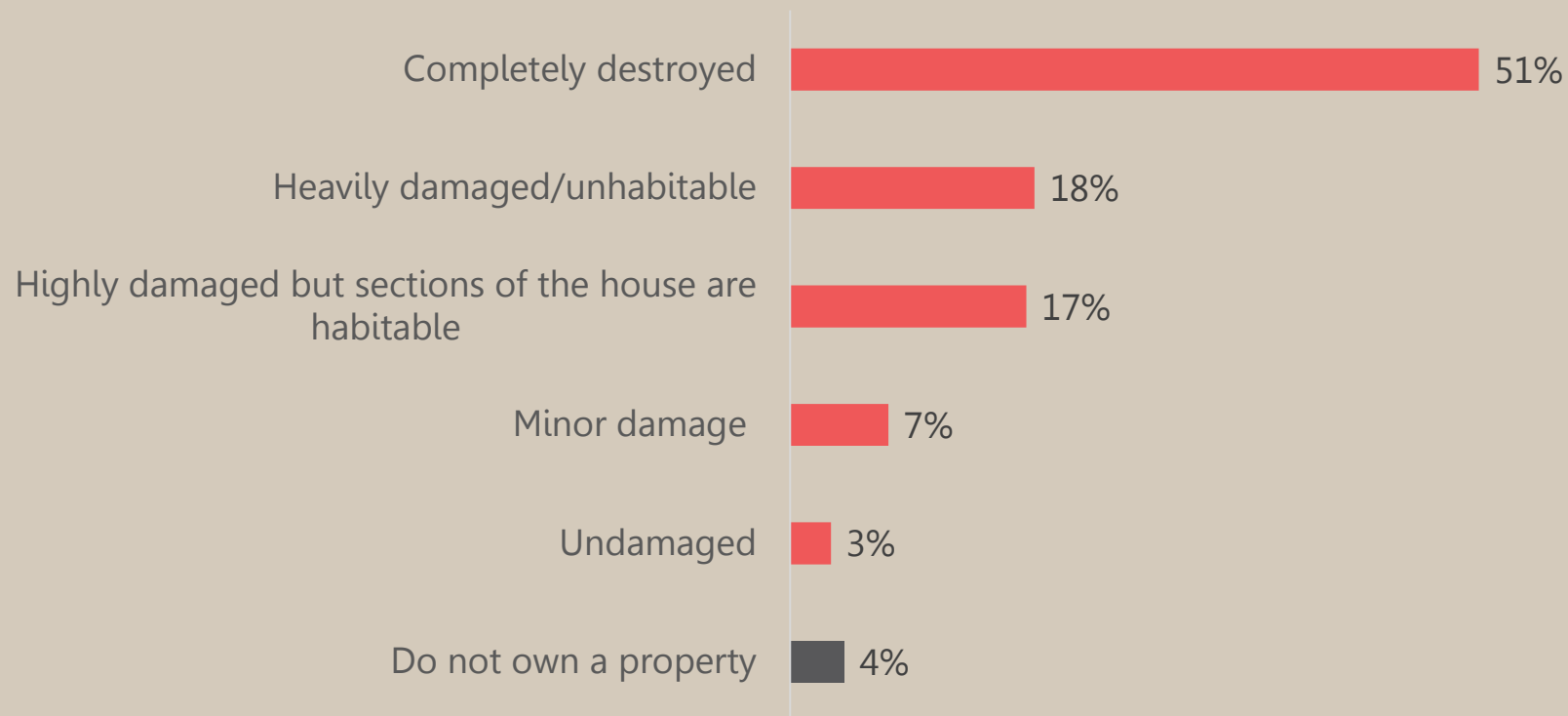
Top 5 conditions required by IDP households to return safely to their AoO:*



**Question allowed multiple choices.

IDP SHELTER BARRIERS

IDP households reporting their property in their AoO was damaged, by level of damage:*



The relatively high proportion of IDPs reporting their shelter in AoO was completely destroyed may indicate that these households are not likely to return.

* Question allowed multiple choices.

CONCLUSIONS

Food and WASH

Food was the most reported priority need for HHs in the area.

- HHs were commonly taking debt and/or used **crisis or emergency strategies** such as child work or dropping out from school **to cope with lack of food resources.**

Water trucking without treating was commonly used for drinking.

- The lack of piped water in the area.

Shelter and Health

Rehabilitation of shelters was the second most reported condition needed for return by IDPs.

- The majority of HHs in the area were living in shelters **without documentation proving ownership.**

High cost of services / medicine was the most reported barrier to accessing health services.

- HHs were facing difficulties to access health facilities, because **of long distances** and **unstable social cohesion** with the adjacent communities.

Education and Livelihoods

School-age children (especially in the villages) were traveling for long distances to access the nearest secondary schools.

- Some school-age children were not attending school because of unaffordable education costs.

Livelihood opportunities was one of the most reported priority needs for HHs and the main barrier for IDPs' returns.

- **High competition for jobs** was the main barrier to finding employment.

Others

Some HHs in the area were experiencing movement restrictions that might be related to unstable social cohesion and a variety of security forces.

A quarter of HH were missing some type of civil document.

- The main barrier to obtaining civil documentation **was the high cost.**

THANKS FOR YOUR ATTENTION



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Upon request

