

AL-GARMA AREA-BASED ASSESSMENT (ABA)

Key findings
March 2022

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01

ABA BACKGROUND



RESEARCH OBJECTIVES

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

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

Specific objectives:

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

ASSESSMENT METHODOLOGY

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

Household Needs Assessment

- **95 household surveys** were conducted in **al-Garma town**, and **102** household surveys were conducted in the **adjacent villages to the south**, from the 16th to 20th of December 2021.
- The results are generalizable with a 95% level of confidence and 10% margin of error.

Key Informant Interviews (KIIs)

- Late November to late December 2021.
- **34 community leader (CL) interviews** were conducted; covering community leaders in al-Garma town and adjacent villages.
- **28 subject-matter expert (SME) interviews** conducted (electricity, water, waste, health, education, livelihoods, legal services).

Participatory Mapping

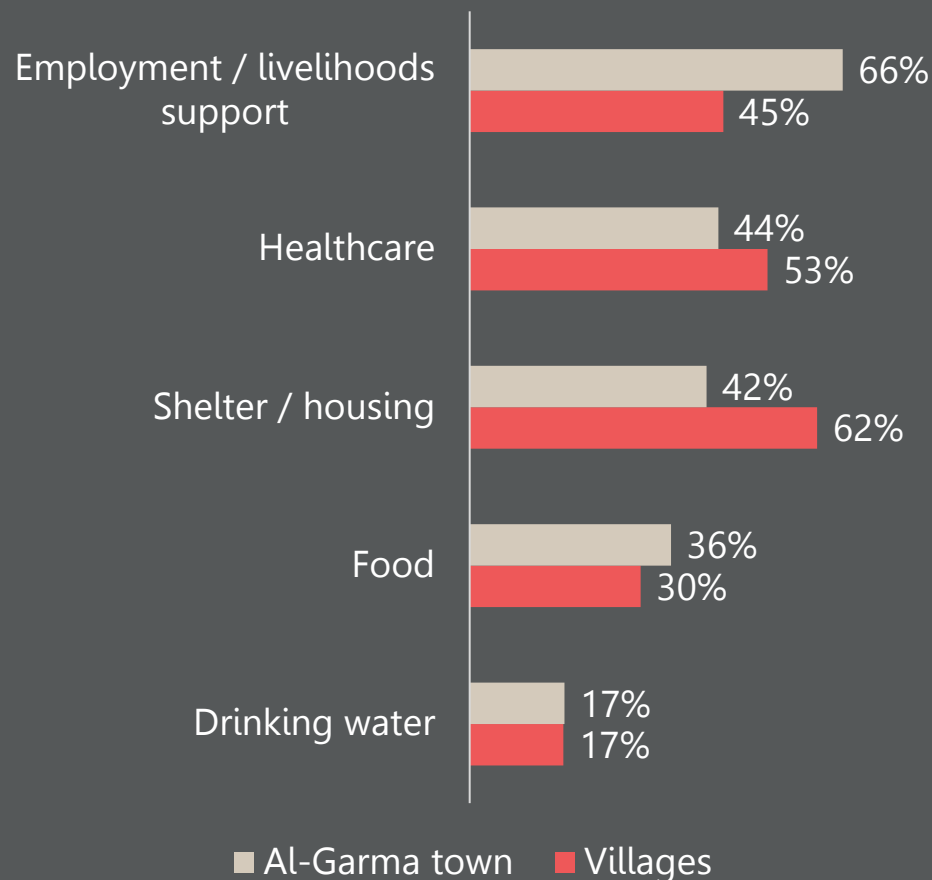
- **12 mappings** were conducted with community leaders in late December 2021 to map the infrastructure and services in each neighbourhood.
- The mappings were conducted in a face-to-face setting using physical maps obtained from UNOSAT imagery.

02



PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE

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



* Question allowed multiple choices.

PRIORITY NEEDS

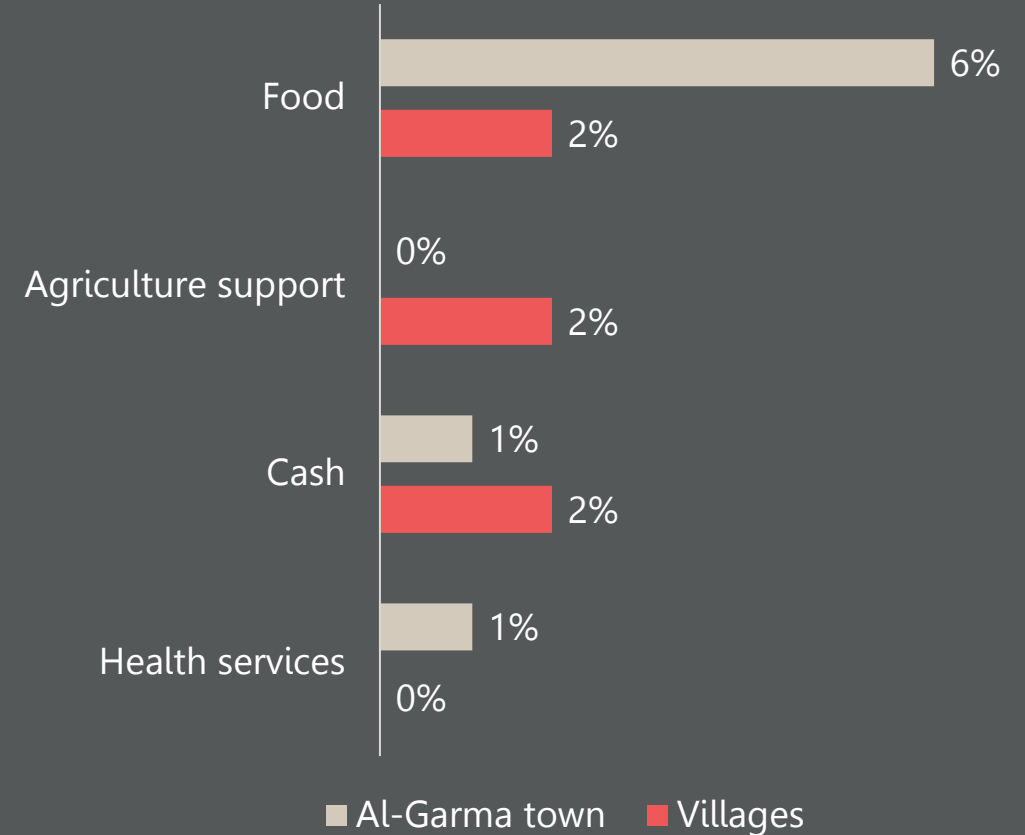
- **Employment / livelihoods support, shelter support, and healthcare** were the top priority needs reported by HHs in both areas.
- A larger % of HHs reported **shelter support** as a priority need in both areas, compared to the national level findings of the 2021 MCNA.
- A larger % of HHs reported **employment / livelihoods support** as a priority need in al-Garma town, compared to the national level findings of the 2021 MCNA.

AVAILABILITY OF HUMANITARIAN ASSISTANCE

8% of HHs in **al-Garma town** reported receiving humanitarian assistance in the 6 months prior to data collection.

4% of HHs in the **villages** reported receiving humanitarian assistance in the 6 months prior to data collection.

% of all assessed HHs by reported type of assistance received*



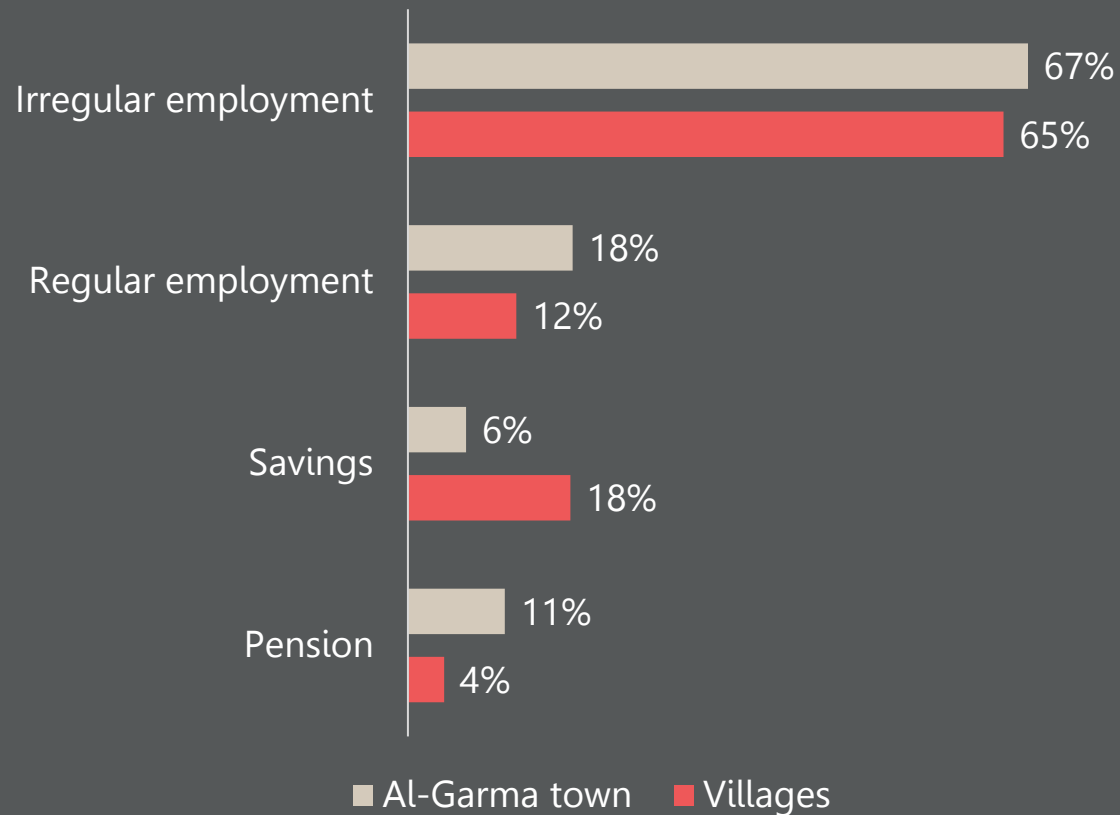
* Question allowed multiple choices.

03



LIVELIHOODS

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



* Question allowed multiple choices.

MAIN INCOME SOURCES

- **Irregular employment** (temporary or daily wage-earning) was by far the most reported **source of income** for households in both areas.
- Compared to households in the town, those in the **villages** relied **less on regular employment** and **more on withdrawals from their savings**.



UNEMPLOYMENT

Primary obstacles to finding employment

Al-Garma town

7% of economically active adult HH members in **al-Garma town** were reportedly **NOT** gaining income through working.

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

1. High competition for jobs (**100%**)
2. Available jobs are too far away (**71%**)

Villages

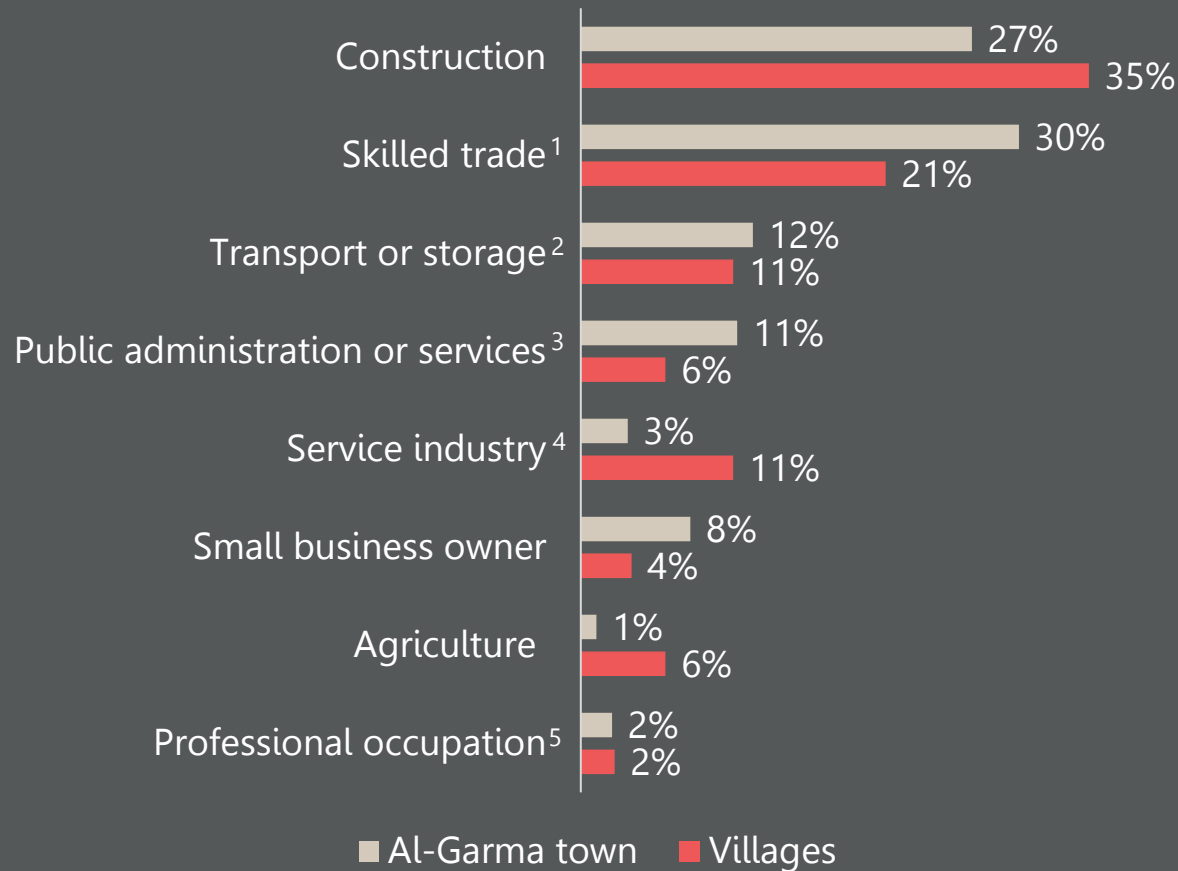
12% of economically active adult HH members in the **villages** were reportedly **NOT** gaining income through working.

Most reported obstacles to finding work for unemployed adults in villages:*

1. High competition for jobs (**91%**)
2. Available jobs are too far away (**18%**)

** Question allowed multiple choices.*

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



* Question allowed multiple choices.

¹ e.g., carpenter, butchers, plumber

² e.g., taxi or truck driver

³ e.g., civil servant, police, public healthcare worker

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

⁵ e.g., lawyer, engineer, architect

EMPLOYMENT SECTOR

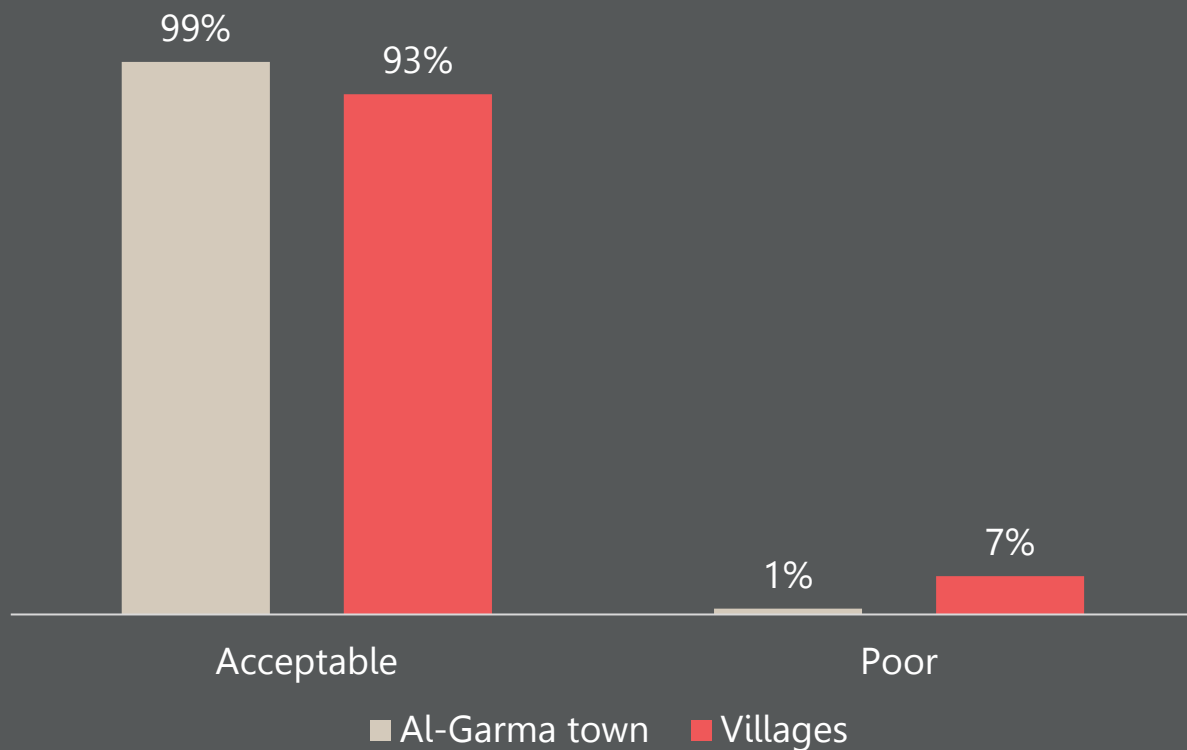
- **Skilled manual work** was the most reported **sector of employment** for employed HH members in **al-Garma town**.
- **Construction** was the most reported sector for those in the **villages**.
- **Construction** was cited the most by community leaders in both areas as a source of livelihoods.
- However, all livelihoods experts stated that **construction** had **declined** since 2014, largely due to damage to equipment, a reduction in businesses' capital, and reduced demand.

04



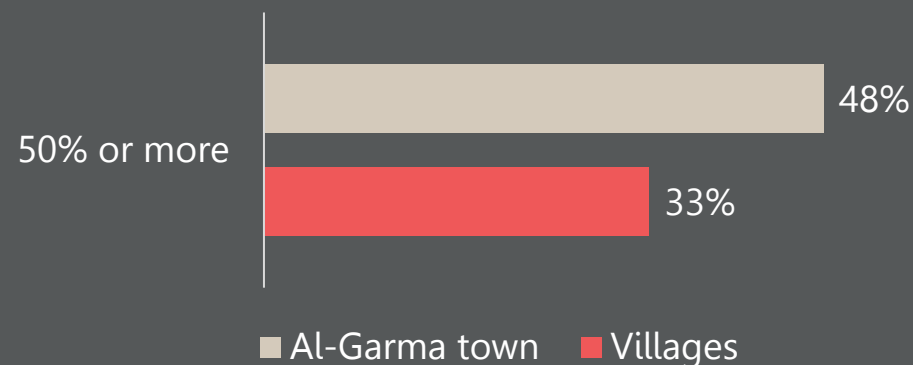
FOOD SECURITY

% of households by food consumption score category



FOOD SECURITY

% of households reporting that 50% or more of their total expenditure was on food¹



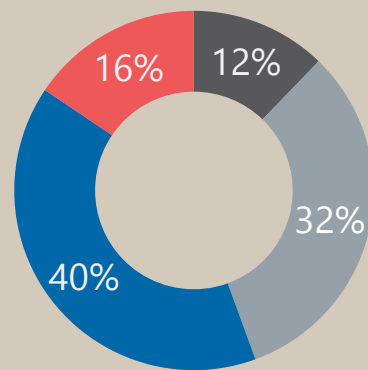
26% of HHs in al-Garma town reported **taking on debt to afford food.**

23% of HHs in villages reported **taking on debt to afford food.**

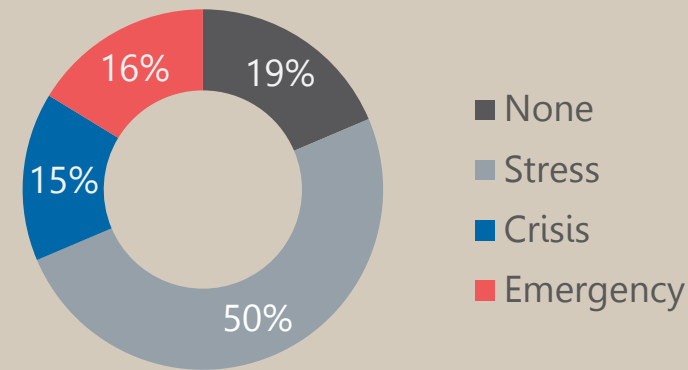
¹ during the 30 days preceding data collection

COPING STRATEGIES

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

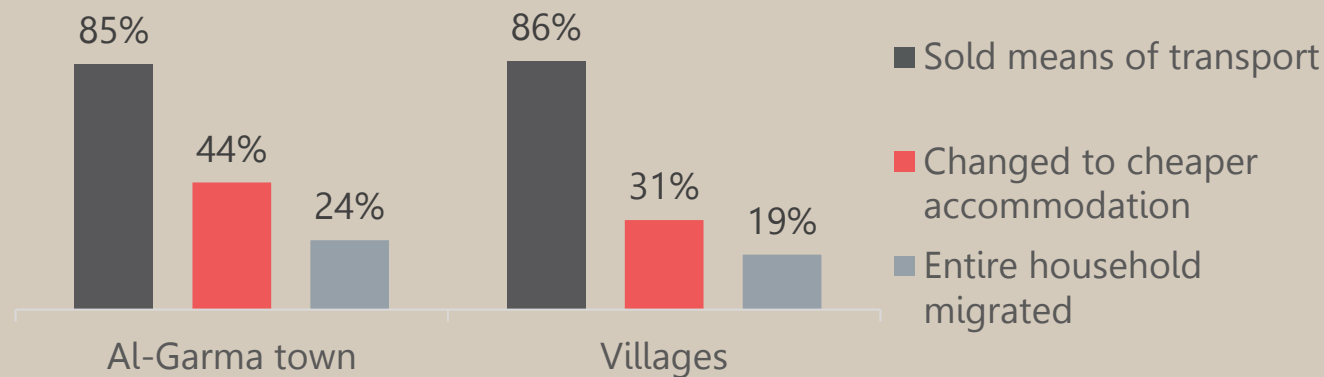


Al-Garma town



Villages

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



* Question allowed multiple choices.

** 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.

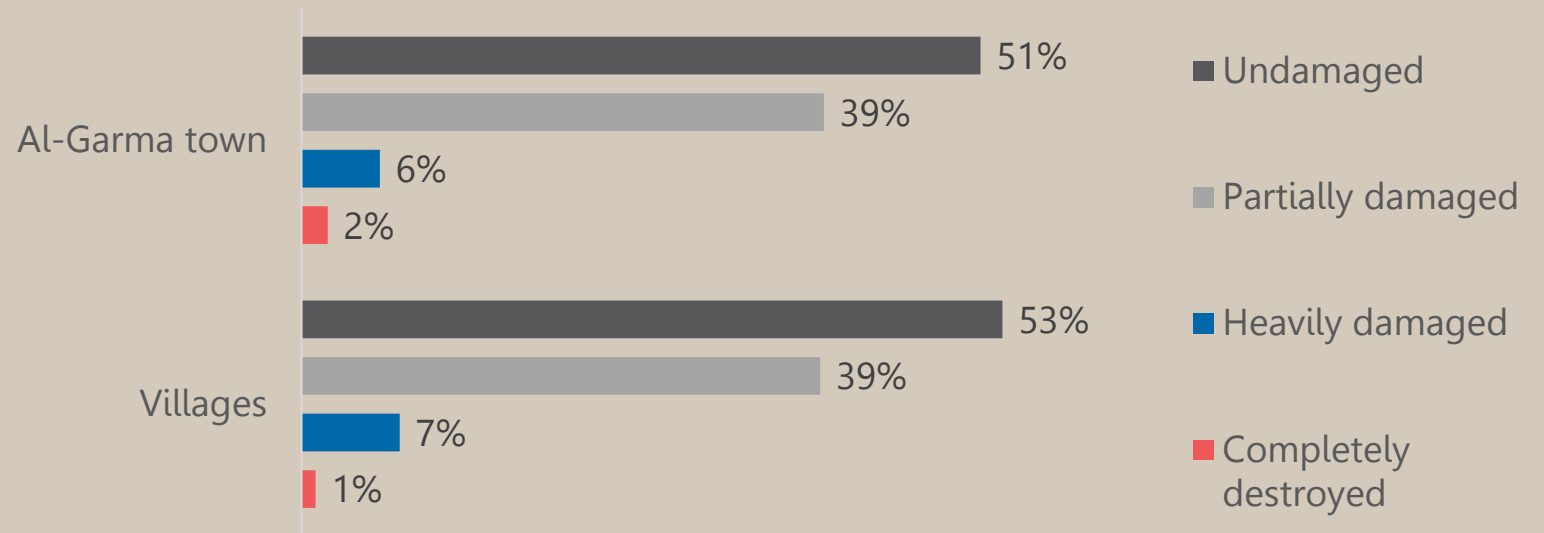
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SHELTER

SHELTER DAMAGE

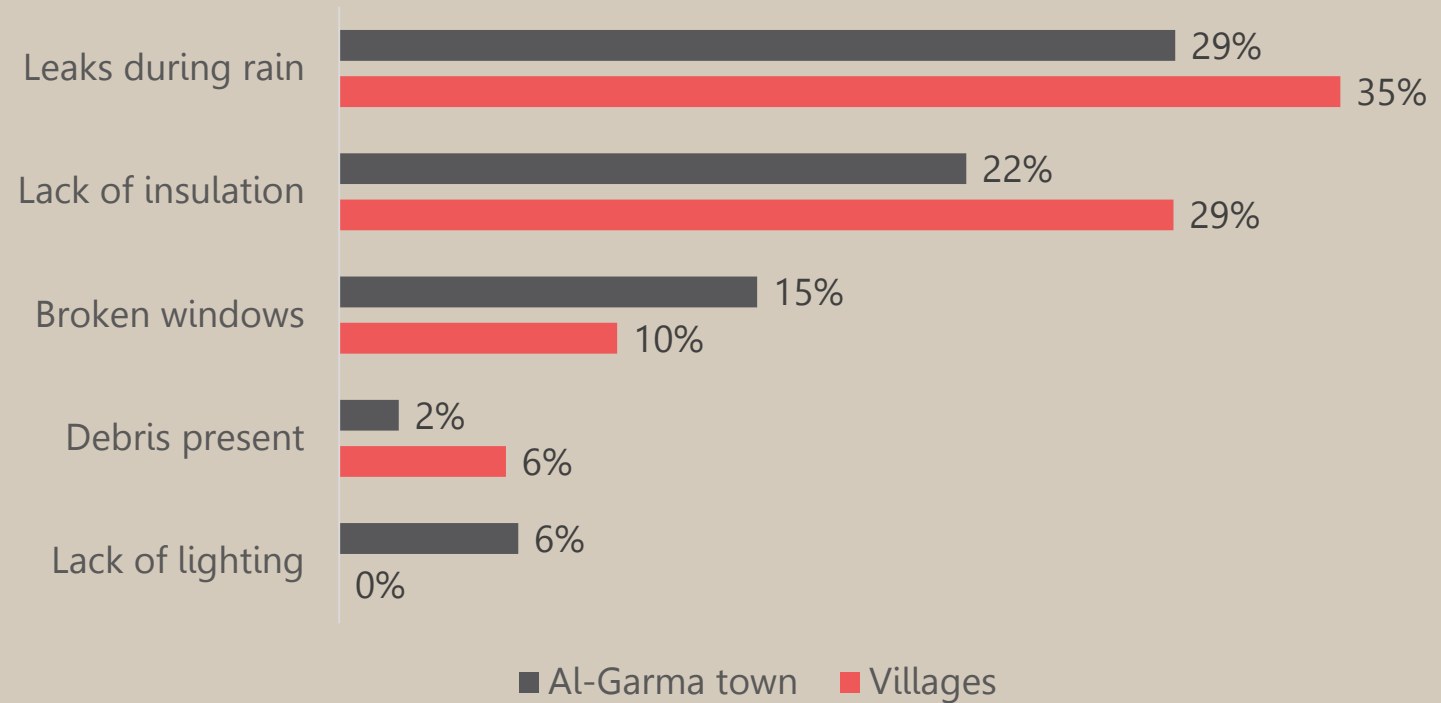
% of households reporting that their shelter was damaged, by level of damage



- **Almost half** of households in both areas reported **some level of damage** to their shelter.
- 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.

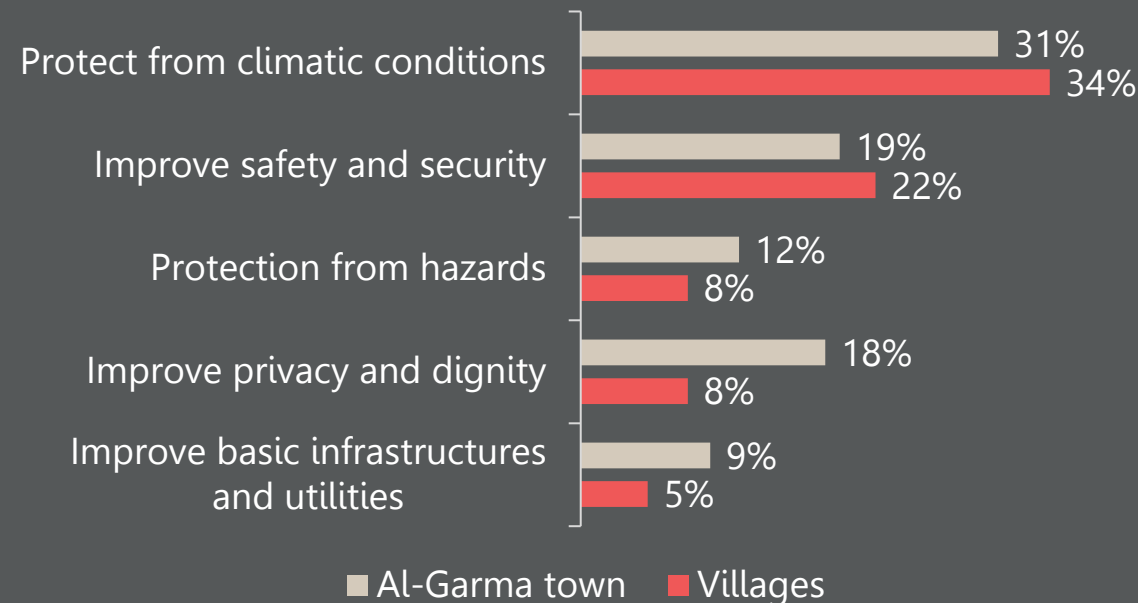
* Question allowed multiple choices.

NEEDED IMPROVEMENTS TO SHELTER

55% of HHs in **al-Garma town** reported **needing shelter improvements**.

46% of HHs in the **villages** reported **needing shelter improvements**.

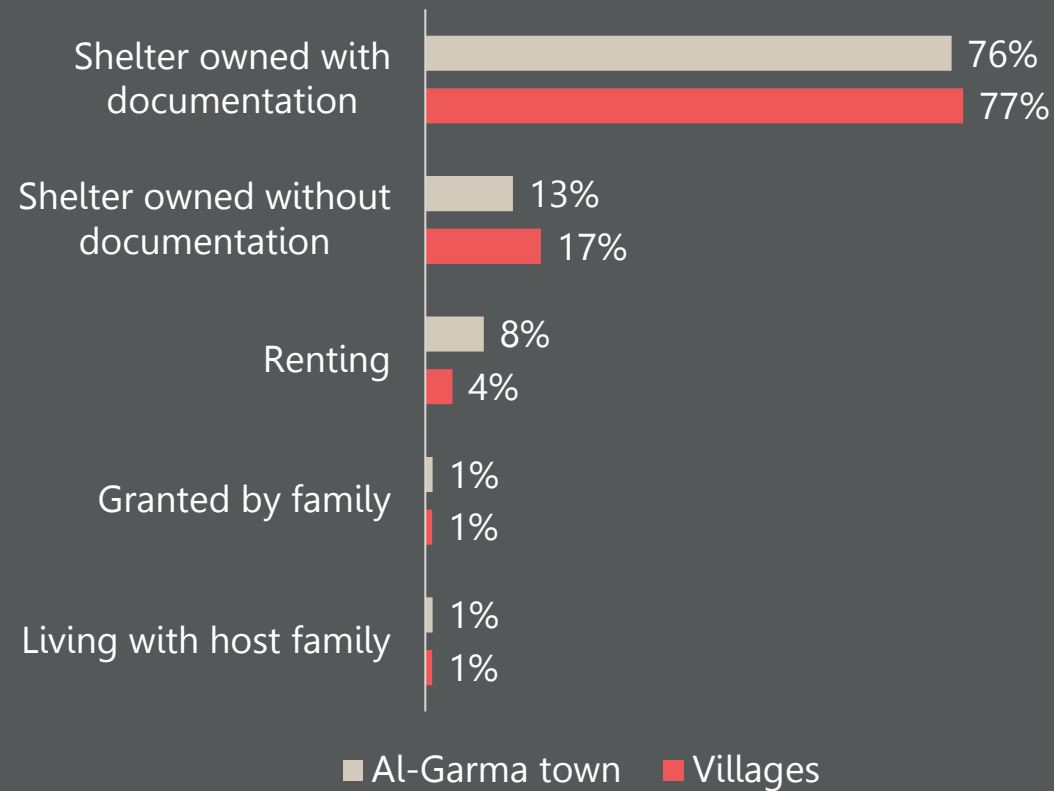
% of all assessed HHs that reported needing shelter improvements, by type of improvement*



- **Protection from climatic conditions** and **improved safety and security** were reportedly the most **needed improvements** in both areas.
- Improved privacy and dignity was more reported in the town, possibly suggesting more overcrowding there.

* Question allowed multiple choices.

% of households by reported housing tenure



HOUSING TENURE

- Most households in the town and villages reported **owning their dwelling** and **possessing the documentation to prove ownership** (i.e., the property title).

06



BASIC SERVICES

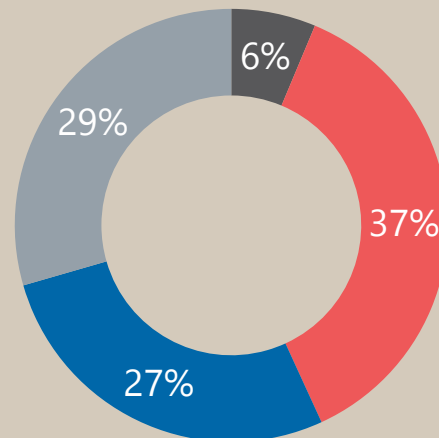


DRINKING WATER SOURCES

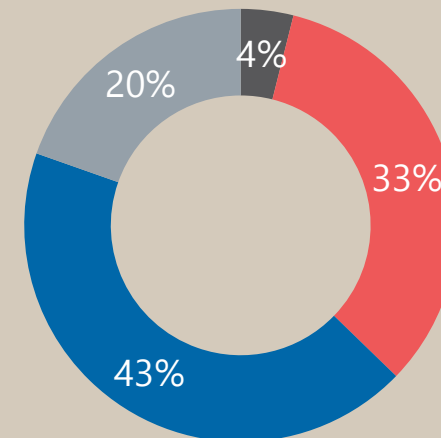
The **vast majority** of households in both the **town** and the **villages** reported **being connected to a piped water network (99% in both)**.

% of HHs by primary source of drinking water

Al-Garma town



Villages



- Water Trucking
- Bottled water
- Piped water into house or compound
- Piped water connected to public tap

- A notably **larger % of HHs** reported primarily using a **piped-water source in their house** for their drinking water in the **villages** than in the town.
- HHs in the **town** generally found the water from **piped-water sources unacceptable for drinking** (74% compared to 33% in the villages).

PIPED WATER NETWORK ACCESSIBILITY

Al-Garma town

13/13 CLs in **al-Garma town** reported the majority (over 60%) of households in their neighbourhood were **connected** to the **pipled water network**.

Top reported reasons why HHs were NOT connected to the piped water network in al-Garma town:*

1. Household is in an area that is not connected (6/13)
2. Cannot afford to pay for connection (3/13)
3. Pressure is insufficient/household doesn't have pumps (2/13)

Villages

20/21 CLs in **villages** reported the majority (over 60%) of households in their neighbourhood were **connected** to the **pipled water network**.

Top reported reasons why HHs were NOT connected to the piped water network in villages:*

1. Household is in an area that is not connected (3/20)
2. Water pipes/network in the area is damaged (2/20)
3. Pressure is insufficient/household doesn't have pumps (1/20)

** Question allowed multiple choices.*

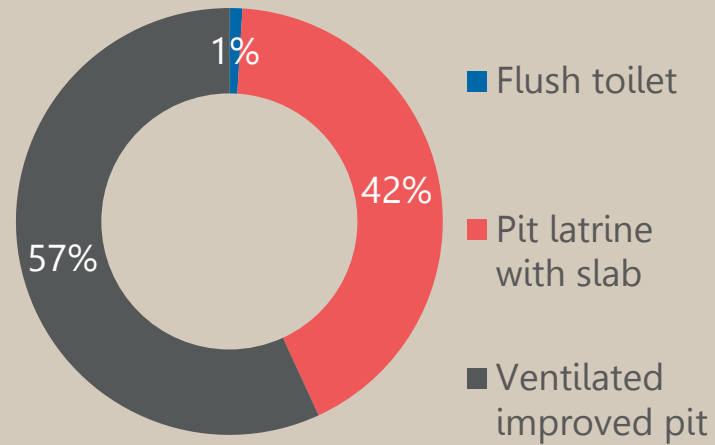




LATRINE AND HYGIENE ACCESS

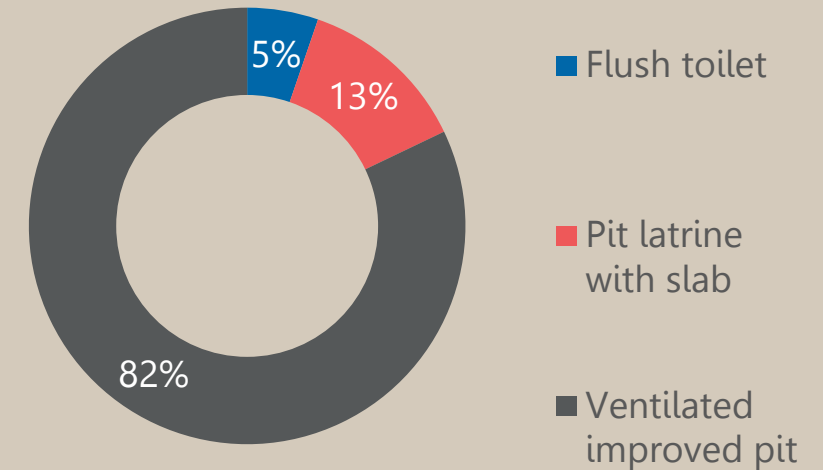
% of households by reported type of toilet facility usually used

Al-Garma town:



100% of HHs in **al-Garma town** reported having access to **soap**.

Villages:



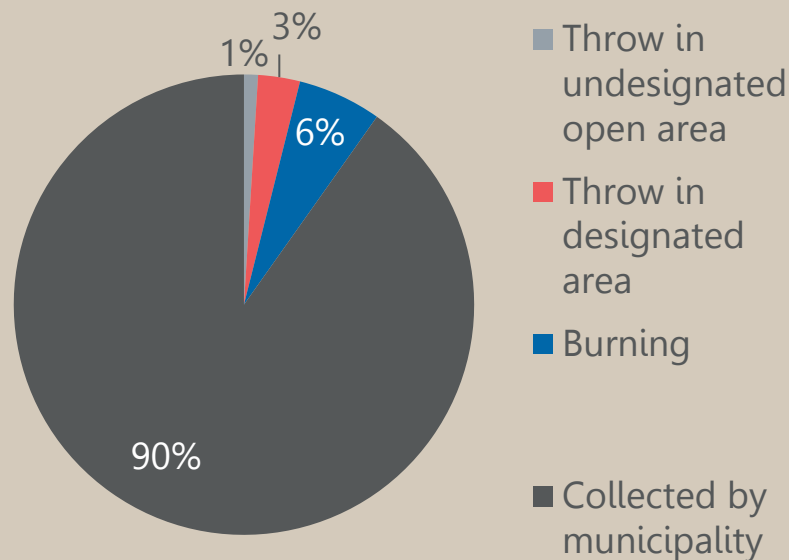
98% of HHs in **villages** reported having access to **soap**.



SOLID WASTE

% of households by reported primary method of waste disposal

Al-Garma town

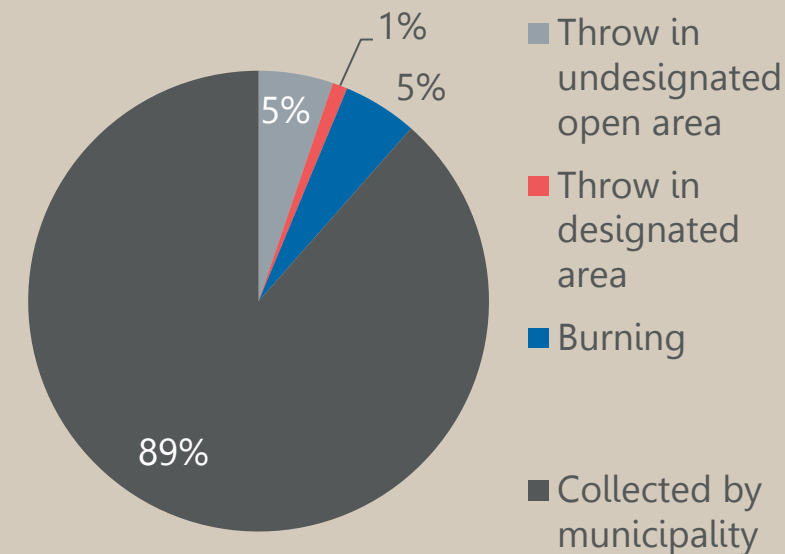


7/13 CLs in **al-Garma town** reported there were households **informally disposing of their waste** in their neighbourhood.

Most reported informal method in al-Garma town:*

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

Villages



13/21 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 (8/13)
2. Open burning (8/13)

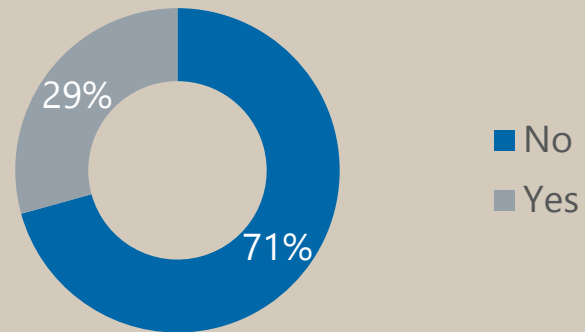


HEALTHCARE

NEED AND ACCESS

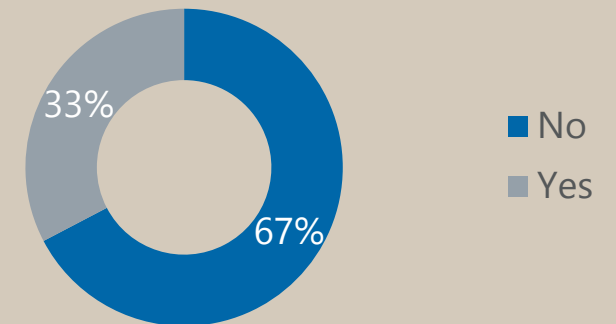
% of household members that reported needing to access health services or treatment in the 3 months preceding data collection

Al-Garma town



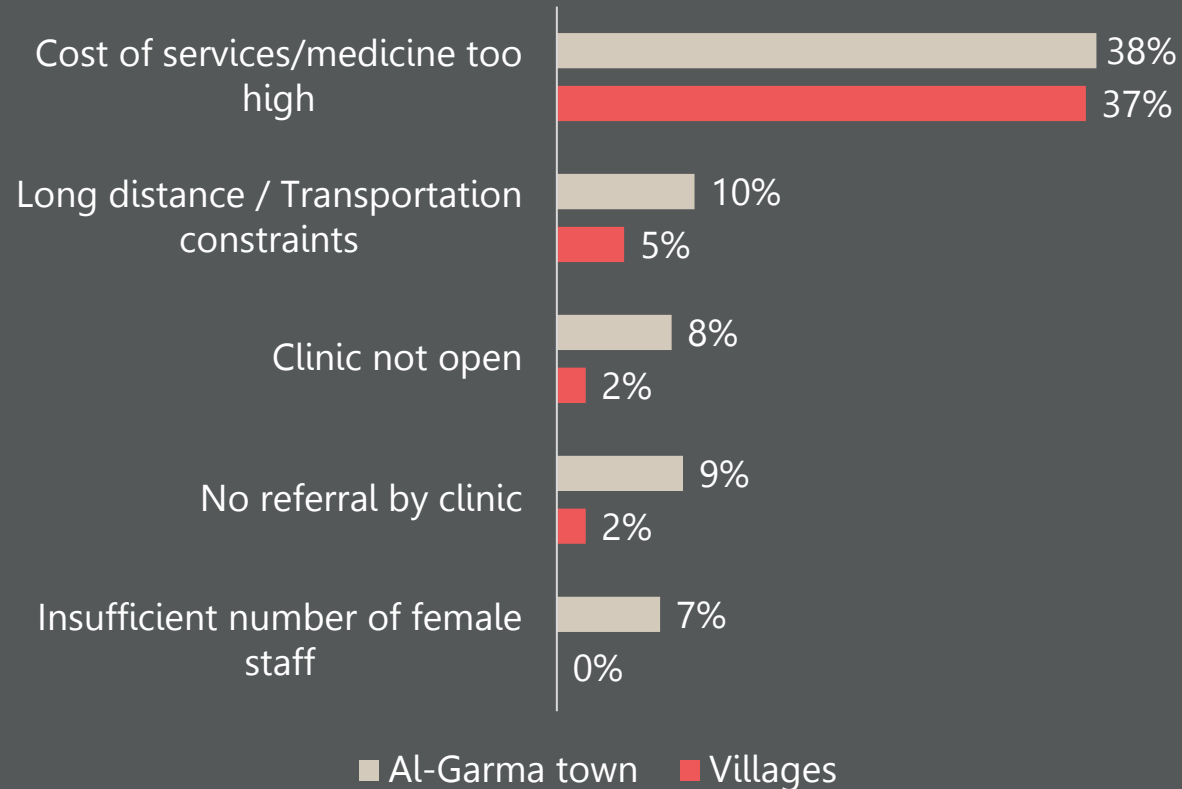
19% of HH members in **al-Garma town** reported **NOT** being **able to access** healthcare services or treatment, among those that reported needing to access them.

Villages



20% of HH members in **villages** reported **NOT** being **able to access** healthcare services or treatment, among those that reported needing to access them.

Most reported barriers to accessing health services, among HH members that needed to access health services*



* Question allowed multiple choices.

HEALTHCARE ACCESS BARRIERS

- **55%** of HH members in **al-Garma town** reported **encountering difficulties accessing health services**, among those that needed to access them.
- **41%** of HH members in the **villages** reported **encountering difficulties**.
- The **high cost** of services and/or medicine was by far the most reported **barrier to accessing healthcare** in both the town and villages.



HEALTHCARE

AVAILABILITY OF PROCEDURES

Al-Garma town

9/13 CLs in **al-Garma town** reported that there were specific healthcare **procedures** that were **needed but not available** in their neighbourhoods.

Most reported unavailable healthcare procedures:*

1. Treatment for psychological conditions (7/9)
2. Cancer treatment (6/9)
3. Surgical procedures (3/9)

Villages

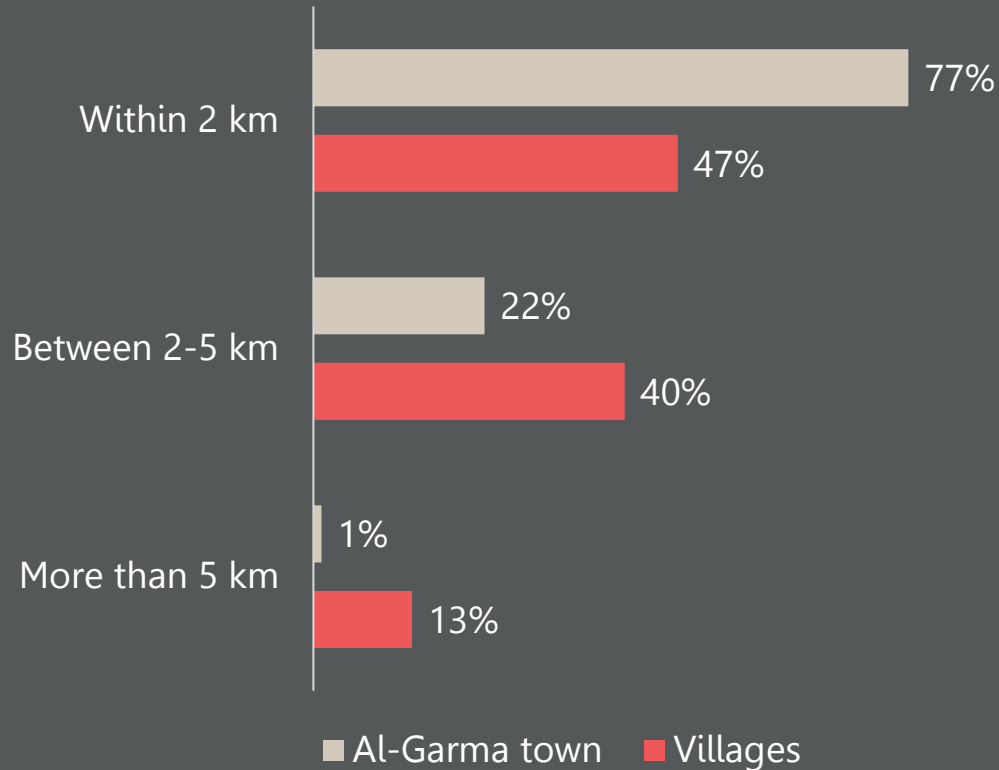
17/21 CLs in the **villages** reported that there were specific healthcare **procedures** that were **needed but not available** in their neighbourhoods.

Most reported unavailable healthcare procedures:*

1. Cancer treatment (14/17)
2. Treatment for chronic diseases (13/17)
3. Surgical procedures (6/17)

* Question allowed multiple choices.

% of HHs by reported distance to closest functioning health clinic

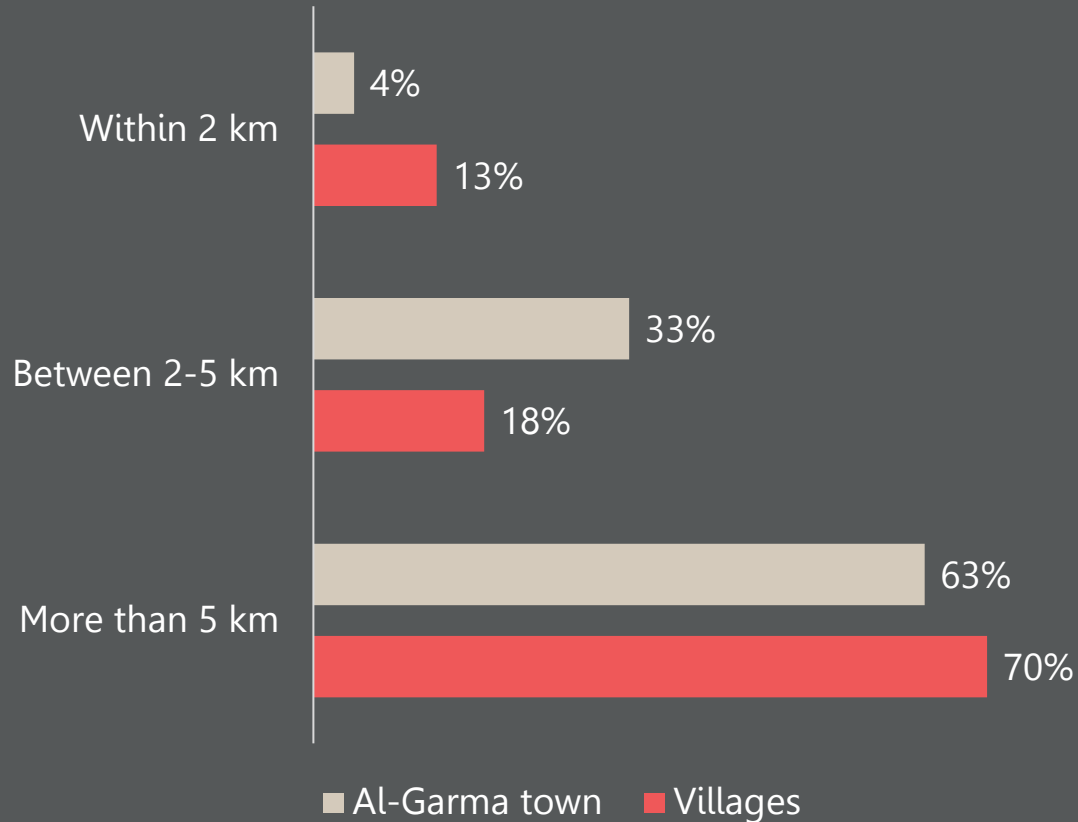


ACCESS TO HEALTH CLINICS

77% of HHs in **al-Garma town** reported having access to a functioning **health clinic** within **2 km**.

47% of HHs in the **villages** reported having access to a functioning **health clinic** within **2 km**.

% of HHs by reported distance to closest functioning hospital



ACCESS TO HOSPITALS

4% of HHs in **al-Garma town** reported having access to a functioning **hospital** within **2 km**.

13% of HHs in the **villages** reported having access to a functioning **hospital** within **2 km**.

SCHOOL ATTENDANCE

Al-Garma town

11% of school-age HH members in al-Garma town were reportedly **not attending school**.

Most reported reasons that children in al-Garma were not attending school:*

1. School is not functioning (33%)
2. Child not interested in education (25%)
3. Parental refusal (8%)

Villages

11% of school-age HH members in villages were reportedly **not attending school**.

Most reported reasons that children in villages were not attending school:*

1. Child is disabled, unhealthy, or traumatized (27%)
2. Cannot afford school expenses (20%)
3. Parental refusal (7%)

** Question allowed multiple choices.*

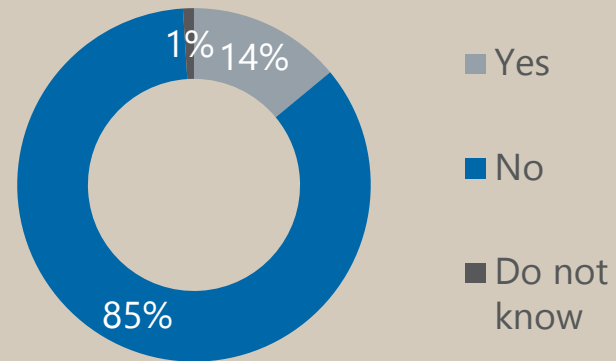


EDUCATION

SCHOOL ATTENDANCE

Al-Garma town

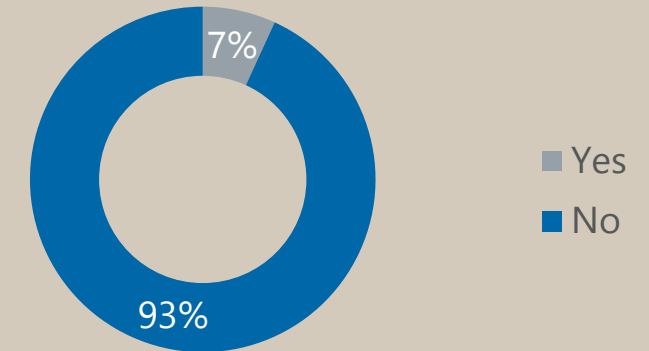
% of school-age HH members having reportedly missed a year or more of education since 2014



Of the school-age children that had reportedly **dropped out** of school in al-Garma town, **1/1** reported that they did **not know** if they **intended to re-enroll**.

Villages

% of school-age HH members having reportedly missed a year or more of education since 2014



Of the school-age children that had reportedly **dropped out** of school in villages, **4/4** reported that they did **NOT intend to re-enroll**.



EDUCATION

ACCESS TO EDUCATION BARRIERS

Al-Garma town

4/13 CLs in **al-Garma town** reported that school-aged children in their neighbourhood **faced barriers to accessing education**.

Top 3 reported barriers to accessing education in al-Garma town:*

1. Schools lacking trained teachers (2/4)
2. Schools lacking a suitable curriculum (3/4)
3. Schools not in good condition (2/4)

Villages

8/21 CLs in the **villages** reported that school-aged children in their neighbourhood **faced barriers to accessing education**.

Top 3 reported barriers to accessing education in the villages:*

1. Schools lacking trained teachers (5/8)
2. No space in school/household being unable to register (5/8)
3. Schools not in good condition (4/8)

* Question allowed multiple choices.



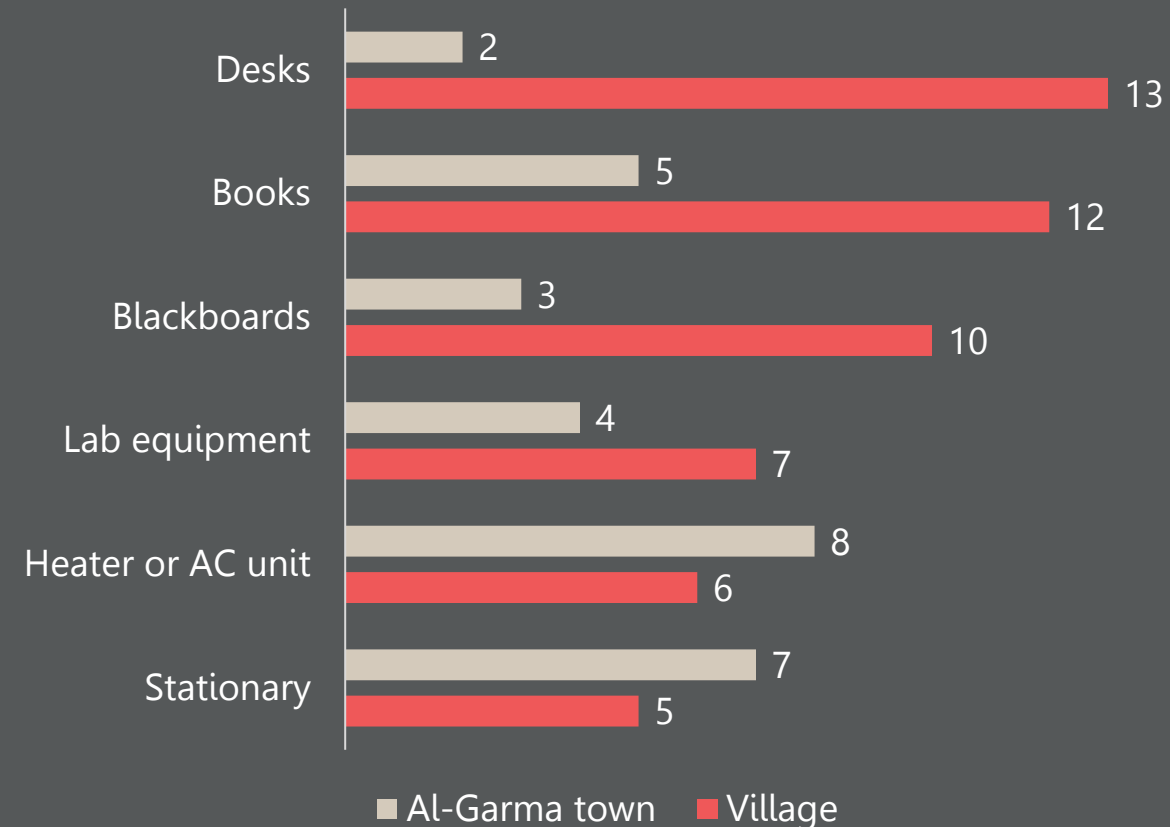
EDUCATION

LACKING SCHOOL EQUIPMENT

9/13 CLs in **al-Garma town** reported that schools in their neighbourhood **lacked equipment and supplies**.

17/21 CLs in the **villages** reported that schools in their neighbourhood **lacked equipment and supplies**.

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



* Question allowed multiple choices.

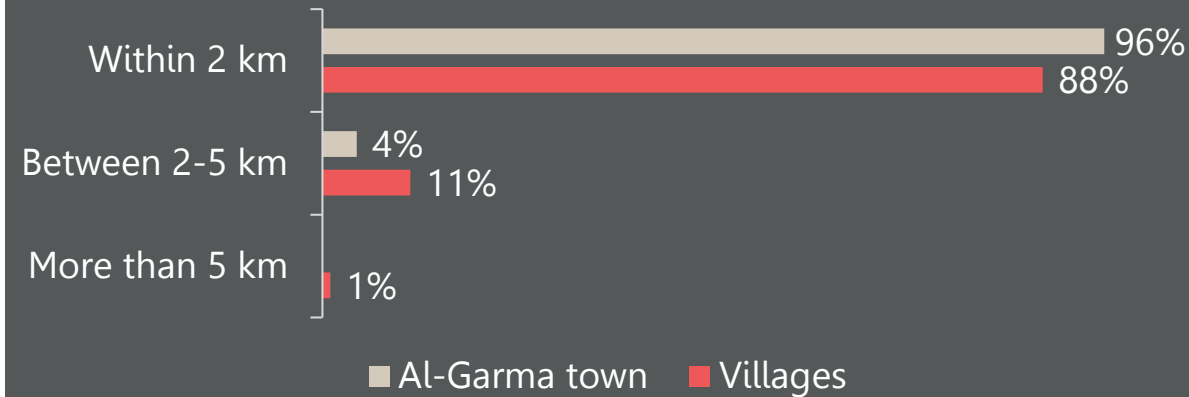
SCHOOL ACCESSIBILITY

96% of HHs in **al-Garma town** reported having access to a functioning **primary school** within **2 km**.

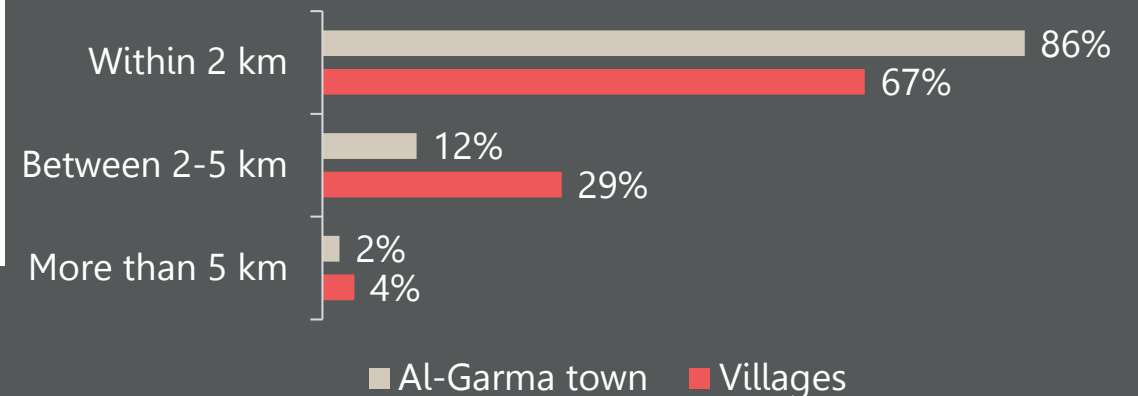
88% of HHs in the **villages** reported having access to a functioning **primary school** within **2 km**.

- A markedly lower percentage of HHs in the **villages** reported having access to a functioning **secondary school within 2 km**, compared to those in the town.

% of HHs by reported distance to closest functioning primary school



% of HHs by reported distance to closest functioning secondary school



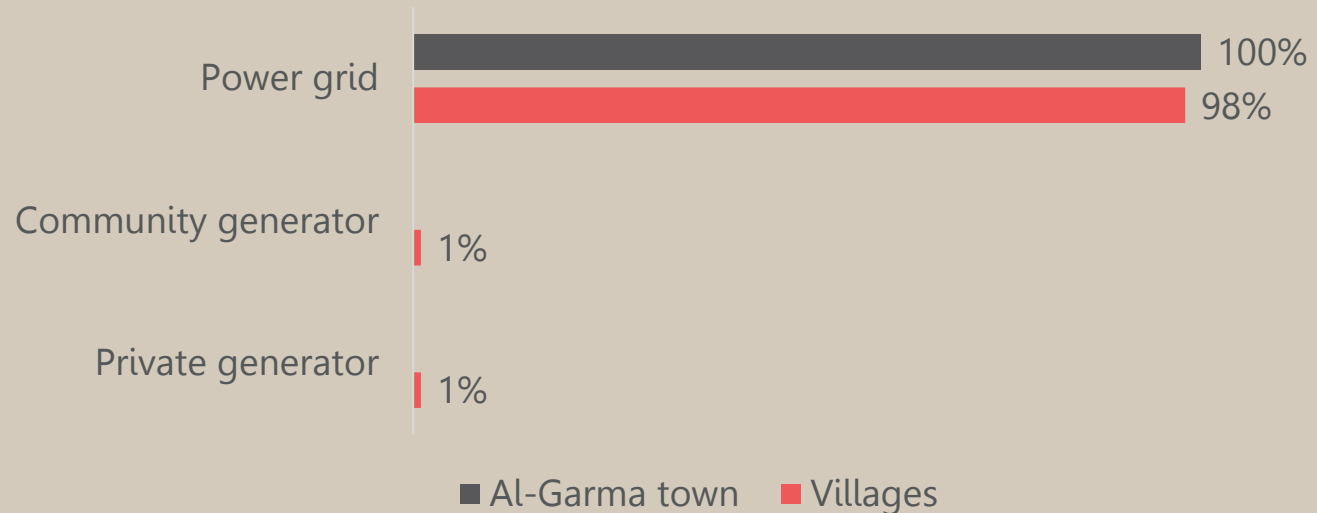


ELECTRICITY ACCESSIBILITY AND SOURCES

98% of HHs in **al-Garma town** reported having access to electricity.

99% of HHs in **villages** reported having access to electricity.

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



- Almost all CLs in both areas confirmed that the **majority of households** had **access to the public power grid**.

INFRASTRUCTURE DAMAGE

Al-Garma town

7/13 CLs in **al-Garma town** reported that there was **damage to the electrical network/infrastructure** in their neighbourhood.

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

1. Broken poles (**7/7**)
2. Broken wires (**6/7**)
3. Broken transformers (**6/7**)

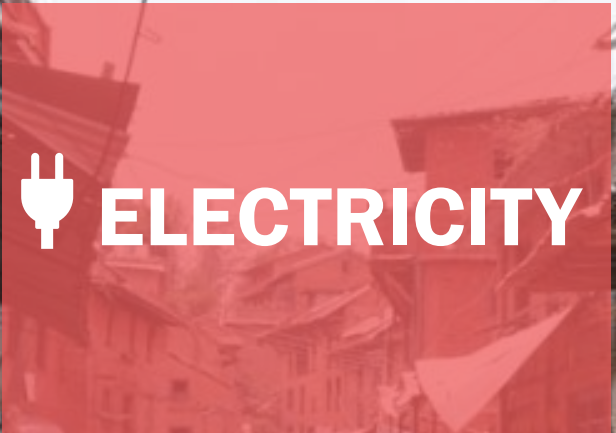
Villages

9/21 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 (**7/9**)
2. Broken wires (**7/9**)
3. Broken poles (**6/9**)

** Question allowed multiple choices.*



07

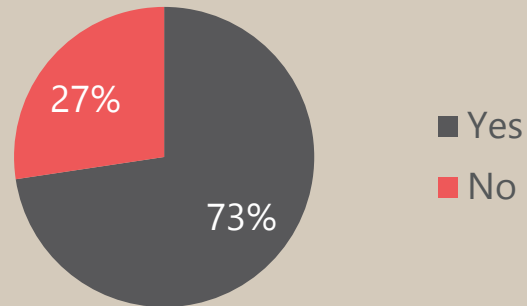


PROTECTION

SAFETY PERCEPTIONS

Al-Garma town

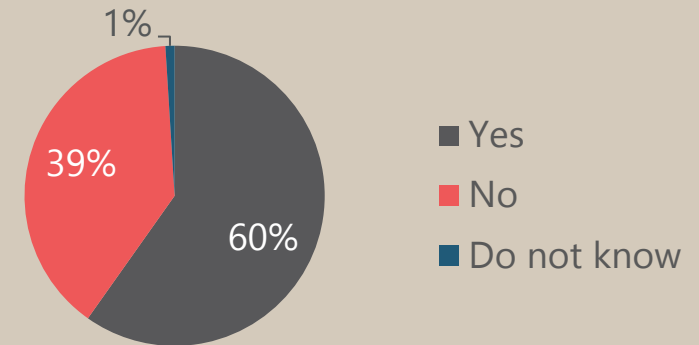
% of households reporting feeling safe from harm/violence in their location



40% of HHs in **al-Garma town** reported feeling **unable to play a role in decision making** in their area.

Villages

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



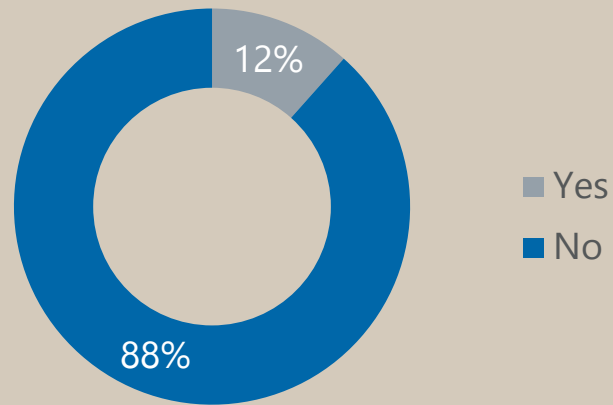
54% of HHs in the **villages** reported feeling **unable to play a role in decision making** in their area.

- Over a third of HHs in the **villages** reported **not feeling safe** from harm/violence.
- This may be related to the consistently high concerns about **non-state military actors in control of checkpoints** in the sub-district, as reported by [IOM DTM](#).

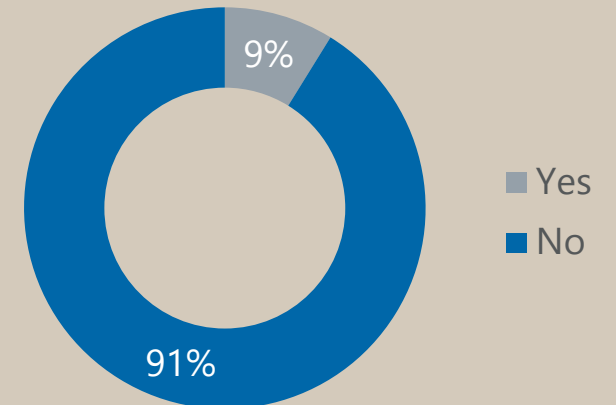
MOVEMENT RESTRICTIONS

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

Al-Garma town



Villages



- The large **majority** of households reported having **freedom of movement** in their area.

CONCLUSIONS

01

The two areas have largely experienced a **positive recovery**.

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

02

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

- **cost barriers** to accessing **health care**;
- the **distance** of **clinics** and **secondary schools** from HHs in the **villages**;
- the **non-potability of piped water** in the town.

03

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

- **lack of security** and an inability to participate in **local decision-making** in the villages;
- reliance on **temporary employment, coping strategies, and debt**, especially in the town.

04

Experts and community leaders generally **recommended**:

- upgrading and/or building new **service infrastructure**;
- providing needed **supplies** to facilitate effective service provision.

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THANKS FOR YOUR ATTENTION

