



# Humanitarian Overview of Five Hard-to-Reach Areas in Iraq

**IRAQ**

**DECEMBER 2016**

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## Methodology

Since January 2015, REACH has been regularly collecting data to inform humanitarian planning in hard-to-reach areas across Iraq. As multiple hard-to-reach areas are no longer under Armed Group (AG) control this round will focus on areas which have experienced significant returns since being re-taken from AGs. Between 20 November and 15 December 2016, REACH collected in-depth information from the following hard-to-reach cities: Tikrit, Falluja, Ramadi, Heet, as well as Muqdadiya and surrounding villages. Where possible key findings have been compared with data collected by REACH Initiative (REACH) teams in the same areas as in April 2016.<sup>1</sup>

Data collection was conducted through community group discussions (CGDs) with 90 IDPs, who reported on the situation and needs in their area of origin, as well as 39 Key Informant Interviews (KIIs) with returnees and host community currently living in the targeted hard-to-reach areas. During these discussions, participatory mapping was used to help identify specific locations of key infrastructure and concerns, along with IDP and returnee displacement routes to and from the area of interest.

During this round, REACH has worked in close collaboration with the Returns Working Group, established under the UN Humanitarian Country Team, to develop recommendations for Iraqi governorates affected by returns, and provide technical advice to partners, government and civil society to support the implementation of returns according to international standards.

### Limitations:

Data gathered for this report was based on a qualitative research methodology. As such findings cannot be statistically generalized to the population of the assessed areas. While these factsheets provide indicative information about the context and trends, it should be noted that the figures and percentages reported are based on estimates by key informants.

The localized nature of case studies included in this report means that findings are indicative of specific assessed areas and thus cannot inform on entire corridors and regions. However, information about displacement routes and intentions is likely to be indicative of broader trends.

# Summary

The intensification of military operations in the summer of 2016 has been accompanied by an escalating humanitarian crisis. Iraq currently hosts roughly 3 million IDPs<sup>2</sup> of which the vast majority are from Anbar, Ninewa and Salah al-Din governorates. Displacement since October has further intensified following military operations on Mosul city and surrounding areas which has displaced 103,872 people.<sup>3</sup>

In parallel, an increasing number of IDPs have returned to areas which were recently retaken from AGs, in particular Ramadi, Falluja and Heet cities. As of December 2016, 1.27 million IDPs are estimated to have returned to their areas of origin, of which more than 50% came since April 2016 primarily to Anbar (39%), Salah al-Din (29%), Ninewa and Diyala Governorates (each 14%).<sup>4</sup> In the assessed areas, IDPs first began to return to Muqdadiya and Tikrit cities at the end of 2015. Following military operations in Anbar, IDPs from Heet and Ramadi began to return in April 2016 followed by returnees to Falluja in September 2016. Overall there is a general preference amongst IDPs to return to their area of origin, where they often own property and assets. However many choose not to return yet due to significant protection concerns and challenges with regards to access to basic services within these areas of return.<sup>5</sup>

In line with findings from the REACH April 2016 assessment,<sup>6</sup> needs remain highest in recently retaken areas which experienced high infrastructural damage such as Falluja and Ramadi. However areas where IDPs have been returning for over a year now, such as Tikrit and Muqdadiya, have seen significant improvements in terms of access to basic services and the reconstruction of basic infrastructure. As show in table 1 below, a cross-cutting concern across the assessed areas is a lack of sufficient livelihoods which in turn inhibits access to basic services, and adequate food security.

Across the assessed areas, returnees and IDPs who had exhausted their financial means during previous displacement were consistently among the most vulnerable and heavily reliant on the assistance of family, friends and NGOs.

## Key findings from assessed areas include the following:

- **Livelihoods:** Income generating opportunities across assessed areas have been severely affected by the disruption of local enterprises which previously employed the local population, as well as an inability to farm due to a lack of resources to cultivate the land and mine pollution. Overall, the most stable sources of income are government employment and pension salaries. As a result, civilians not employed or supported by the government are largely reliant on daily work which is generally not reliable or sufficient to meet family day-to-day needs. To substitute a lack of revenue residents go into debt, borrow money from friends and relatives, or rely on aid from wealthier residents or charities. Income generating opportunities was most severe in villages north of Muqdadiya city (See table 1 below).
- **Healthcare:** Despite significant reported damage to infrastructure during the conflict, access to healthcare has improved since the last REACH data collection in April 2016 thanks to ongoing reconstruction and the return of medical staff. Access to healthcare was more problematic in the Anbar governorate and Muqdadiya villages, where there was a general lack of equipment, medication, and access to specialized healthcare. In Tikrit and Muqdadiya city, the primary reported challenge was the lack of financial means of civilians to afford specialized medication and healthcare when this cannot be accessed through public hospitals.
- **Shelter and damage:** Shelter and damage concerns differ between areas which have been more recently retaken from AGs and areas which have had longer to recover and reconstruct the city. Shelter and damage is most severe in Ramadi and Falluja where widespread damage and continued perceived presence of mines has hindered access to adequate shelter. As a result of a lack of adequate shelter, overcrowding with more than 3 to 4 families in one houses, and high rent prices were reported. Despite some reconstruction, shelter concerns also remain in Tikrit City especially with regards to significant overcrowding due to the large population size currently in Tikrit – KIs estimated that due to the presence of IDPs, 110% of the pre-AG population is currently living in the City. IDPs, and returnees whose shelter has been damaged were the most vulnerable population groups having to rely on rented shelter or shelter with friends and family.



- **Food Security:** As trade routes have been restored, the price of food has reduced and the availability of food has increased compared to April 2016, especially in the Anbar governorate, leading to an overall increase in food security. However, across the assessed areas, the lack of income generating opportunities has hindered families ability to afford adequate food. As a result of a lack of cash, financially vulnerable families often resort to borrowing money from friends and families and eating food of lesser quality with a minority reporting to skip meals.
- **WASH:** Across the assessed cities, civilians reportedly have access to piped water. However, water is generally not perceived to be safe for drinking, leading to people relying heavily on water filters and chlorine tablets. The exception are villages north of Muqdadiya city, which have no access to piped water and rely on well water - though this is generally perceived to be safe for drinking. Tikrit, Ramadi, and Heet reported more than 20 hour access to piped water while Falluja and Muqdadiya city reportedly have 2 to 4 hours of water every day as the water station alternates between different neighbourhood. The majority of the assessed areas reported instances of diarrhea especially amongst children after drinking water which had not been filtered. As a result those that have the financial means to do so either buy bottled water or other treatment options such as filters and chlorine tablets.
- **Education:** Across assessed areas, access to education has significantly improved as schools have reverted back to the Government of Iraq curriculum and teachers have returned. Ramadi and Falluja reported overcrowded schools due to damaged school buildings and across the assessed areas a lack of sufficient school books was reported. While access to education has improved, many children have gone more than two years without education and will be in need of tailored education facilities aimed at covering the gap in their education in comparison to other children their age in Iraq.

**Table 1: A comparison of key findings by sector across the five assessed areas**

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

	Falluja	Ramadi	Heet	Tikrit	Muqdadiya	
					City	Al Aarab al Jabour villages
Livelihoods	2.5	2.5	2.5	2	2	3
Healthcare	3	2.5	2	2	1	2
Shelter and Damage	3	3	1.5	2.5	2	3
Food Security	2.5	2	1	2	1	2
WASH	1	2	2	2	1	1
Education	2	2	1	1	1	1

**Footnotes:**

<sup>1</sup> REACH, *Assessment of Eight Hard-to-Reach Areas in Iraq*, 2015-2016, July 2016

<sup>2</sup> IOM, DTM, 22 December 2016

<sup>3</sup> OCHA, Iraq: *Mosul Humanitarian Response Situation Report #12*, 19 December 2016

<sup>4</sup> IOM reports a total of 623,790 returnees in Iraq as of 14 April 2016

<sup>5</sup> Triangulated by: IOM, *Returnee Location Assessment Report*, October 2016

<sup>6</sup> For more information see: REACH, *Assessment of Eight Hard-to-Reach Areas in Iraq*, 2015-2016, July 2016



# Humanitarian overview: Falluja City

Iraq, December 2016



## Introduction

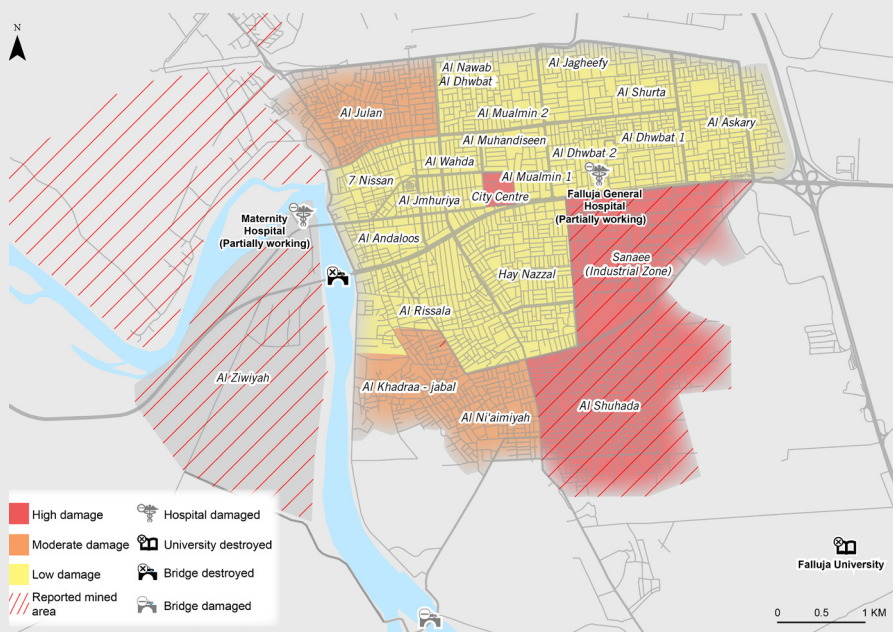
Total population in the city:	22,253 families <sup>1</sup>
Est. % of returns (of total pop.):	100%
Est. % of IDPs (of total pop.):	0%
Date of AG arrival:	June 2014
Date of AG departure:	June 2016
Humanitarian access:	Limited
Month data collection:	20/10/2016-8/12/2016

## Overview

By 26 June 2016, Falluja City was fully retaken from AG control at which point the entire remaining population of Falluja was displaced, and had settled in the KRI, surrounding IDP camps and Baghdad District. However, IDPs started to return to Falluja in September 2016, and the current population is comprised entirely of 22,253 returnee families.<sup>2</sup> No IDPs from other areas live in Falluja as they reportedly are not permitted to live in Falluja City. This factsheet highlights the primary needs and concerns of those currently living in Falluja City.

Since the last REACH data collection conducted during the besiegement of Falluja City in April 2016,<sup>3</sup> the humanitarian situation in Falluja has significantly improved, in particular due to the reestablishment of trade routes which improved food security. Moreover, some education facilities and employment opportunities have been re-established. However, significant needs and vulnerabilities remain across all sectors. Public infrastructure and residential neighbourhoods have sustained significant damage; there is a lack of adequate shelter, healthcare, and limited livelihoods opportunities are available.

Map 1: Reported damage to neighbourhoods, bridges and health facilities, December 2016



<sup>1</sup> IOM, DTM ET, 20 December.

<sup>2</sup> Ibid.

<sup>3</sup> REACH Initiative, 'Assessment of Eight Hard-to-Reach Areas in Iraq, 2015-2016', June 2016.

## 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	Severity	Key findings
<b>Livelihoods</b>	<b>2.5</b>	<ul style="list-style-type: none"> <li>Government employees receive a stable income, but limited livelihood opportunities remain for non-Gol employees; there is limited to no farming, and only some daily labour opportunities are available. The re-cultivation of surrounding agricultural lands is inhibited due to a lack of equipment due to looting, the perceived presence of unexploded ordnances, and limited access to electricity.</li> <li>Other than government employees, many of the families who returned did so due to exhausted financial means in their area of displacement.<sup>4</sup> As many have exhausted savings, they rely on borrowed money from relatives, friends, and neighbours.</li> <li>Although most families reportedly have at least one working member, for many generated income does not suffice to meet basic needs. KIs reported that female headed households are particularly vulnerable.</li> </ul>
<b>Healthcare</b>	<b>3</b>	<ul style="list-style-type: none"> <li>Two hospitals are available within the city, a general hospital and maternity hospital, both of which have been partially damaged and are not functioning at full capacity. Both hospitals only provide primary healthcare.<sup>5</sup></li> <li>None to very limited medication is available in the hospital.</li> <li>Pharmacies (where most medication is available including for chronic illnesses) and private doctors are available in the city. However for specialised treatment KIs reported that the majority need to travel outside of the city to seek treatment. This is difficult as many have limited financial means</li> </ul>
<b>Shelter and damage</b>	<b>3</b>	<ul style="list-style-type: none"> <li>Damage to houses and infrastructure is most prevalent in southern neighbourhoods (see Map 1). However, the entire city incurred low to medium-level damage through looting and burning. The presence of mines was reported in two neighbourhoods, Sinaee and Shuhada, which are currently closed to the public so no one can live there.</li> <li>Many houses<sup>6</sup> are overcrowded with 3 to 4 families living in one house, as families either cannot afford to rent or are reconstructing damaged houses.</li> <li>Some returnees are renting housing as their previous shelter is damaged or they cannot return to their houses as their neighbourhoods are not yet accessible such as in Sinaee and Shuhada neighbourhoods.<sup>7</sup> A minority reportedly live in partially damaged housing.<sup>8</sup></li> </ul>
<b>WASH</b>	<b>2.5</b>	<ul style="list-style-type: none"> <li>Households generally receive 3 to 4 hours piped water every day from the water station. Access is reliant on the water stations access to electricity.</li> <li>KIs reported that the water was not safe for drinking<sup>9</sup> and some people especially children have diarrhoea as a result.</li> <li>An NGO is providing treated water close to Hay Nazal. Returnees from surrounding neighbourhoods can travel there to obtain drinking water.</li> <li>Those that can afford to have water filters or buy bottled water.</li> </ul>
<b>Food Security</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Overall food and NFI items are available, and 25-50% of pre-AG markets are open. The central market experienced vast damaged due to looting/burning</li> <li>Trade routes between Falluja City and Baghdad have been re-established, though temporary closures of Bezabiz Bridge can affect the price and availability of food within the city. While food prices have significantly dropped since April 2016, limited access to livelihood opportunities has led many families to borrow money from friends and family to buy food.</li> <li>No major coping strategies other than borrowing money were reported</li> </ul>
<b>Education</b>	<b>2</b>	<ul style="list-style-type: none"> <li>A Gol school curriculum has been re-established within the city and most children have access to primary and secondary schools however as Falluja University is damaged, students need to go to Ramadi of Baghdad for university.</li> <li>KIs estimated that up to 50% of the pre-AG school are open, damage to school buildings has led to overcrowded schools. Damaged schools and overcrowding has reportedly inhibited some children from attending school.</li> <li>Many teachers have returned following a request from the government to do so. Due to widespread looting, schools lack certain equipment and books.</li> </ul>

# Humanitarian overview: Falluja City

Iraq, December 2016



## Methodology

REACH collected in-depth information from 30 Key Informants (KIs) through community group discussions (CGDs) and Key Informants (KIs) between 20 November and 6 December 2016. Participants comprised of returnees living in Falluja City and IDPs living in the KRI who remain in touch with friends and family in Falluja. Where possible findings have been triangulated by secondary sources. The presented findings should be understood as indicative only.

## Returnees

Falluja City is entirely composed of returnees as only people originally from Falluja City are reportedly permitted to live within the city. Since September 2016, roughly 22,253 families have returned to Falluja City, primarily in November 2016.<sup>10</sup> Overall the majority, roughly 16,000 families, have returned from elsewhere in Anbar Governorate - primarily IDP camps – with remaining IDPs from Baghdad, Erbil, Kirkuk and Sulaymaniyah Governorates.<sup>11</sup> Amongst the first to return were low income IDPs, especially from surrounding IDP camps such as Ameriyat al Falluja, followed by Government of Iraq (GoI) employees, who were requested by the government to do so.

Despite daily challenges faced by returnees in Falluja City, limited secondary displacement was reported. This could partially be related to the difficulty in returning to prior locations of displacement: KIs reported that once an IDP's legal status switches to that of a returnee, secondary displacement - especially back to the KRI - is very difficult. As a result, the majority of returnees reportedly call relatives or visit Falluja in person prior to returning in order to verify conditions within the city and any damage incurred to their property. As the situation within Falluja stabilises further and more job opportunities become available, large numbers are likely to return to the city.

The most vulnerable people in Falluja are low income returnees, many of whom exhausted any remaining savings in their area of displacement or on their journey back to Falluja. Due to limited access to livelihood opportunities and high financial demands such as private healthcare and shelter, these families are particularly vulnerable. The vast majority reported shelter to be a primary challenge: due to widespread looting and burning, a lot of people will need to invest significant sums of money to refurbish their houses, and fix minor breakages. Otherwise returnees whose house are either inaccessible or heavily damaged have to rent housing or live with family and friends while saving to reconstruct their houses. Without assistance these families are likely to become increasingly in debt or reliant on family and friends.

## Intentions of IDPs yet to return

The majority of IDPs from Falluja City, reportedly intend to return as long as their property has not been heavily damaged. However, many are hesitant due to safety and security concerns regarding the risk of mines and militias in the surrounding area. Further, a lack of livelihoods opportunities is also discouraging families from returning, as IDPs do not wish to return without the means to support themselves.

**Table 1: Reported price changes between March 2016 and December 2016<sup>12</sup>**

Since March 2016 Falluja city is no longer under siege and trade routes have reopened. As such food is generally accessible and prices have reduced.

Product	Prices March 2016	Prices December 2016	Price change
<b>Flour (50 Kilo)</b>	1,000,000-1,500,000 IQD (849 -1,273.3 USD)	25,000 IQD (21.2 USD)	▼
<b>Rice (50 Kilo)</b>	2,500,000 IQD (2,122 USD)	50,000 IQD (42.4 USD)	▼
<b>Sugar (50 Kilo)</b>	500,000-1,000,000 IQD (424.4-849 USD)	50,000-60,000 IQD (42.4-50.9 USD)	▼
<b>Cooking oil (1L)</b>	30,000-50,000 (25.5-42.4 USD)	2,000 IQD (1.7 USD)	▼
<b>Tomato (1L)</b>	Not available	750-1,000 IQD (0.6-0.8 USD)	n/a
<b>Meat (1Kilo)</b>	3,000-10,000 IQD (2.5-8.5 USD)	7,000-10,000 (5.9-8.5 USD)	▼
<b>Fuel (1L)</b>	Not available	500 (0.4 USD)	n/a
<b>Kerosene (1L)</b>	Not available	300-500 IQD (0.2-0.4 USD)	n/a

### Footnotes:

<sup>4</sup> This is particularly true for IDPs returning from IDP camps.

<sup>5</sup> Healthcare professionals working in Falluja were contacted to obtain information on access to healthcare within the city.

<sup>6</sup> KIs gave differing reports of the scale of overcrowded houses reporting a range between 10% – 40% of the inhabited houses are overcrowded.

<sup>7</sup> Sinaee and Shuhada neighbourhoods are not yet accessible to civilians due to reported widespread damaged and the presence of mines.

<sup>8</sup> Partial damage" refers to houses that are damaged but have one or several rooms intact.

<sup>9</sup> Some KIs reported that the water was filtered before reaching the houses but not treated.

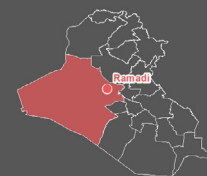
<sup>10</sup> IOM, DTM, 20 December 2016.

<sup>11</sup> Ibid.

<sup>12</sup> Based on conversion rate of 1USD = 1178 IQD ( as of 22/12/2016).

# Humanitarian overview: Ramadi City

Iraq, December 2016



## Introduction

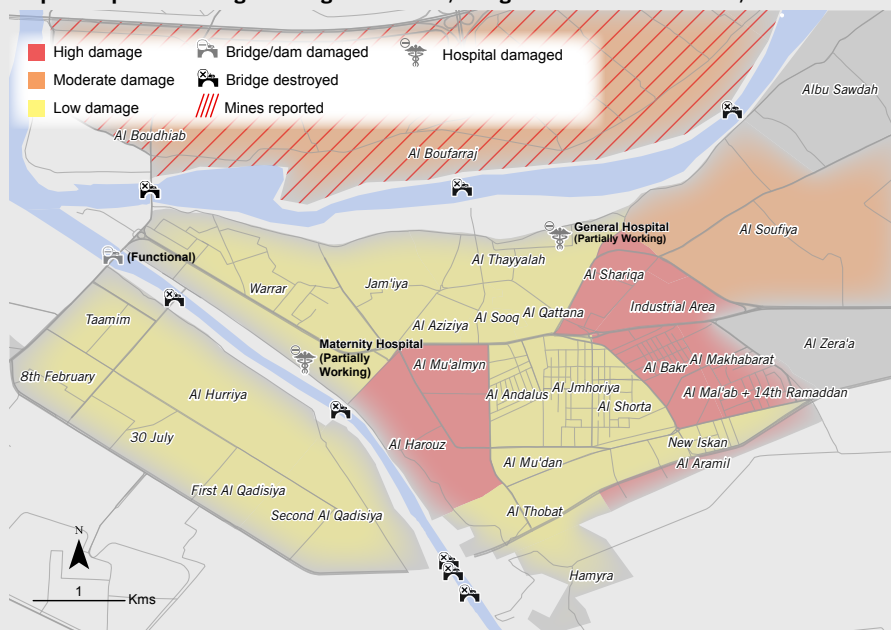
**Total population in the city:** 37,961 families<sup>1</sup>  
**Est. % of returns (of total pop.):** 100%  
**Est. % of IDPs (of total pop.):** 0%  
**Date of AG arrival:** May 2014  
**Date of AG departure:** December 2015  
**Humanitarian access:** Limited  
**Month data collection:** 20/10/2016-5/12/2016

## Overview

By December 2016, when Ramadi City was retaken from Armed Groups (AGs), any remain civilians in Ramadi City were evacuated to nearby Habbaniya, Khalidiya and Amriyat.<sup>2</sup> As a result of intense conflict, the city has experienced severe damage to public infrastructure and civilian areas and was heavily mined. Following some reconstruction and mine clearance, families began to return in March 2016. This factsheet aims to highlight the primary needs and concerns of 37,961<sup>3</sup> previously displaced families that have since returned to Ramadi City.

During the previous REACH data collection round in March 2016<sup>4</sup> small numbers of returns had begun to return despite the continued presence of mines, with fatal consequences. Since, with increased efforts to clean the city of mines most of the 37,961 returnees<sup>5</sup> have arrived to the city. However, despite improvements in access to education, food security and WASH, access to basic services still remains severely disrupted, reconstruction has been limited, and civilians are still reportedly living in areas that are heavily damaged and mined.

**Map 1: Reported damage to neighbourhoods, bridges and health facilities, December 2016**



<sup>1</sup> IOM, DTM, 20 December 2016

<sup>2</sup> R2P, Monitor Issue 26.15, March 2016

<sup>3</sup> IOM, DTM, 20 December 2016

<sup>4</sup> REACH, Assessment of Eight Hard-to-Reach Areas in Iraq, 2015-2016, June 2016

<sup>5</sup> IOM, DTM, 20 December 2016

## 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	Severity	Key findings
<b>Shelter and Damage</b>	<b>3</b>	<ul style="list-style-type: none"> <li>Where possible families have returned to their own property, however due to damage some families have had to rent or live with families and friends. During the conflict damage to the city was extensive and all areas were affected by burning and looting and large parts were entirely destroyed by fighting and airstrikes. However some reconstruction of houses has occurred since March. 2016.</li> <li>Unexploded mines are reportedly still present in some areas of the city.<sup>6</sup></li> <li>As a result of damage, houses are overcrowded and 40-60% of all houses host more than one family. There were also multiple reports of families living in partially damaged housing, and reports of some returnees in the outskirts of the city living in unfinished housing.</li> <li>Rent prices are very high,<sup>7</sup> and some families are renting damaged houses to reduce the cost.</li> </ul>
<b>Livelihoods</b>	<b>2.5</b>	<ul style="list-style-type: none"> <li>Access to livelihoods is very limited for non- Government of Iraq employees. There is no farming, and most available employment consists of daily work. The re-cultivation of surrounding agricultural lands is inhibited due to a lack of equipment from looting and the perceived presence of unexploded ordnances, especially in northern agricultural lands.</li> <li>Although the majority of families reportedly have at least one member who works, income does not meet daily needs. In addition many returnees exhausted their financial means<sup>8</sup> whilst in their previous location of displacement. Combined with high cost of rent and private healthcare upon return to Ramadi, financial needs are high amongst the population.</li> <li>Commonly reported coping mechanisms included borrowing money from relatives, friends, and neighbours.</li> </ul>
<b>Healthcare</b>	<b>2.5</b>	<ul style="list-style-type: none"> <li>Two hospitals are available within the city though they do not function at full capacity. The maternity hospital is partially working. There are reportedly 20 female specialist doctors and both women and children can get treated here.</li> <li>General hospital is working at limited capacity as it was more heavily damaged. Primary healthcare, and limited emergency care are available.<sup>9</sup> There are enough doctors though there is a lack of equipment and specialised doctors. Only basic medication (e.g. paracetamol) is available within the hospital.</li> <li>There are private pharmacies though clients often have to borrow money to afford medication. In the case of more specialised cases that cannot be treated in Ramadi, people go to Baghdad or a private hospital in Khalidiya if they can afford it.</li> </ul>
<b>Food Security</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Access routes to the city are generally open, though temporary closure of Bezaabiz Bridge<sup>10</sup> can affect access, especially to fresh produce. KIs estimated that between 15-50% of pre-AG markets are open.</li> <li>As of the beginning of December, food items were generally average however food prices can increase if the Bezaabiz bridge closes.</li> <li>KIs reported that many families struggle to buy food due to limited livelihood opportunities, and often borrow money to purchase food.</li> </ul>
<b>Education</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Schools have experienced widespread damage with reports that only an estimated 30-40% of pre-AG school are currently functional. All schools have been affected by minor damage and looting. As a result there is severe overcrowding, with up to 3 schools using one building.</li> <li>However the majority of children reportedly attend school and most teachers have returned. But there is a reported shortage of books and equipment.</li> <li>The university was damaged and looted, but is now functioning.</li> </ul>
<b>WASH</b>	<b>2</b>	<ul style="list-style-type: none"> <li>The water station which pumps water to the city is operational, and repaired since last data collection in March 2016. All areas receive piped water, with returnees reporting availability up to 20-22 hours per day, with the exception of neighbourhoods with high damage such as Al Mal'ab<sup>11</sup> and Bakr.</li> <li>KIs reported that many perceived the water not to be clean. Some KIs reported cases of children with diarrhoea as a result of drinking the water.</li> <li>The majority of families use water filters at home to treat water, while some families buy bottled water if they can afford it. A minority drink unclean water.</li> </ul>





## Methodology

REACH collected in-depth information from 26 Key Informants (KIs) through community group discussions (CGDs) from 20 November and 5 December 2016. Participants comprised of returnees living in Ramadi City and IDPs living in the KRI who remain in touch with friends and family in Ramadi. Where possible findings have been triangulated by secondary sources. The presented findings should be understood as indicative only.

## Returnees

IDPs began to return to Ramadi City in March/April of 2016, when the city was opened to civilians and partially cleared of mines. Over the past 6 months roughly 37,961 families<sup>12</sup> have returned of which roughly 25,440 families have relocated from elsewhere in the Anbar governorate - primarily from IDP camps – roughly 4,909 from Baghdad Governorate and 3,472, 1,865, 1,715, 85 and 86 families respectively have returned from Erbil, Kirkuk, Sulaymaniyah or other Governorates.<sup>13</sup> In addition Ramadi city was the only assessed city which reportedly receive families from Babylon Governorate; 474 families.

Following previously documented trends in hard to reach areas such as Tikrit and Muqadadiya,<sup>15</sup> the first phase of returns comprised of Government of Iraq employees, such as teachers and doctors, followed by low income families who could no longer afford to live in their previous location of displacement. Similar to Falluja City, only IDPs originally from the city are allowed to return, on condition that their names had been cleared by the government. As a result, there are reportedly no IDPs present who originate from areas outside of Ramadi City.

The most vulnerable people are low income returnees, especially if their houses have been destroyed, due to low standards of available shelter and high rent prices.<sup>16</sup> These returnees have limited access to livelihood opportunities especially as one of the primary sources of income, farming, is currently not possible due to the presence of mines.

KIs reported that limited secondary displacement occurred during the first phases of displacement in March and April 2016 as returnees felt Ramadi to be too unsafe to remain. However, currently very limited to no families displace a second time as the situation within the city has improved and as returning to the KRI is reportedly very difficult (see Falluja City factsheet for more information).

## Intentions of IDPs yet to return

The majority of IDPs from Ramadi City who currently reside elsewhere reportedly intend to return if their houses have not been heavily damaged and if security concerns improve. KIs reported that safety and security remain a primary concern for most, and IDPs from Ramadi who were residing in the KRI stated that they would not return until further mine clearance has taken place and they are given assistance in rebuilding their homes. The lack of livelihoods opportunities is also discouraging families from returning, as IDPs do not wish to return without the means to support themselves. Displaced KIs reported that they would remain in contact with relatives and friends in the city, and return when they feel that the economic and security situation has improved.

**Table 1: Reported price changes between March 2016 and December 2016<sup>17</sup>**

Food prices have decreased with greater access to food through open trade routes. .

Product	Prices March 2016	Prices December 2016	Price change
<b>Flour (50 Kilo)</b>	40,000 IQD (34 USD)	23-30,000 IQD (19.5 -25.5 USD)	▼
<b>Rice (50 Kilo)</b>	40,000 IQD (34 USD)	50,000 IQD (42.5 USD)	▲
<b>Sugar (50 Kilo)</b>	75,000 IQD (63.7 USD)	50,000 IQD (42.5 USD)	▼
<b>Cooking oil (1L)</b>	2,500 IQD (2 USD)	1,500-2,000 IQD (1.3 – 1.7 USD)	▼
<b>Tomato (1L)</b>	1,500 IQD (1.3 USD)	750-1,500 IQD <sup>18</sup> (0.6 – 1.3 USD)	Unchanged
<b>Meat (1Kilo)</b>	16,000 IQD (13.6 USD)	8,000-12,000 IQD (6.8 – 10 USD)	▼
<b>Fuel (1L)</b>	1,500 IQD (1.3 USD)	550 IQD (0.5 USD)	▼
<b>Kerosene (1L)</b>	2,000 IQD (1.7 USD)	1,000 IQD (0.9 USD)	▼

### Footnotes:

<sup>6</sup> KIs reported that some streets are still no go areas as they are perceived to have mines in them

<sup>7</sup> According to KIs a house which has incurred some sort of damaged costs 255 – 340 USD while a non-damaged houses is up to 637-849 USD. For a house that was roughly 42 USD before the arrival of AGs it is now 424 USD per month

<sup>8</sup> One CGD estimated that this group comprised up to 40% of the current population in Ramadi City

<sup>9</sup> Small surgeries are possible as the operation theatre has been fixed

<sup>10</sup> Sometimes the bridge closed due to security concerns.

<sup>11</sup> Returnees in Al Mal'ab are getting water from a nearby well, which is cleaner than public water sources. However, they still filter the water

<sup>12</sup> IOM, DTM, 20 December 2016

<sup>13</sup> IOM, DTM, 20 December 2016

<sup>14</sup> Reuters, Iraqis displaced from western city of Ramadi begin to return home. 3 April 2016.

<sup>15</sup> REACH, Comparative assessment across eight hard to reach areas, July 2016

<sup>16</sup> According to KIs a cheaper in many cases slightly damaged house is 255 – 340 USD. For a non-damaged house with all available facilities rent is generally between 637-849 USD.

<sup>17</sup> Based on conversion rate of 1USD = 1178 IQD ( as of 22/12/2016)

<sup>18</sup> Prices and availability of fresh produce are highly dependent upon access to the city via the Bezabiz Bridge, which is occasionally closed due to security 19 concerns.

# Humanitarian overview: Heet City

Iraq, December 2016



## Introduction

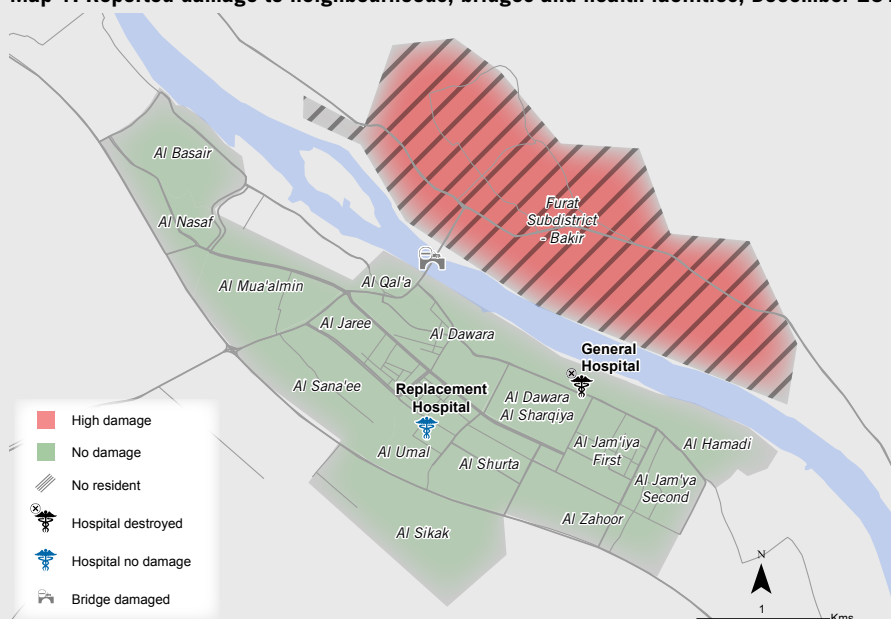
Total population in the city:	Over 12,262 families <sup>1</sup>
Est. % of returns (of total pop.):	95%
Est. % of IDPs (of total pop.):	5% <sup>2</sup>
Date of AG arrival:	October 2014
Date of AG departure:	April 2016
Humanitarian access:	Limited
Month data collection:	20/10/2016-6/12/2016

## Overview

Mid-April 2016, Heet district was retaken from AG control<sup>3</sup> by which point any remaining residents in Heet were displaced to surrounding camps, Baghdad district, or the KRI. Since April 2016, up to 80-85% of the pre-AG population in Heet City has reportedly returned, constituting roughly 12,262 IDP families.<sup>4</sup> Unlike Falluja and Ramadi cities, Heet did not experience widespread damage during military operations on the city, which facilitated the restoration of basic infrastructure, markets, and education facilities, and the rapid return of the original population. This factsheet highlights the primary needs and concerns of these families that have returned.

Since the last round of REACH data collection in Heet in March 2016,<sup>5</sup> the majority of the assessed sectors have significantly improved. With the opening of trade routes, food security has improved, the Government of Iraq (GoI) education curricula have been restored, along with some basic livelihood opportunities. However needs and vulnerabilities remain, especially with regards to the availability of safe drinking water, and livelihood opportunities.

Map 1: Reported damage to neighbourhoods, bridges and health facilities, December 2016



<sup>1</sup> Number of returnee families in the city according to IOM, DTM ET, 20 December. As there are reportedly very few IDPs in the city this was the most recent indication of Heet population size.

<sup>2</sup> Few IDPs reported live in the city. Those who do are from: Falluja, Ramadi, Nahiyet Furat and Abu Nimar

<sup>3</sup> <http://www.aljazeera.com/news/2016/04/iraqi-forces-oust-isil-key-anbar-town-160408144126609.html>

<sup>4</sup> IOM, DTM, 20 December 2016

<sup>5</sup> For more information see: REACH, Assessment of Eight Hard-to-Reach Areas in Iraq, 2015-2016, June 2016

## 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	Severity	Key findings
<b>Livelihoods</b>	<b>2.5</b>	<ul style="list-style-type: none"> <li>A significant proportion<sup>6</sup> of the working-age population in Heet are reportedly unemployed or lack sufficient livelihood opportunities.</li> <li>A lack of jobs can be attributed to the disruption in local businesses, along with a lack of farming which reportedly was one of the primary sources of income in the area.</li> <li>The re-cultivation of surrounding agricultural lands is inhibited due to a lack of equipment due to looting and the perceived presence of unexploded ordnances.</li> <li>Farmers and IDPs are particularly vulnerable: farmers are prevented from cultivating their land due to lack of resources and mine contamination while IDPs generally have few resources and high financial demands such as paying rent.<sup>7</sup></li> <li>Hawallas are reportedly available within the city.</li> <li>Many people are reportedly borrowing money from relatives, friends, and neighbours. The most vulnerable are the reported 5% of IDPs who rely heavily on assistance.</li> </ul>
<b>Healthcare</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Heet General Hospital is largely damaged, not functional and is under reconstruction. However, a replacement hospital is operational and providing free primary healthcare and basic surgeries. As the replacement hospital is smaller and has shorter opening hours, there are reports of overcrowding.</li> <li>More complicated treatments and surgeries need to be transferred to a private hospital, which is available in Al Zahoor neighbourhood.</li> <li>Generally medication, especially for chronic illnesses is limited in the replacement hospital, and civilians need to buy it from private pharmacies.</li> <li>Private clinics and pharmacies are available throughout the city.</li> </ul>
<b>WASH</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Across the city, KIs reported that water was pumped from the Euphrates River and was not treated.</li> <li>Generally households have up to 24 hours water access a day. The majority of families use a water filter.<sup>8</sup> However those who have insufficient funds buy chlorine tablets from the pharmacy.</li> <li>A minority drink the water without treating it.</li> <li>Some KIs reported cases of diarrhoea affecting children and elderly as a result of drinking the water.</li> </ul>
<b>Shelter and Damage</b>	<b>1.5</b>	<ul style="list-style-type: none"> <li>Individual houses are largely undamaged however the main hospitals, police station and government buildings, were damaged.</li> <li>Short-term overcrowding was reported amongst returnees while houses are being refurbished. These returnees mostly live with friends or relatives.<sup>9</sup></li> <li>IDPs often live in unfinished and overcrowded buildings as they cannot afford to pay rent.</li> </ul>
<b>Food Security</b>	<b>1</b>	<ul style="list-style-type: none"> <li>The majority of pre-AG markets are open and food and other Non-Food Items (NFIs) are readily available.<sup>10</sup></li> <li>Prices of items and key staples are reported to be similar to pre-AG prices (see table 1).<sup>11</sup></li> <li>Most people have access to food and no serious coping mechanisms such as skipping meals were reported. However, some people borrow money from friends and family.</li> </ul>
<b>Education</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Overall schools did not incur much damage and the majority of primary and secondary schools are operational, with most children attending.</li> <li>Generally most teachers have resumed their teaching positions held prior to arrival of AG but some schools lack sufficient books.</li> <li>A few instances of overcrowded schools were reported and some, though few children, reportedly do not attend school due to the distance.</li> </ul>



## Methodology

REACH collected in-depth information from through 17 Key Informants Interviews (KIs) between 20 November and 6 December 2016. Participants were all returnees living in Heet City due to significant returns to the City. Where possible findings have been triangulated by secondary sources. The presented findings should be understood as indicative only.

## Returnees

Since April 2016, around 12,262 IDP returnees have steadily resettled in Heet over the last 8-10 months. Of these 9,289 families have relocated from IDP camps in Anbar, 1,491 families from Baghdad Governorate and 695, 667, 60 and 60 families have returned from Erbil, Sulaymaniyah, Kirkuk or other Governorates respectively.<sup>12</sup> No to very few reports of secondary displacement were recorded and most returnees reportedly have no desire to leave Heet. For those that have not returned to Heet yet, the primary reported reasons not to return were the ownership of businesses in their area of displacement, and a desire of students to complete university education (e.g. in Baghdad). According to KIs some IDPs are also fearful of the screening process on return.

In comparison to neighbouring Falluja and Ramadi, the situation for returnees in Heet is relatively stable. Most have access to sufficient shelter and basic services such as electricity, healthcare and education. However a primary challenge faced by returnees is the lack of farming opportunities, which prior to the arrival of AG was a primary source of income to roughly half of the population within Heet. The majority of farms are located north of the city around the Al Bakir area (see map 1), an area which is currently not accessible to civilians as it is heavily damaged with reports of mine contamination.<sup>13</sup> Furthermore, due to looting and 2 years of no cultivation, the land that is accessible now requires additional resources<sup>14</sup> and irrigation to enable cultivation. As a result, most farmers currently cannot access their farms, and are among the most vulnerable conflict-affected population groups in terms of livelihoods.

**Table 1: Reported price changes between March 2016 and December 2016<sup>15</sup>**

Since March 2016, trade routes to Heet City have opened providing greater access to food supplies and reducing the price of food

Product	Prices March 2016	Prices December 2016	Price change
Flour (50 Kilo)	50,000 IQD (42.3 USD)	25,000-30,000 IQD (21 -25.4 USD)	▼
Rice (50 Kilo)	Not reported	50,000 IQD (42.3 USD)	n/a
Sugar (50 Kilo)	Not reported	50,000 IQD (42.5 USD)	n/a
Cooking oil (1L)	Not reported	1,500-1,750 IQD (1.3 – 1.5 USD)	n/a
Tomato (1L)	Not reported	500-750 IQD (0.4 – 0.6 USD)	n/a
Meat (1Kilo)	9,000 IQD (7.6 USD)	8,000-10,000 IQD (6.7 – 8.5 USD)	Unchanged
Fuel (1L)	2,000 IQD (1.7 USD)	500-750 IQD (0.4 – 0.6 USD)	▼
Kerosene (1L)	650 IQD (0.5 USD)	800-1,000 IQD (0.7 – 0.9 USD)	▼

### Footnotes:

<sup>6</sup> According to some KIs, roughly 50% of working population are unemployed

<sup>7</sup> One CDG reported that some people have resorted to working with government forces because of lack of alternatives.

<sup>8</sup> One KI reported that the price of a new filter is 169 USD and the price of a used filter is 85 USD.

<sup>9</sup> Returnees who originally lived in Al Bakr area, live with family and friends across the river (See map 1)

<sup>10</sup> One KI reported that most of the food is imported from the KRI.

<sup>11</sup> Triangulated by: WFP: Iraq Market Monitor Report, Issue 1, August 2016

<sup>12</sup> IOM, DTM, 20 December 2016

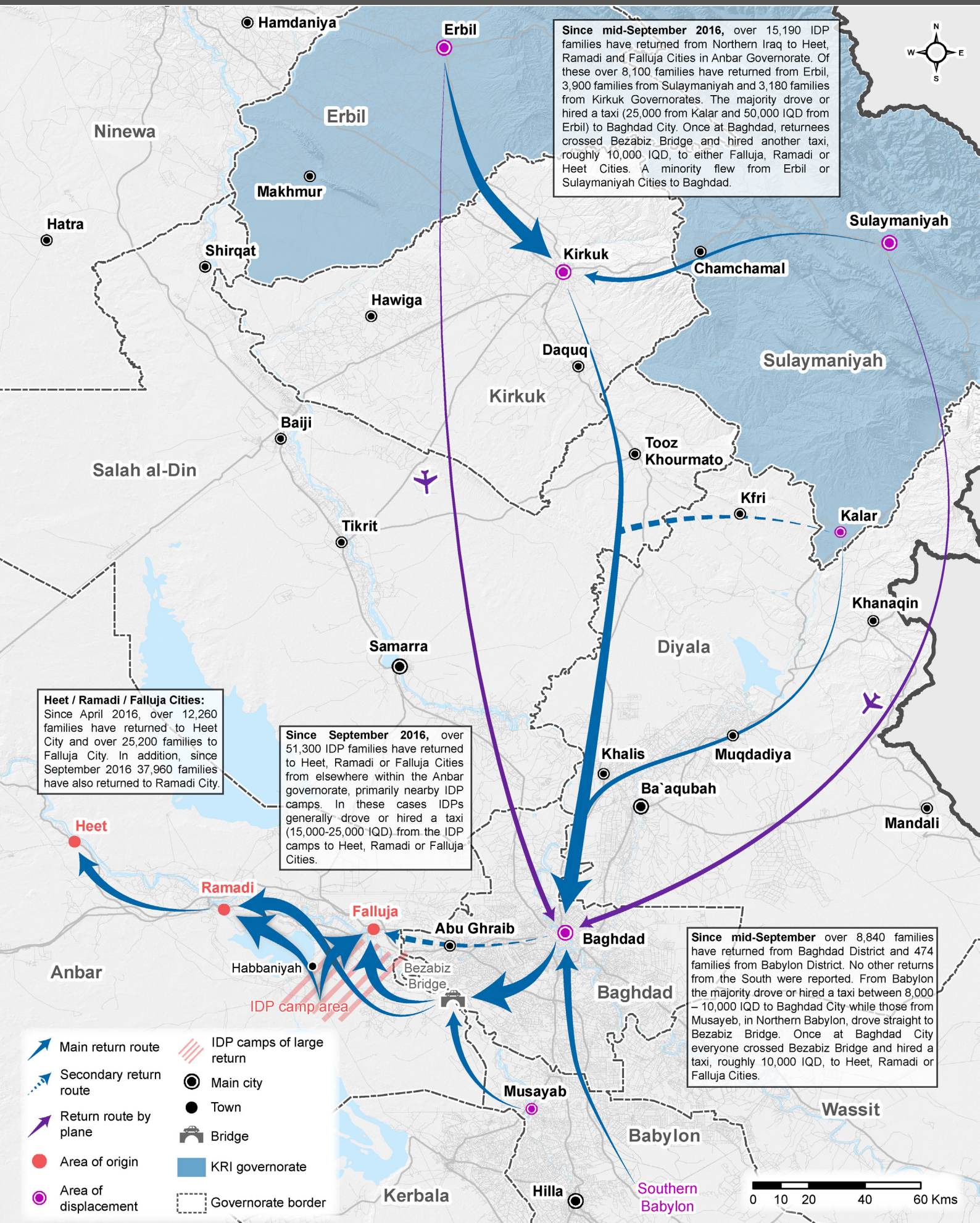
<sup>13</sup> [https://www.sheltercluster.org/sites/default/files/docs/returnees\\_profile\\_anbar\\_jun2016\\_22072016.pdf](https://www.sheltercluster.org/sites/default/files/docs/returnees_profile_anbar_jun2016_22072016.pdf) Shelter Cluster reported deaths from explosive hazards during clearance operations.

<sup>14</sup> Water pumps and other such equipment were reportedly looted from farms

<sup>15</sup> Based on conversion rate of 1USD = 1178 IQD ( as of 22/12/2016)



Map: Reported returnee and displacement routes to and from Heet, Ramadi and Falluja, December 2016





# Humanitarian overview: Tikrit City

Iraq, December 2016



## Introduction

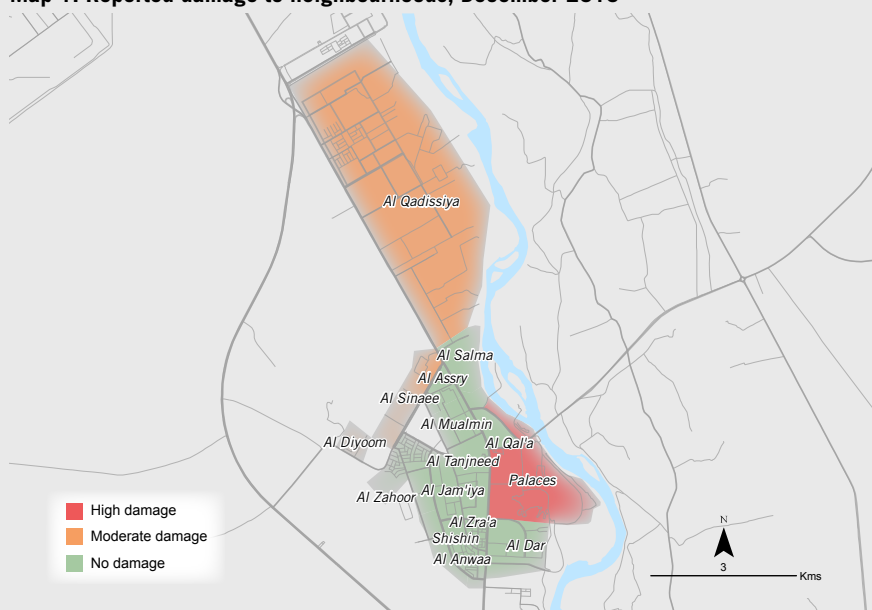
<b>Total population in the city:</b>	41,819 families <sup>1</sup>
<b>Est. # of returns (of total pop.):</b>	22,082 families <sup>2</sup>
<b>Est. # of IDPs (of total pop.):</b>	19,737 families <sup>3</sup>
<b>Date of AG arrival:</b>	n/a
<b>Date of AG departure:</b>	April 2015
<b>Humanitarian access:</b>	Limited
<b>Month data collection:</b>	20/10/2016-15/12/2016

## Overview

Tikrit district was taken from AG control in April 2015, and with the re-opening of Tikrit bridge<sup>4</sup> in July 2015 IDPs originating from Tikrit began to return. During the offensive, KIs reported that the vast majority of the local population displaced to the KRI (Erbil, Sulaymaniyah, Kirkuk Governorates) and Baghdad.<sup>5</sup> This factsheet highlights the primary needs and concerns of the 41,819 returnee and IDP families who live in Tikrit City.

Overall, the situation has improved since the last assessment conducted by REACH in March 2016.<sup>6</sup> While residual needs and vulnerabilities remain to some extent across all sectors, there is a marked difference between the needs and coping mechanisms of returnees and IDPs – as IDPs who make up roughly 50% of the population are generally more vulnerable. Key issues include education, access to basic services and most of all shelter and housing. Despite widespread damage to public infrastructure and housing during military operations in the city, Tikrit has seen some progress in reconstruction and redevelopment.

**Map 1: Reported damage to neighbourhoods, December 2016**



<sup>1</sup> Calculated based on IOM data of returnee and IDP families in Tikrit: 22,082 returnee families in addition to 19,737 IDP families. According to KIs and secondary review sources at the end of the conflict, the city of Tikrit was empty of civilians (UNDP, *Tikrit: A stabilization success following liberation from ISIL*, 20 July 2016 and NYR, *Tikrit: Iraq's Abandoned City*, 11 June 2014)

<sup>2</sup> IOM, DTM ET, 20 December

<sup>3</sup> Ibid.

<sup>4</sup> IOM, Returnee Location Assessment Report, October 2016

<sup>5</sup> Triangulated: NYR, *Tikrit: Iraq's Abandoned City*, 11 June 2014

<sup>6</sup> For more information see: REACH, *Assessment of Eight Hard-to-Reach Areas in Iraq, 2015-2016*, June 2016

## Key findings

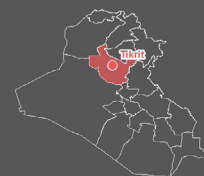
### Summary of key findings and needs by sector:

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	Severity	Key findings
<b>Shelter and Damage</b>	<b>2.5</b>	<ul style="list-style-type: none"> <li>The majority of returnees returned to property they own as long as it was not damaged, in which case they rent or live with friends and family.</li> <li>The majority of KIs reported that there is insufficient housing in Tikrit City, while rent is reportedly expensive ranging from 170 USD to 849 USD<sup>7</sup> per month.<sup>8</sup> Due to a lack of housing people are also renting shops as housing (see table 2). In particular IDPs live in overcrowded houses of more than 3-5 families in one house, while some IDPs also live in rented unfinished houses (see table 2).</li> <li>Returnees with money have generally reconstructed damaged houses within the centre of the city.</li> <li>There are reportedly up to 25 tents sheltering IDPs on the outskirts of the city. These are using municipal water supply and are being helped by NGOs.</li> </ul>
<b>Livelihoods</b>	<b>2</b>	<ul style="list-style-type: none"> <li>KIs reported that there are not enough livelihood opportunities within the city, partly due to the disruption in local businesses which previously employed local populations.</li> <li>IDPs and farmers have particularly vulnerable livelihoods profiles. More than 50% of IDPs are reportedly unemployed, and have few livelihood opportunities in addition to having to pay rent. Many farmers, despite reports of some re-cultivated land, still lack the financial means to restore their farms.</li> <li>Both banks and Hawalla offices are available.</li> <li>Commonly reported coping mechanisms included borrowing money from relatives, friends, and neighbours or surviving through assistance from charities and aid agencies.</li> </ul>
<b>Healthcare</b>	<b>2</b>	<ul style="list-style-type: none"> <li>There are two public hospitals in Tikrit, one functioning (Dijla hospital) and one under reconstruction (Tikrit General Hospital). In addition, there are numerous private health clinics and pharmacies.</li> <li>For serious, life-threatening conditions, many patients travel to other cities. This was also the case prior to the arrival of AGs but has been exacerbated by the shortage of medicines in hospitals.</li> <li>People borrow money if they cannot afford the treatment or medication.</li> </ul>
<b>Food Security</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Food prices have normalised but had not yet lowered to pre-AG prices. Most food is still imported from other areas and regions.</li> <li>Most pre-AG markets are open and functioning and people have ready access to both food and NFI items.</li> <li>Poorer people (e.g. IDPs) eat food of lesser quality or rely on assistance from friends, family or NGOs.</li> </ul>
<b>WASH</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Most neighbourhoods are connected to the municipal water supply from the Tigris River.</li> <li>Generally people have water access 24 hours per day.</li> <li>KIs perceive the water to be unclear. Around half of the population use water filters, while others buy bottled water, chlorine tablets and low income families boil water.</li> </ul>
<b>Education</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Overall schools and the University did not incur much damage and are functioning normally. The majority of teachers and staff have resumed previous positions.</li> <li>A concern is the lack of resources and equipment. Especially since recent changes in the curriculum, many schools do not have sufficient copies of the new books.</li> <li>Some schools are reportedly overcrowded reflecting either a lack of sufficient school buildings or staff for the overall population.</li> </ul>

# Humanitarian overview: Tikrit City

Iraq, December 2016



## Methodology

REACH collected in-depth information from 23 Key Informants (KIs) through community group discussions (CGDs) and Key Informant interviews (KIs) between 20 November and 15 December 2016. Participants comprised of participants living in Tikrit City and IDPs living in the KRI who remain in touch with friends and family in Tikrit. Where possible findings have been triangulated by secondary sources. The presented findings should be understood as indicative only.

## Returnees and IDPs

Since the authorities allowed people to return to Tikrit in July 2016, returnees have resettled in steadily over the last 18 months. The majority of returnees have returned from the KRI and Baghdad from both camp and non-camp settings. Primary pull factors for returning to Tikrit is ownership of property and the general improvement of access to basic services and education. However some IDPs have yet to return with IDPs in the KRI citing security concerns along the damage of their property. Despite earlier reports of secondary displacement from Tikrit City at the beginning of 2016,<sup>9</sup> very few to no returnees are now leaving the city once they have returned.

Since returns have begun, conflict in surrounding areas primarily in Baji, Hawija and Shirgat has displaced 19,737 IDPs<sup>10</sup> to Tikrit City. As a result KIs reported that the current population is 110% of the pre-AG population. Potentially as a result of overcrowding, KIs reported a lack of shelter and inflated rent prices, which have affected both returnee and IDP communities - returnees reported that a lack of shelter was a key obstacle to further returns. Overall, due to family links inside the city returnees tend to have greater livelihoods and shelter security than IDPs without ties to the city.

**Table 1: Reported price changes between March 2016 and December 2016<sup>11</sup>**

With continued access to food, generally prices have stabilised since March 2016

Product	Prices March 2016	Prices December 2016	Price change
Flour (50 Kilo)	12,000-45,000 IQD (10-38 USD)	18,000 - 30,000 IQD (15-25.5 USD)	▼
Rice (50 Kilo)	28,000-120,000 IQD (24-102 USD)	25,000 - 35,000IQD (21-29.7 USD)	▼
Sugar (50 Kilo)	10,000-80,000 IQD (8.5-68 USD)	42,000 - 50,000 IQD (35.6-42.5 USD)	Unchanged
Cooking oil (1L)	1,500-2,000 IQD (1.3-1.7 USD)	1,250 - 2,500 IQD (1-2 USD)	Unchanged
Tomato (1L)	1,000-2,000 IQD (0.8-1.7 USD)	500-1,250 IQD (0.4-1 USD)	▼
Meat (1Kilo)	9,000-15,000 IQD (7.6-12.7 USD)	10,000-13,000 IQD (8.5-11 USD)	▲
Fuel (1L)	750-1,000 IQD (0.6-0.8 USD)	500-650 IQD (0.4-0.5 USD)	▼
Kerosene (1L)	1,200 IQD (1 USD)	600-1,250 IQD (0.5-1 USD)	▼

**Table 2: Cost of basic services, December 2016**

Cost of (1amp) for 12 hour a day generator	10,000 IQD (8.5 USD)	Average cost of renting an unfinished building	225,000 IQD (191 USD)
Cost of (1amp) for 24 hour a day generator	25,000-35,000 IQD (21-29.7 USD)	Average price of regular finished house	500,000 IQD (425 USD)
Average cost of renting a shop (to live in)	225,000 IQD (191 USD)		

### Footnotes:

<sup>7</sup> Based on conversion rate of 1USD = 1178 IQD ( as of 22/12/2016)

<sup>8</sup> IDPs were asked to give the price of an average house size.

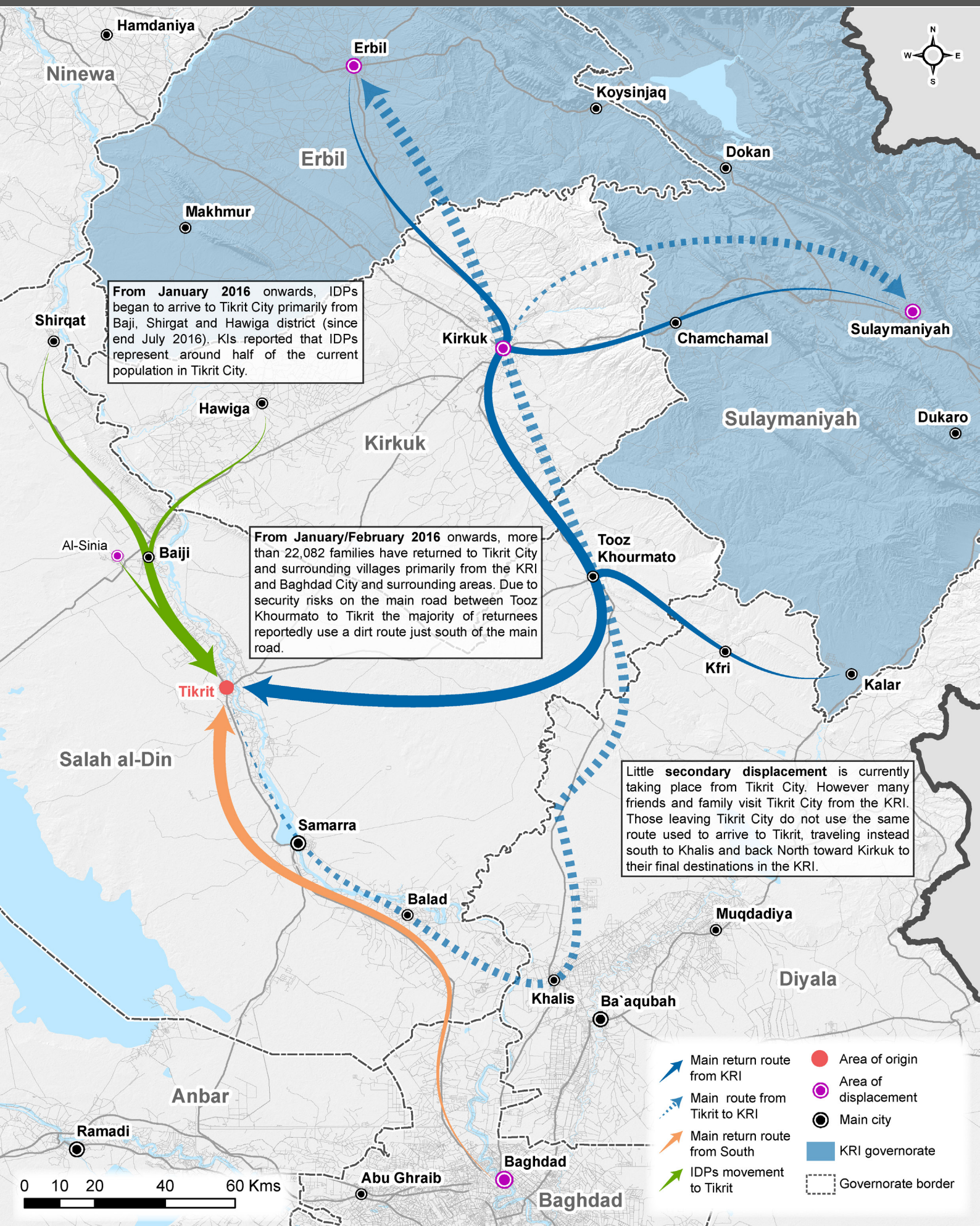
<sup>9</sup> Between January and February 2016, approximately 5-10% of returnees, mainly earners of higher incomes, left the city. For more information see: REACH, Humanitarian Situation Overview: Tikrit, Iraq', February 2016

<sup>10</sup> IOM, DTM, 20 December 2016

<sup>11</sup> Based on conversion rate of 1USD = 1178 IQD ( as of 22/12/2016)



Map: Reported returnee and displacement routes to and from Tikrit City, December 2016





# Humanitarian overview: Muqdadiya City and surrounding villages

Iraq, December 2016



## Introduction

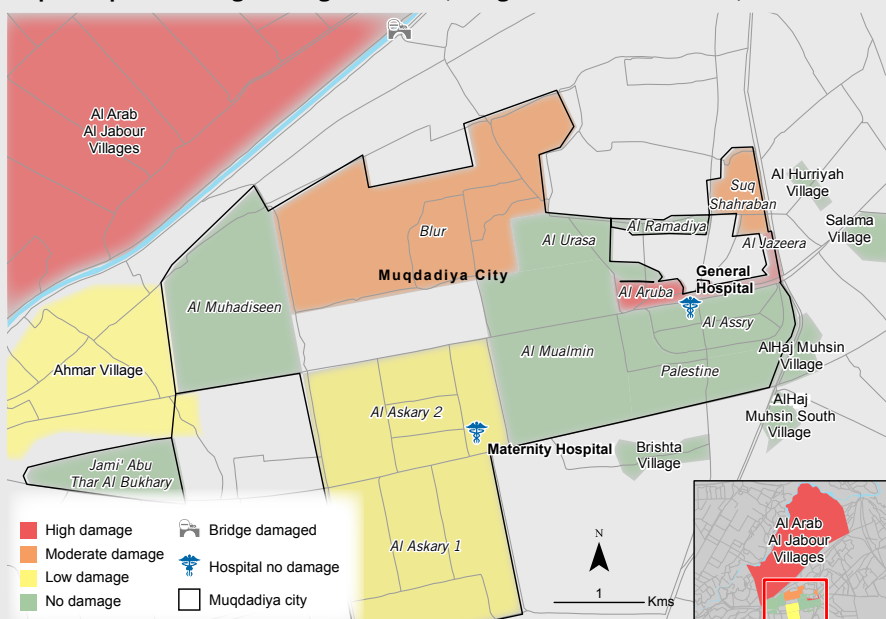
**Total population in the city:** Unknown<sup>1</sup>  
**Est. # of returns (of total pop.):** 6,700 families<sup>2</sup>  
**Est. # of IDPs (of total pop.):** Very limited<sup>3</sup>  
**Date of AG arrival:** June 2014  
**Date of AG departure:** January 2015  
**Humanitarian access:** Limited  
**Month data collection:** 20/10/2016-8/12/2016

## Overview

Muqdadiya district, had experienced significant conflict between June 2014 and January 2015. During this period, almost all civilians residing in the Al Aarab al Jabour villages fled to Baquba or the KRI while less displacement<sup>4</sup> was reported from the city. Since January 2015, 6,700 families<sup>5</sup> have progressively returned to Muqdadiya City and surrounding villages, but insecurity especially as a result of community tensions continue to discourage many from returning. Since the last REACH data collection in March 2016, there has been less than a 7% increase in number of individuals returning to the area.<sup>6</sup>

Muqdadiya city has continued access to basic services such as healthcare and education, however livelihood opportunities remain limited. The situation in the cluster of 40-50 villages in Al Aarab al Jabour area remain a concern, having previously sustained more severe damage. Certain improvements were reported such as the reconstruction of electricity poles and education facilities. Nevertheless, basic services remain disrupted, reconstruction has been limited, and civilians are still reportedly living in areas that are heavily damaged.

**Map 1: Reported damage to neighbourhoods, bridges and health facilities, December 2016**



<sup>1</sup> Reliable figures on current population figures in the city or the district but not found.

<sup>2</sup> IOM, DTM, 19 December 2016.

<sup>3</sup> KIs were unable to give exact figures however overall KIs reported very limited presence of IDPs within the city.

<sup>4</sup> KIs estimated that between 20-30% of the city displaced from Muqdadiya during this time.

<sup>5</sup> IOM, DMT, 20 December 2016

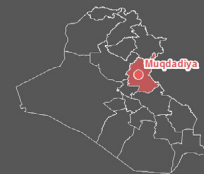
<sup>6</sup> Ibid.

## 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	Severity	Muqdadiya City and suburban villages (e.g Brishtha)	Al Aarab al Jabour Villages
<b>Livelihoods</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Access to livelihoods is limited for non-Gol employees however the majority of families reportedly have at least one member working.</li> <li>However often daily work is not enough to meet families basic needs. Farming in surrounding areas is still limited due to damaged or barren land.</li> <li>Some people travel to Baquba to find work, others borrow money.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Very few livelihood opportunities exist other than government employment and retirement money.</li> <li>The majority have lost their main source of livelihoods as agricultural land remains mined and/or damaged. Limited daily work is available.</li> <li>Most rely on relatives/ friends for help. A few travel to the city for work.</li> </ul>
<b>Shelter and Damage</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Most neighbourhoods are inhabited, though less civilians live in Al Aruba and Al Jazeera neighbourhoods due to more damage.</li> <li>Little overcrowding was reported, and many families<sup>7</sup> have fixed or rebuild damaged houses.</li> <li>People whose houses are damaged live with other families or rent. The prices of rent is reportedly higher than pre-AG period (houses previously 84.9 USD per month, are now between 127-212 USD.<sup>8</sup>)</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Villages in Al Aarab al Jabour have experiences widespread damage, looting, and burning.</li> <li>Overcrowding is common as 2-3 families live in the remaining undamaged houses. Few families live in damaged housing.</li> <li>No mines were reported in the villages though KIs reported the perceived threat of mines in surrounding agricultural lands.</li> </ul>
<b>Food Security</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Food and NFIs are generally available, and the majority of residents can afford necessary items.</li> <li>Food costs are slightly higher than pre-AG averages though generally have stabilised (see table 1).</li> <li>At least 75% of pre-AG markets are functional.</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Villages mainly go to the city to buy food and NFIs. Travel to the city is difficult and dangerous as the main bridge to the city is destroyed.<sup>9</sup></li> <li>Some minimarkets between the villages are reportedly available though they lack certain items.</li> <li>Many cannot afford food due to a lack of income and borrow money.</li> </ul>
<b>Healthcare</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Both the general and maternity hospital are working as neither sustained much damage. Everyone has access to healthcare.<sup>10</sup></li> <li>There are reportedly enough doctors on site, though medication supplies in the hospitals are limited.</li> <li>There is a government clinic in Al Assry providing limited medication for chronic disease otherwise people use private pharmacies.</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Each village generally has a small private clinic with a nurse onsite to provides basic primary care.</li> <li>For other medical care, residents need to travel to Muqdadiya or Baquba for treatment and medication. Some basic medication is available at the clinics. There is reportedly no medicine for chronic diseases.</li> <li>There is no emergency treatment at night as due to security concerns villagers will not travel to the city at night.</li> </ul>
<b>Education</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Both primary and secondary schools are available as no real damage was incurred to schools.<sup>11</sup> The vast majority of children attend schools.</li> <li>Access for returnees has improved in recent months due to reduced community tensions.<sup>12</sup></li> <li>There are available teachers, though schools lack sufficient books.</li> </ul>	<b>1</b> <ul style="list-style-type: none"> <li>There is a primary school in every village and every 3 to 4 villages share a secondary school.</li> <li>The majority of primary and secondary school age children are attending school.</li> <li>There are reportedly enough available teachers, though schools lack sufficient school books.</li> </ul>
<b>WASH</b>	<b>1</b>	<ul style="list-style-type: none"> <li>The water station is working and pumps to the city alternating between neighbourhoods. Water is perceived to be safe to drink within the city.</li> <li>Municipal water availability is low: 2-3 hours per day, but people store water in tanks.<sup>13</sup></li> </ul>	<b>1.5</b> <ul style="list-style-type: none"> <li>The water station that previously serviced the villages is damaged so families use well water which is perceived to be relatively clean.</li> <li>Villages nearer the river also use river water, and cleaning it with chlorine. Some villages receive water from trucks from the government.</li> </ul>



## Methodology

REACH collected in-depth information from 33 Key Informants (KIs) from Muqdadiya City and surrounding villages, through community group discussions (CGDs) between 20 November and 8 December 2016. Participants comprised of returnees and remainees living in the assessed areas along with IDPs living in the KRI who remain in touch with friends and family in their area of origin. Where possible findings have been triangulated by secondary sources. The presented findings should be understood as indicative only.

## Non-Displaced Population

Unlike other assessed areas in this round, a significant population of Muqdadiya City never displaced from the City. KIs estimated that roughly 70% of Muqdadiya is comprised of non-displaced population. In addition the majority of local populations living in suburban villages close to the city (e.g. Brishta and Salama villages) never displaced neither however those from Al Aarab al Jabour villages in the North all displaced from the city during the conflict. Overall non-displaced population face fewer challenges than returnees having never displaced from the city in addition to feeling less at risk of local militias.

## Returnees

The majority of IDPs from Muqdadiya and the surrounding areas originally displaced to nearby Baquba or the KRI. Since December 2015, roughly 6,700 families have returned to Muqdadiya District of which 1,200 families<sup>14</sup> have returned to the city. The remainder have returned to villages within the district though not necessarily to the Al Aarab al Jabour villages to which limited IDPs have yet returned due to substandard living conditions. IDPs have relocated primarily from elsewhere within the Diyala governorate and to a lesser extent from Sulaymaniyah governorate. Towards the end of 2015, the first returnees were mostly comprised of government workers that were told to go back to the city, followed by generally low income returnees that could no longer live in their area of displacement. Since then small numbers of IDPs have continued to return as access to basic services has improved.

The primary concern for returnees in Muqdadiya City and Al Aarab al Jabour villages remains security concerns and community tensions, though KIs reported this has improved in the past few months. Returnees to Al Aarab al Jabour villages are the most vulnerable, in many cases having exhausted their financial means while also returning to villages which are in need of improved basic infrastructure and housing due to damage. Access between the city and these villages has been obstructed by damage to the bridge on the main road. In addition people in the villages are generally unwilling to travel at night due to mines and fear of militias and AGs.

Significant secondary displacement was reported from the Al Aarab al Jabour villages due to sub-standard living conditions, with KIs reporting that only 30% of those who returned to the Al Aarab al Jabour villages still remain. Primary push factors of secondary displacement from the villages are damage levels, security concerns, and lack of livelihoods opportunities. Further KIs reported that some returnees still intend to leave the villages though they lack the resources<sup>15</sup> to do so. Many assume they will no longer be able to return to the KRI as they had given up their sponsorship in order to return.

## IDPs

No IDPs reportedly live in Al Aarab al Jabour villages and only very few IDPs, primarily from surrounding villages, live in Muqdadiya City. IDPs from surrounding villages are vulnerable generally having exhausted their financial means during multiple previous displacements. According to KIs IDPs from surrounding villages generally first returned to their villages of origin however due to damaged housing and a lack of access to livelihoods or basic services some chose to displace to the city. Overall however KIs reported that the majority of secondary displacement from surrounding villages occurred to elsewhere within the Diyala Governorate, not Muqdadiya City, or to Sulaymaniyah Governorate if this was possible.

**Table 1: Reported price changes between March 2016 and December 2016<sup>16</sup>**

While food prices have largely standardised, a slight increase in price for certain items was reported in comparison to March 2016.

Product	Prices March 2016	Prices December 2016 <sup>17</sup>	Price change
Flour (50 Kilo)	Not reported	23-30,000 IQD (19.5 -25.5 USD)	n/a
Rice (50 Kilo)	25,000-27,000 IQD (21.2-22.9 USD)	30,000 – 50,000 IQD (25.5-42.4 USD)	▲
Sugar (50 Kilo)	35,000-40,000IQD (29.7-40 USD)	25,000-50,000 IQD (21.2-42.4 IQD)	▲
Cooking oil (1L)	1,250 – 1,500 IQD (1.1-1.3 USD)	2,000 – 2,225 IQD (1.7-1.9 USD)	▲
Tomato (1L)	500 IQD (0.4 USD)	500 IQD (0.4 USD)	Unchanged
Meat (1Kilo)	12,000 – 14,000 IQD (10.2-11.9 USD)	8,000 – 12,000 QID (6.8-10.2 USD)	▼
Fuel (1L)	500-550 IQD (0.4-0.5 USD)	450-500 (0.4 USD)	▼
Kerosene (1L)	Not reported	100L for 30,000 from the Gov. (25.5 USD)	n/a

### Footnotes:

<sup>7</sup> The majority of returnees reportedly returned to owned property as long as it was not damaged.

<sup>8</sup> Based on conversion rate of 1USD = 1178 IQD ( as of 22/12/2016)

<sup>9</sup> Now villagers have to drive for over an hour on dirt roads to access the city. Villagers reported that route was not always safe to travel on especially at night

<sup>10</sup> 5 months prior, KIs reported that community tensions was sometimes a barrier to accessing healthcare. This was no longer reported as of December 2016

<sup>11</sup> Students generally travel to Baquba or Baghdad for university

<sup>12</sup> KIs reported than previously community tensions hindered certain children from accessing schools in certain neighbourhoods

<sup>13</sup> The only exceptions are Al Aruba and Al Jazeera neighbourhoods, which have been most severely damaged and do not currently have running water.

<sup>14</sup> IOM, DTM, 19 December 2016

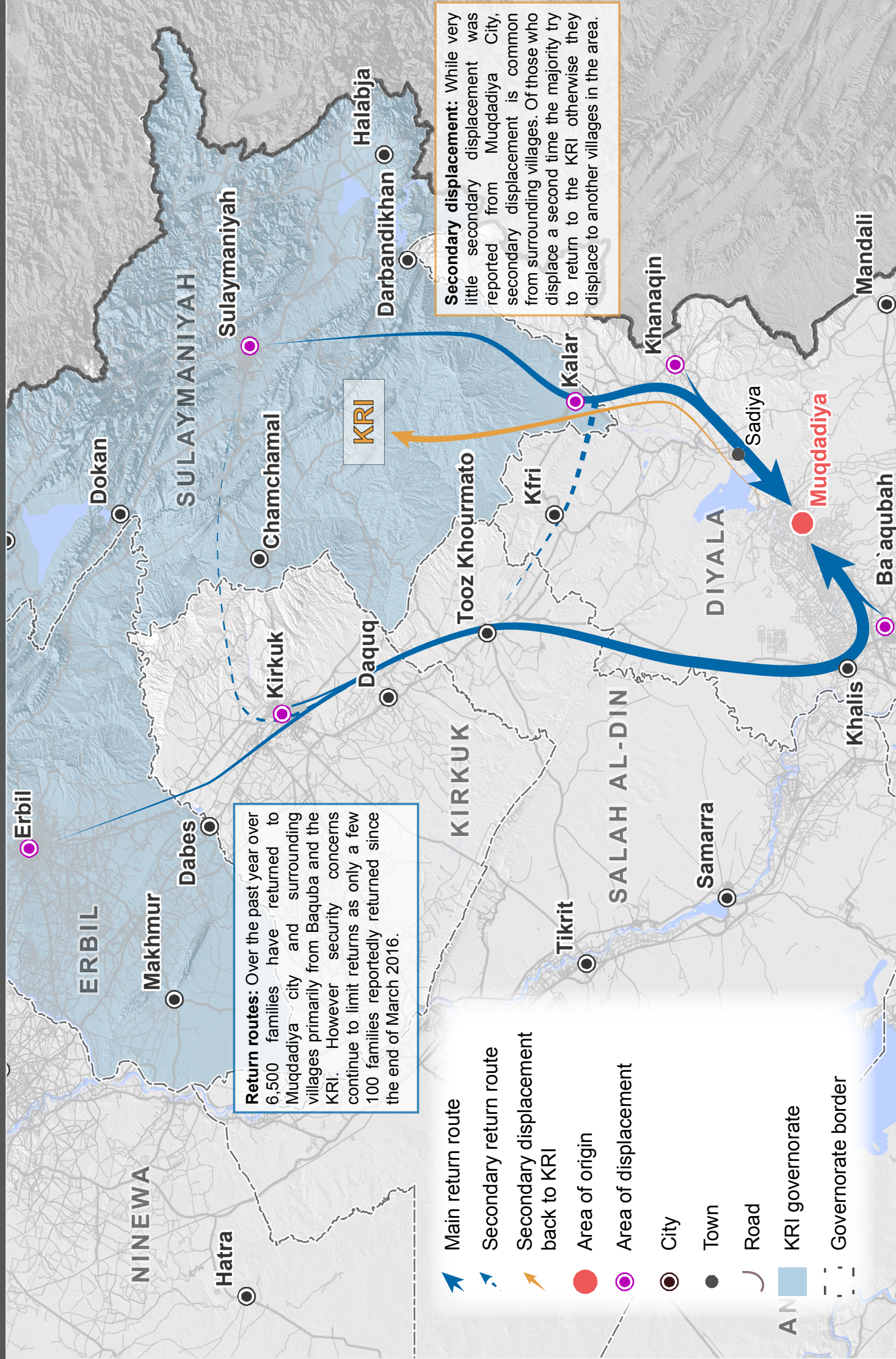
<sup>15</sup> It can cost between 20,000 per taxi to Kalar, or 60,000 IQD to Khanakin.

<sup>16</sup> Based on conversion rate of 1USD = 1178 IQD ( as of 22/12/2016)

<sup>17</sup> Based on conversion rate of 1USD (as of 22/12/2016)



Map: Reported returnee and displacement routes to and from Muqdadiya, December 2016





## Annex: Severity Score Matrix

The matrix below was used to assign a sector-specific severity score to the humanitarian situation and needs in each assessed area. For each sector, available information on the situation and needs of the civilian population was arranged according to the grid below. A sector-specific severity score was then assigned based on the severity category into which the majority of information fell.

In cases where available information fell evenly between two severity grades, or where some information was missing, the final severity score was decided on a case-by-case basis. As such, it is important to note that if an area is assigned a certain score, not all of the indicators described below necessarily correspond to that area.

It is also important to note that this matrix refers to the situation of the general, civilian population, and not that of individuals affiliated with armed groups, who in some cases experience very different conditions and needs.

	Fine (0)	Minor severity (1)	Moderate severity (2)	Major severity (3)	Critical severity (4)
<b>Food Security</b>					
Food quality	Fresh food is widely available and unspoiled	Fresh food is generally available and unspoiled	Some fresh food is available, though some food is spoiled	Fresh food is difficult to access and available food is often rotten or spoiled	Fresh food is very difficult or impossible to access and available food is rotten or spoiled
Food Price	Food prices are lower or the same as before AG arrival; all can afford a range of staple foods	Food prices are slightly higher than before AG arrival; the majority can afford a range of staples	Food prices are higher than before AG arrival; a significant minority cannot afford staple foods	Food prices are high; the majority of civilians struggle to afford staple foods	Food prices are very high; the vast majority of civilians cannot afford available food
Food Quantity	Food is widely available and supplies could support a population increase	Enough food is generally available and supplies could support a slight population increase	Food is generally available but supply is not sufficient to sustain a population increase	Limited food is available	Very limited to no food is available
Reported coping mechanisms	No coping strategies are used to deal with a lack of food	Some minor coping strategies may be used to deal with a lack of food, but these do not affect people's ability to face future shocks	Coping strategies are used to deal with a lack of food; these reduce people's ability to face future shocks through depleting savings or taking on debt (e.g. spending savings, borrowing money)	Negative coping strategies are used to deal with a lack of food; these affect future productivity and the development of human capital (e.g. reducing the number of meals a day, or selling productive assets)	Crisis coping strategies are used to deal with a lack of food; these are very difficult to reverse (e.g. selling property) and represent limited available options (e.g. eating weeds, going long periods without food)
Aid availability	No aid is needed	Some aid may be needed; assistance is available without restrictions on access	Aid is needed but little external assistance is available; restrictions limit people's ability to access aid	Aid is needed but no external assistance is available; local networks provide some support (e.g. mosques)	Aid is needed but no assistance is available at all
Markets	Markets are open and accessible in ample supply	Enough markets are open and accessible to sustain the population's needs	Some markets are open and accessible but the number has reduced since before AG arrival	Few markets are open; restrictions prevent access by all population groups	Very few to no markets are open or accessible to civilians
<b>Health</b>					
Staff and equipment availability	The availability of medical staff and specialist equipment is ample	The availability of medical staff and equipment is generally sufficient to meet current needs	The availability of medical staff and equipment has reduced since before AG arrival	The availability of medical staff and equipment has reduced significantly since AG arrival	The availability of medical staff and equipment is very low or not available at all
Access to healthcare facilities	The availability of medical facilities is ample	The availability of medical facilities is generally sufficient for the current population	The availability of medical facilities has reduced since before AG arrival	The availability of medical facilities has reduced significantly since before AG arrival	Very limited to no medical facilities are available; there are reports of deaths due to a lack of healthcare access
Access to specialized care	Ample specialized care is available for women, children & infants	Specialized care is generally available for women, children & infants	Some specialized care is available for women, children & infants	Limited specialized care is available for women, children & infants	Very limited to no specialized care is available for women, children & infants
Affordability of healthcare	Public healthcare is widely available and all population groups can afford healthcare	Public healthcare is available and the majority of people can afford healthcare	Some public healthcare is available; a significant minority cannot afford healthcare	Public healthcare is limited; the majority cannot afford to access healthcare	Very limited to no public healthcare is available; the vast majority struggle to access healthcare
Availability of medication	All required medication is available	The majority of required medication is available	Some required medication is available	Limited medication is available to civilians	Very limited to no medication is available to civilians

Affordability of medication	Prices are affordable; everyone can afford the medication they require	Prices are reasonable; the majority can afford the medication they require	Prices are higher than before AG arrival; a significant minority cannot afford the medication they require	Prices are much higher than before AG arrival; the majority cannot afford the medication they require	Prices are extremely high; the vast majority cannot afford the medication they require
Reported coping mechanisms	No coping strategies are used to deal with a lack of access to healthcare	Minor coping strategies are used to deal with a lack of access to healthcare; these have no long term impact	Coping strategies are used to deal with a lack of access to healthcare; these reduce people's ability to face future shocks through depleting savings or taking on debt (e.g. spending savings, borrowing money)	Negative coping strategies are used to deal with a lack of access to healthcare; these affect future productivity or human development (e.g. selling productive assets to pay for healthcare, or going without treatment for long periods)	Crisis coping strategies are used to deal with a lack of access to healthcare due to a lack of other options (e.g. people go without treatment for long periods, or use expired or improvised medication)
Availability of vaccinations	Vaccinations are widely available to all	Vaccinations are generally available to meet the needs of the current population	The availability of vaccinations has reduced since before AG arrival	The availability of vaccinations has reduced significantly since before AG arrival	The availability of vaccinations is very limited or not available at all
Damage to health facilities	Health facilities are not damaged at all	Some health facilities have sustained minor damage but continue to function	Damage to some health facilities has reduced their ability to function	Significant damage to health facilities has reduced their functionality	High levels of damage to health facilities has severely reduced or halted their functionality

#### Shelter

Availability of safe shelter	Ample safe shelter is available and could support a population increase	Safe shelter is available to meet the needs of most of the current population	The availability of safe shelter has decreased since before AG arrival	The majority of civilians lack access to safe shelter	Very limited to no safe shelter is available to civilians
Price and affordability of shelter	Rental prices are low; adequate shelter is affordable to all	Rental prices are reasonable; the majority can afford adequate shelter	Rental prices are above average; a significant minority cannot afford to pay rent	Rental prices are very high; the majority struggle to afford to pay rent	Extremely high prices; vast majority are unable to afford to pay rent
Damage to shelter	There is no damage to housing	Some housing has sustained minor damage	A minority of housing has sustained damage	The majority of housing has sustained damage	The vast majority of housing has sustained moderate to heavy damage
Reported coping mechanisms	No coping strategies are used to deal with a lack of access to safe shelter	Minor coping strategies are used to deal with a lack of access to safe shelter, but do not affect people's ability to face future shocks.	Coping mechanisms are used to deal with a lack of access to safe shelter; these reduce people's ability to face future shocks through depleting savings or taking on debt to pay for rent or repairs (e.g. spending savings, borrowing money)	Negative coping strategies are used to deal with a lack of access to safe shelter; these affect future productivity or human development (e.g. selling productive assets to pay for rent or repairs; or living in sub-standard shelter)	Crisis coping strategies are used to deal with a lack of access to safe shelter (e.g. living in tents; remaining in heavily damaged buildings; or moving to entirely different town or district due to lack of shelter)
Presence of mines	No mines are present in inhabited areas or surrounding areas	No mines are present in inhabited areas	Some reports of mines in inhabited areas	Multiple reports of mines in inhabited areas	Mines or UXOs are reportedly present across the majority of inhabited areas

#### Water, Sanitation & Hygiene

Public water availability	Water is readily available	Water is generally available to meet the needs of the current population	Water availability has reduced since before AG arrival; a significant minority struggle to access public water	Limited water is available; the majority struggle to access public water	Very limited to no water is available
Affordability of water	Clean water is affordable	Vast majority can afford clean water	A significant minority cannot afford clean water	The majority struggle to afford clean water	The vast majority of civilians cannot afford clean water
Filtering/ water treatment	Filtering stations are fully functioning or other effective treatment alternatives are widely accessible	Filtering stations or other treatment alternatives are functioning and available; treated water is generally considered to be safe	Filtering stations or other treatment alternatives are generally functioning and available; however some people report concerns about water quality	Functionality of filtering stations is limited; the majority struggle to access to alternative treatment methods; water quality is of concern	Access to filtering stations or other treatment methods is very limited or non-existent; the vast majority of civilians use untreated water
Water safety	Available water is clean	Available water is generally clean	There are some reports of unclean water	The majority use unclean water	The vast majority to all civilians use unclean water
Reported water related illnesses	No water-related illness reported	No or very few unconfirmed cases of water-related illness	Some reports of water-related illnesses	Frequent reports of water related illness	The majority of population is suffering from water-related illnesses



Reported coping mechanisms	No coping strategies are needed to address a lack of access to safe water	Minor coping strategies are used to access or treat water (e.g. payment for clean water; use of private filters)	The use of coping strategies to access to treat water is common (e.g. buying bottled water; use of private filters or chlorine tablets)	Few alternative water treatment methods are available and people struggle to afford viable alternatives; some reports of people drinking unclean water	Very few to no water treatment alternatives left; people commonly drink unclean water
<b>Livelihoods</b>					
Availability of public sector jobs	Public sector jobs are readily available	Public sector jobs are generally available	Some public sector jobs are available	Limited jobs are available; employees have gone long periods without being paid	No public sector jobs are available; employees are not paid
Availability of jobs in the private sector	Private sector jobs are readily available	There are available private sector jobs	Some private sector jobs are available	Very few private sector jobs or opportunities are available	No private sector jobs or opportunities are available
Livelihoods enough to meet the need	Livelihoods bring in sufficient income to meet all needs	Livelihoods generally bring in sufficient income to meet needs	Livelihoods may not bring in sufficient income to meet needs	Livelihoods bring in insufficient income to meet needs	No real livelihood opportunities exist
Unemployment levels	No unemployment	Low unemployment	Some unemployment	Majority of people are unemployed	The vast majority of civilians are unemployed
Reported coping mechanisms	No coping strategies are used to deal with a lack of livelihoods	Minor coping strategies are used to deal with a lack of livelihoods, but do not affect people's ability to face future shocks.	Coping mechanisms are used to deal with a lack of access to livelihoods which reduce people's ability to face future shocks (e.g. spending savings, borrowing money)	Negative coping strategies are used to deal with a lack of livelihoods access, which deplete productive assets or human capital (e.g. selling farming tools, cars; sending children to work)	Crisis coping strategies are used to deal with a lack of livelihoods access due to a lack of other options (e.g. selling major assets such as land or homes; taking on illegal or dangerous work)
<b>Education</b>					
Availability of schools	Schools are widely available and easily accessible to all children	Schools are available and accessible to the majority of school-aged children	Some schools are available but assistance is required to meet some educational needs (e.g. staff; equipment; transport to available schools)	Schools are available to only a minority of children (e.g. due to lack of access, equipment or staff)	No schools are available
School attendance (girls / boys)	All school-aged children attend school	Majority of school-aged children attend school	Significant minority of school-aged children do not attend school	The majority of school-aged children not attending school	The vast majority to all school-aged children do not attend school
Security risk	Children face no security risks attending school	Children face very low security risks attending school	Children face some security risks attending school	Children face high security risks attending school	Children face very high security risks attending school
Affordability of education	Cost is no barrier to education access; all can afford any related costs	Cost is generally no barrier to education	A significant minority cannot attend school due to the cost (e.g. fees, travel, books)	The majority cannot attend school due to the cost (e.g. fees, travel, books)	The vast majority cannot attend school due to the cost (e.g. fees, travel, books)
Distance to school	Schools are easily accessible within village or neighbourhood	Schools are accessible within village or neighbourhood	Distance to school is a barrier for some; causing children to travel further or stop attending	Distance to school is a barrier for many children, causing the large numbers to stop attending	Distance to school is a barrier for the majority of children, causing most or all to stop attending
Damage to schools	Schools are not damaged at all	Some schools have sustained minor damage but continue to function	Damage to some schools has reduced their ability to function	Significant damage to schools has reduced their functionality	High levels of damage to schools has severely reduced or halted their functionality