JALAWLA AREA-BASED ASSESSMENT

IRAQ

PROFILE

FEBRUARY 2022

UNHCR The UN Refugee Agency

REACH Informing more effective humanitarian action

INTRODUCTION

Jalawla town is located in the Khanaqin district of Diyala governorate, which extends from the northeast of Baghdad to the Iranian border and is an area of Iraq that has been greatly affected by conflict, displacement and returns. Diyala has a diverse ethnic composition of Kurds, Turkmen and Arabs, and Jalawla town has been known as "little Iraq" for the way these groups live side-by-side and represent the overall Iraqi population.[1] For decades the governorate of Diyala has been a flashpoint of conflict. Various districts in Diyala, including Khanaqin, saw extensive attempts at population redistribution as they were a hotbed for ethnic and sectarian conflict even before the recent combat with the so-called Islamic State of Iraq and the Levant (ISIL) in the governorate.[2]

As of December 2021, the International Organization for Migration's (IOM) Displacement Tracking Matrix (DTM) estimated that 69,630 individuals and 11,605 households lived in Jalawla town (including both returnees, and internally displaced persons [IDPs] from elsewhere).[3] This is still lower than the pre-2014 figure of approximately 87,000 individuals[4] and, despite large-scale returns, only 10% of neighbourhoods and villages in Jalawla sub-district have seen all their displaced population return.[5] The population figures for the wider district of Khanaqin also show a decrease, with the 2020 population estimated to be 244,565 individuals[6] and the 2011 one to be 300,000 individuals[7], demonstrating the mass displacement caused by the armed conflict with ISIL in the area.

ISIL fighters attacked Jalawla town in early June 2014 and took full control of it in August of the same year. Clashes continued in and around the town for several months until it was retaken by a combined force of Kurdish Pershmerga and Shiite militias. This period of fighting and occupation led to the entire civilian population fleeing.[8] It also caused widespread damage to the town, with extensive damage to a total of 1,771 structures being identified by a February 2015 assessment.[9] The damage was particularly concentrated in the southern neighbourhood of Tajneed, where ISIL fighters were based.[10] Power lines, transformers, electricity plants, water and sewer pipes, and dozens of schools were damaged or destroyed in the town, and the local hospital was raided for medical supplies.[11]

Now that a large proportion of IDPs from Diyala have returned to their homes or areas of origin (76% according to IOM DTM), the governorate currently has the fifth largest returnee population in Iraq, which is concentrated in four districts across 224 locations.[12] As of December 2021, Jalawla town had a markedly larger population of returnees than the other major towns and cities of Diyala, with returnee individuals numbering 69,126 in the town (constituting over two-thirds of Khanaqin district's returnee population, and almost 30% of Diyala's).[13]

Jalawla is considered to present some pronounced challenges for returnees.[14] IOM DTM data indicated challenges around safety and security, electricity and water provision, employment opportunities, economic recovery, and unrepaired infrastructure but there was previously a lack of other in-depth localised information on these areas.[15]

As the context in Iraq transitions into post-conflict recovery and stabilization, the priority of the government and the humanitarian community has shifted to facilitating safe and durable solutions to

[1] Inter-Agency Information and Analysis Unit, Diyala Governorate Profile; IOM Iraq, Labour Market Opportunities and Challenges - Khanaqin District, Diyala Governorate, April 2019
[2] NGO Coordination Committee for Iraq (NCCI), Diyala Governorate Profile, January 2016
[3] IOM DTM, IDP and Returnee Master List Datasets 124, December 2021
[4] Amnesty International, Banished and dispossessed: Forced displacement and deliberate destruction in northern Iraq, January 2016
[5] IOM DTM, Return Index Dashboard, December 2021
[6] IOM Iraq, Labour Market Opportunities and Challenges - Khanaqin District, Diyala Governorate, April 2019
[7] Kurdistan Region Statistics Office (KRSO), data available on request
[8] Amnesty International, Banished and dispossessed: Forced displacement and deliberate destruction in northern Iraq, January 2016
[9] UNITAR/UNOSAT, Damage Assessment of Jalawla, Diyala Governorate, Iraq, February 2015
[10] Amnesty International, Banished and dispossessed: Forced displacement and deliberate destruction in northern Iraq, January 2016
[11] IOM Iraq, Labour Market Opportunities and Challenges - Khanaqin District, Diyala Governorate, April 2019
[12] IOM DTM, Returns Dashboard, December 2021
[13] IOM DTM, Returnee Master List Dataset 124, December 2021
[14] IOM Iraq, Labour Market Opportunities and Challenges - Khanaqin District, Diyala Governorate, April 2019
[15] IOM DTM, Return Index Dataset 14, December 2022

displacement through sustainable return, local integration, or relocation. In April 2020, the Durable Solutions Task Force (DSTF) was established through the humanitarian coordination architecture of Iraq. The DSTF is a body designed to bring together humanitarian, development, stabilization, and peacebuilding actors in a dedicated platform working towards solutions to displacement in Iraq. The Task Force is supported by two national-level groups, the Returns Working Group (RWG) and the Durable Solutions Technical Working Group (DSTWG). The DSTWG was designed to focus on the design and implementation of programs and approaches aimed at supporting durable solutions in Iraq. As part of this mandate, the DSTWG has established area-based coordination (ABC) groups in several locations across Iraq to promote area-based approaches to durable solutions and coordinate programming, response, and strategy on a local scale. Diyala is one of these areas where an ABC has been established.

With the shift in context in Jalawla, detailed information on service provision and household needs and vulnerabilities in areas of return is crucial to inform planning and activities. To support the ABC's planning and the operations of fellow members and other actors, REACH conducted an area-based assessment (ABA) in Jalawla town. Data collection was carried out between the 12th and 31st of December 2021. The ABA was funded by the United Nations High Commissioner for Refugees (UNHCR), and REACH developed its research design in collaboration with UNHCR and IOM. Consistent with previous ABAs, the assessment collected information on the current needs and vulnerabilities of households living in Jalawla town, as well as existing services and households' perceptions of these. Data was collected to provide a multi-sectoral overview of circumstances, bridge existing information gaps, and inform ongoing or planned humanitarian interventions. More specifically, needs were assessed across various sectors, including livelihoods, protection, shelter and non-food items, food security, health, education, water, sanitation and hygiene (WASH) and electricity.

METHODOLOGY

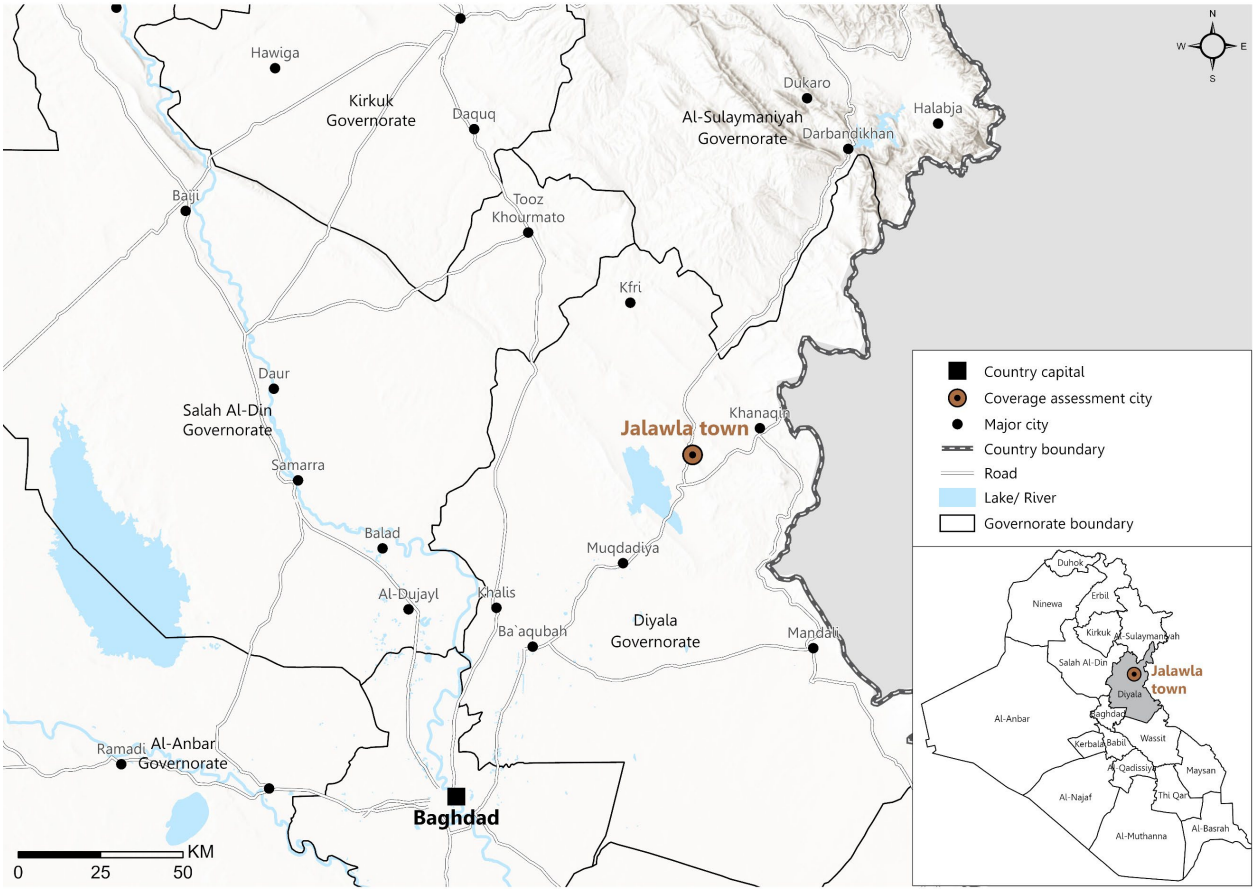
Data collection for the Jalawla ABA consisted of a predominantly quantitative methodology. Data was collected through a household-level survey conducted with households living in Jalawla town, key-informant interviews (KIIs) with community leaders (neighbourhood and village mukhtars) and subject-matter experts (SMEs), and mapping key-informant interviews (MKIIs) with community leaders. A different tool was utilised to collect data for each of these four interview types.

Before the start of primary data collection, REACH conducted a secondary data review (SDR) of existing data relevant to the situation in Diyala governorate and Khanaqin sub-district in general and Jalawla town in particular. Information gathered through this process was used to build contextual knowledge to inform the data collection plan, identify information gaps, and triangulate findings from the ABA primary data.

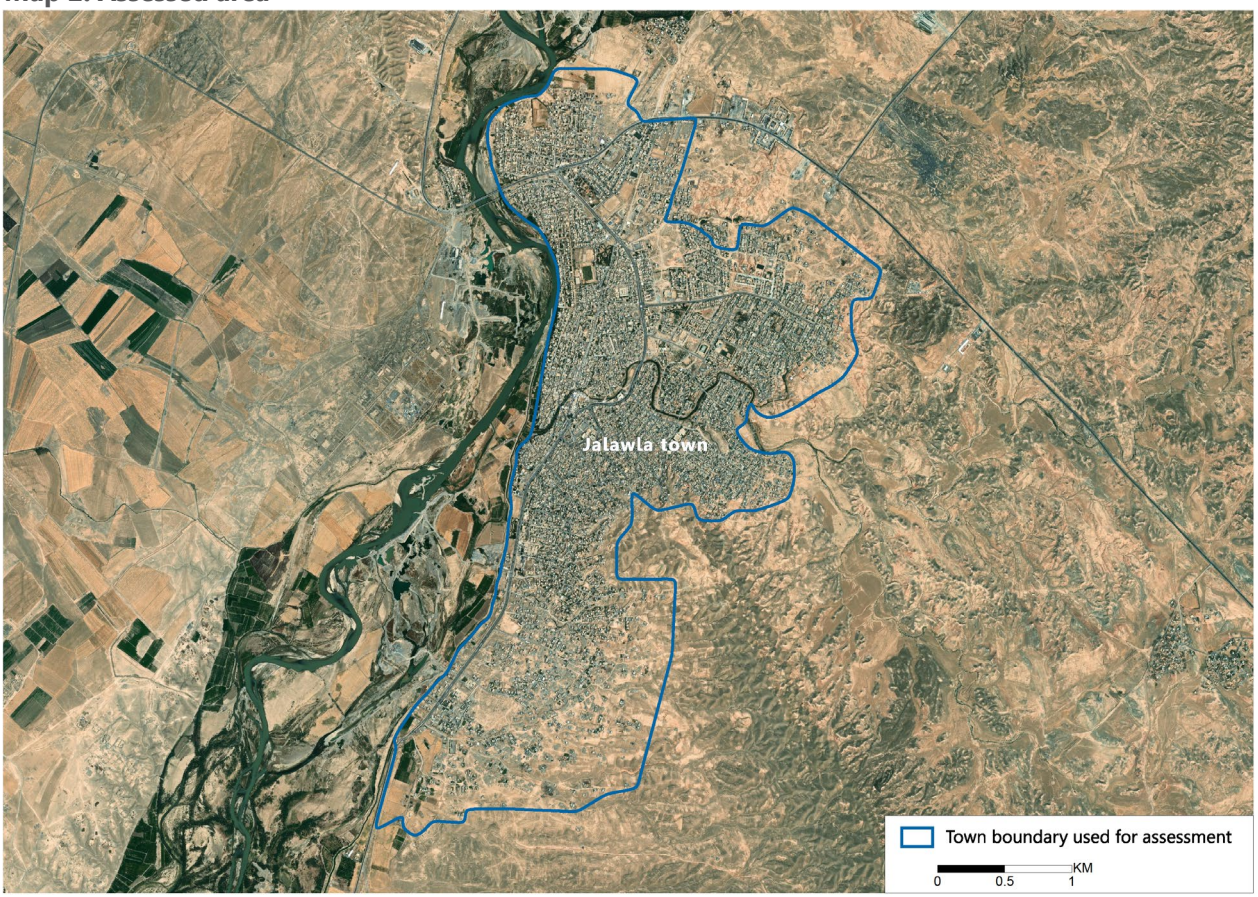
REACH conducted a total of 321 validated household surveys through face-to-face interviews in the town in mid- to late-December 2021. Since all households were displaced from this area in 2014, the people of the town are all considered returnees or IDPs. Households were selected through simple random sampling, which produced results that are generalisable with a 95% level of confidence and 5.5% margin of error. The methodology originally aimed for a 5% margin of error, but this had to be increased to 5.5% due to deletions of short or incorrectly located surveys. Another limitation of the data is that they do not provide generalisable results at a neighbourhood level. For this reason, analysis had to be kept at the city level.

A total of 20 community leader KIIs were conducted to obtain general information on the living conditions and functionality of services within their areas of responsibility. A total of 28 KIIs were conducted with SMEs who had specialised knowledge of service provision – education, healthcare, water, electricity, solid waste removal, livelihoods, and legal issues – within the town. All community leader and SME KIIs were done remotely through telephone calls. REACH also conducted 7 MKIIs with community leaders to map infrastructure and services, including their presence, quality, and other circumstances, in each neighbourhood. The mappings were conducted face-to-face using physical maps obtained from UNOSAT imagery.

Map 1: Location of Jalawla town in Iraq



Map 2: Assessed area



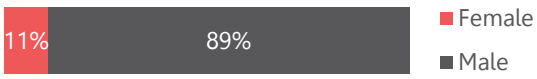
Assessment Findings

Demographics

Of the households interviewed for the Jalawla ABA, all but one could be classified as returnees (99.7%) as they reported having lived in the same location prior to 2014 but having spent a period in displacement since then. The one remaining household was composed of IDPs that had been displaced by conflict from elsewhere since 2014.

The ABA found that a **smaller proportion of the town's population was reportedly young compared to previous REACH Iraq ABA samples and to the national-level sample of the 2021 Multi-Cluster Needs Assessment**: a little less than half of household members in the assessed households were below 25 years old (48%) and a little less than a third of household members were below 18 (31%). The majority (67%) of household members were aged between 18 and 59 and only a very small minority (2%) was 60 or over.

Figure 1: Household members by gender



The members of the assessed households were quite evenly divided in terms of gender, with a slight predominance of women (53% compared to 47% that were men).

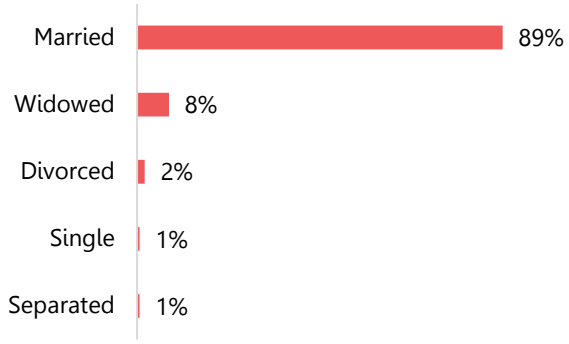
The average number of members in each household was four and, among households that had children, the average number of children was two.

The most reported demographic profile of heads of household was male (89%) and married (89%), with a median age of 40.

Figure 2: Gender of the head of household

Women constituted 11% of heads of household among the assessed population in the town. Female heads of household were more commonly reported to be widowed (71% against 1% of male heads) and not working for pay or profit (89% against 26% of male heads), and they had an older median age (43 against 38 for male heads).

Figure 3: Head of household marital status



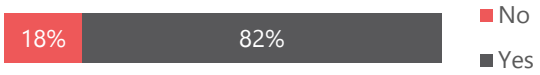
Health

This sub-section outlines assessment findings related to household health conditions and access to health services. **Households in the town generally reported having access to basic healthcare services**. However, medical care was reported as a top priority need by more than a third of households (42%) in the town. The ABA identified **various barriers to accessing healthcare, including frequently reported issues related to overall cost, fear of contracting COVID-19, and shortage of medicine in healthcare facilities.**

Almost two-thirds (66%) of households in Jalawla reported having access to a health clinic within two kilometres of where they live, and 34% of them reported having access between 2-5 kilometres. However, only a minority of households (1%) reported having access to a hospital within two kilometres, and the vast majority (90%) stated that the nearest functioning hospital was between 2-5 kilometres away.

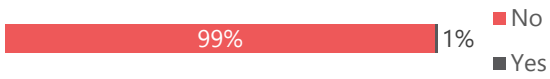
According to the household survey, more than three-quarters (82%) of household members in Jalawla town reportedly needed to access health services or treatment in the three months preceding the data collection. Of those, only a small proportion (1%) were reportedly unable to access the needed healthcare services. The most reported barriers to accessing health services among individuals that needed them were the cost of the services/medicine being too high (21%), fear of contracting COVID-19 (7%), and a shortage of medicine at health facilities/pharmacy (6%).

Figure 4: Household members that reported needing to access health services or treatment in the 3 months preceding data collection



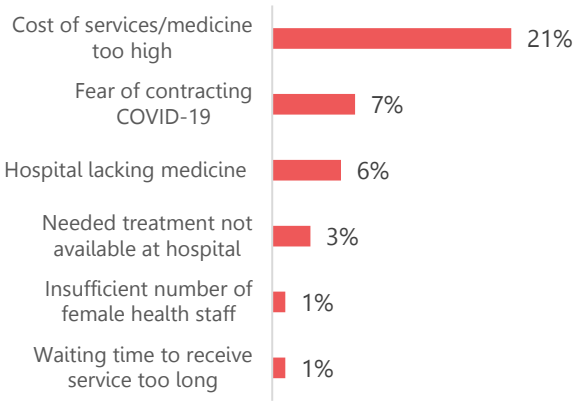
Only a small minority of individuals in the town (1%) reportedly had a physical or mental disability that caused them significant difficulty or made them incapable of carrying out basic actions, such as seeing, hearing, walking, remembering, concentrating, self-care, and/or communicating independently.

Figure 5: Proportion of household members that reported being able to access health services or treatment, of those that needed access



The same number of community leaders stated that access to healthcare services in their neighbourhood had improved (7/20) and worsened (7/20) compared to before June 2014, with the rest saying access had not changed. Even still, a majority (17/20) of community leaders reported that a range of healthcare procedures was unavailable including cancer treatment (17/20), treatment for chronic diseases (13/20), and treatment for psychological conditions (5/20). These issues were further confirmed by 3/4 of SMEs.

Figure 6: Most reported barriers to accessing health services, among individuals that needed to access health services[16]



To improve healthcare in the town, health experts suggested providing healthcare facilities with additional treatments and medicine (4/4), improving the supply of equipment such as MRI devices to health facilities (3/4), and providing healthcare facilities with specialized medical staff (1/4).

[16] Multiple answer options could be selected for this question so the total result may exceed 100%

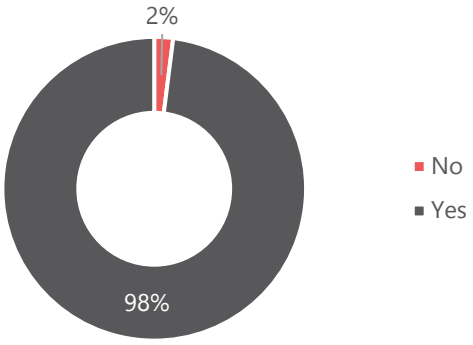
EDUCATION

This sub-section of the report presents the main findings on the education system and households' access to education in the town. According to household respondents, **school-age children were generally attending formal education**. However, **a minority reportedly was not, predominantly due to parental refusal** (33% of the children that were reportedly not attending). The ABA also identified that the majority of school-age children reportedly had access to schools within 2 km – both primary schools (94%) and secondary schools (83%). A small percentage of households (4%) stated that there was an insufficient number of trained and certified teachers in the local schools.

Attendance

According to the household survey, the vast majority (98%) of school-aged household members (6-17 years old) in Jalawla town were reportedly attending formal education regularly during the 2021-22 school year. When households were asked about the minority that was not attending, the most reported reasons were: parental refusal to send children to school (2/6), child is disabled, unhealthy, or traumatized (1/6), could not afford school expenses (1/6), and child is working or supporting household (1/6). Interestingly, no school-aged child who attended formal education had reportedly missed a year or more of formal education since 2014.

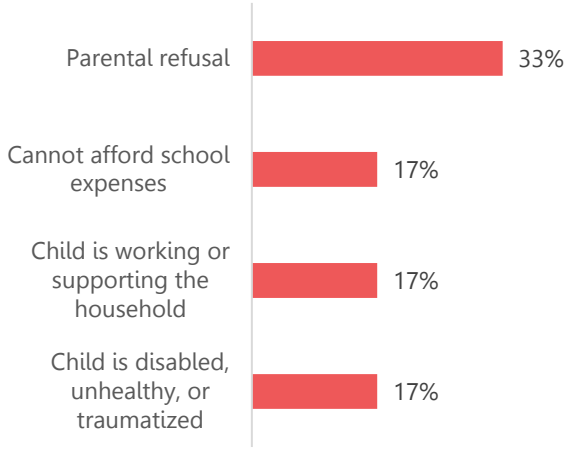
Figure 7: School-age HH members (6-17) reportedly attending formal education



Barriers

Most community leaders in Jalawla town (14/20) reported that school-aged children in their neighbourhood did not face any barriers to accessing education. Among those that did cite barriers, the most reported were schools lacking a suitable curriculum (4/6) and schools not being in good condition (3/6). Almost all (18/20) community leaders in the town stated that **schools in their neighbourhood lacked equipment and supplies**, with desks (11/28), books (11/18), AC units (10/19), blackboards (9/18), lab equipment (9/19), and stationary (5/18) being especially scarce in their areas, according to the KIs.

Figure 8: Most reported reasons that school-age HH members were not attending formal education, as reported by households[17]



To improve the education in Jalawla town, education experts suggested building more schools and/or repairing damaged/destroyed ones (4/4), supplying schools with sufficient teaching supplies, such as desks and whiteboards (4/4), and hiring additional teaching staff (2/4).

[17] Multiple answer options could be selected for this question so the total result may exceed 100%

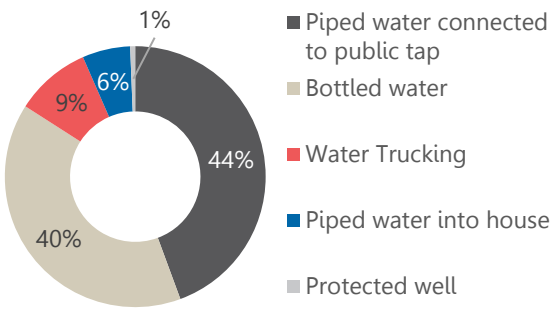
WASH

The ABA findings on water, sanitation, and hygiene conditions and service provision in Jalawla town show that **all households reported being connected to the piped water network**, and nearly half of households reported depending on the piped water grid as their primary source of drinking water. However, all water experts reported the need to build more water pipes, which was confirmed by a few community leaders. **Collection of waste by the municipality was the main method of waste disposal** for more than two-thirds of the households. According to the survey results, access to sanitation facilities was strong, with almost all households (98%) in the town reporting having access to private and improved latrines. All households also reported having access to soap.

Water

All households (100%) in Jalawla town reported being connected to a piped water network. Households reportedly depended on multiple sources of water for drinking, including piped water connected to public tap (44%), bottled water (40%), water trucking (9%), and piped water into their house (6%).

Figure 9: Households by reported primary source of drinking water



More than half (12/20) of community leaders in Jalawla town reported that households in their neighbourhood was connected to the piped-water network. All KIs (4/4) with expert knowledge of water reported that the water treatment plants and pumping stations in the area were effective in providing water to the households of the town. However, half (2/4) of water SMEs also stated that there were cracks in the piped-water network in the area, leading to low water pressure.

To improve water access, SMEs suggested constructing a new piped water network (4/4), building more or stronger water pumps in the area (4/4), and improving water treatment plants by providing them with continuous electricity (4/4). Community leaders in the area suggested similar solutions: extending a new piped water network (6/20), strengthening and/or increasing the number of water pumps (5/20), and maintenance of treatment plants (3/20) in order to improve water provision in their neighbourhood.

Solid waste

According to the household survey, the primary method of waste disposal for the majority of households (68%) in the town was collection by the municipality. The next most reported method was disposal via communal garbage bins (32%).

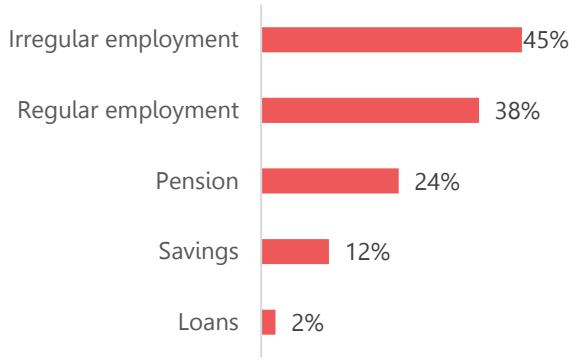
In spite of these reported methods, more than half of the interviewed community leaders in the town (11/20) reported that **there were households informally disposing of their waste in their neighbourhood**, with open dumping (10/11) and open burning (3/10) being the most reported informal disposal methods. However, all SMEs (4/4) reported that households in the area had access to formal waste removal services. Nearly half of community leaders (9/20) agreed that the existing solid waste disposal services were insufficient to meet household needs, citing the infrequency of collection (7/9), the lack of waste pickup locations (6/9), the lack of waste collectors (5/9), and the lack of collection equipment (4/9) as the main issues. Interestingly, all waste SMEs (4/4) reported that the waste dumping services available were sufficient to meet the needs of the population.

To improve solid waste disposal in the area, waste experts suggested allocating suitable sites for landfills (2/4). Community leaders also suggested providing the municipality with garbage containers (10/20) and hiring more waste removal personnel (6/20).

Livelihoods

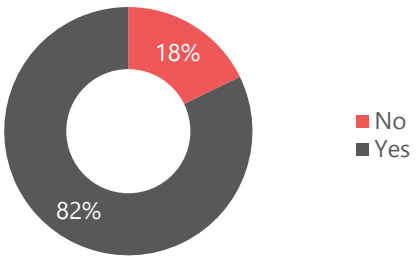
Findings from the ABA indicated that there were challenges in the area of livelihoods in the town. **Though the majority of economically active adults were reportedly earning an income from employment**, a minority were facing several barriers that included high competition for existing jobs and excessive distance to available jobs elsewhere. According to most interviewed community leaders (14/20), **there were households in their neighbourhood that didn't earn enough money to cover their expenses**.

Figure 10: Most reported household income sources for the 30 days preceding data collection[18]



Irregular employment (temporary or daily wage gaining) (45%) was the most reported source of income for households in Jalawla town. The next most frequently mentioned sources of income were regular employment in the public or private sector (38%), pension (24%), and withdrawals from savings (12%).

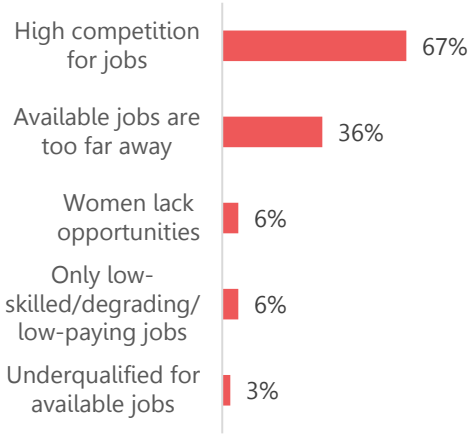
Figure 11: Economically active HH members over 18 reportedly gaining income through working



Among economically active household members over 18 living in the town, 82% were reportedly working for pay or profit.

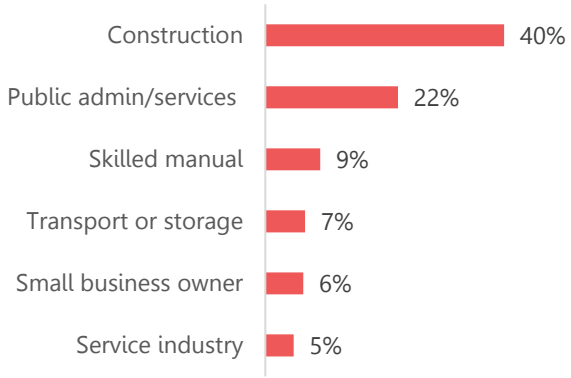
According to the household survey, the most reported **obstacles to finding work among adults actively seeking work in the towns** were **high competition for jobs** (67%) and **available jobs being too far away** (36%).

Figure 12: Most reported obstacles to finding work, among individuals actively seeking work[19]



The most commonly reported sectors of employment among individuals who reported currently working were construction (40%), public administration or services (22%), and skilled manual work (9%).

Figure 13: Most reported sectors of employment, among individuals who reported currently working



Most community leaders and livelihoods experts in the area stated the importance of creating more job opportunities to improve the livelihoods situation for inhabitants of the town.

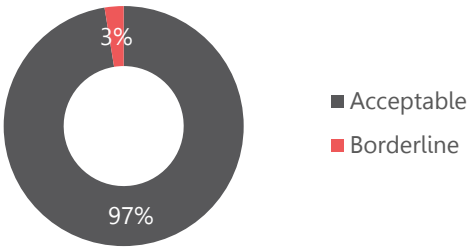
[18] Multiple answer options could be selected for this question so the total result may exceed 100%

[19] Multiple answer options could be selected for this question so the total result may exceed 100%

Food Security

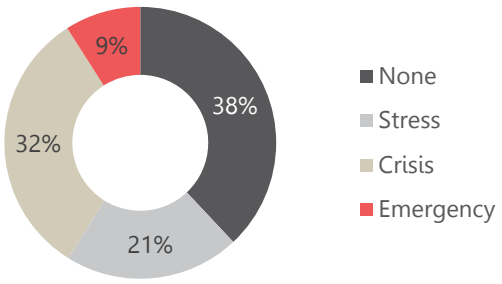
Although the ABA findings suggested that the vast majority of households in the town were generally food secure, they also revealed that a small minority in the town had a borderline food consumption score (FCS). The reported use of severe coping strategies indicated a lack of food or money to buy food among a sizable minority of households. Additionally, almost a third of households were reportedly in debt, with basic household expenditures and healthcare expenses being the main reasons behind resorting to debts.

Figure 14: Households by food consumption score category



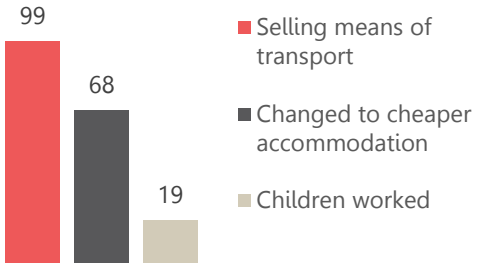
A large majority of households reportedly had an acceptable FCS (97%). However, a small minority (3%) in the town had a borderline score, indicating food insecurity and a limited frequency of consumption of protein-rich foods (i.e., households that are likely not consuming enough to meet their nutrient needs).

Figure 15: Households relying on stress / crisis / emergency strategies to cope with a lack of resources to meet basic needs[20]



According to the household survey, 41% of households in the town **were relying on crisis or emergency strategies to cope with a lack of resources** to meet basic needs.

Figure 16: The most used coping strategies, out of the strategies classified as either crisis or emergency strategies[21]

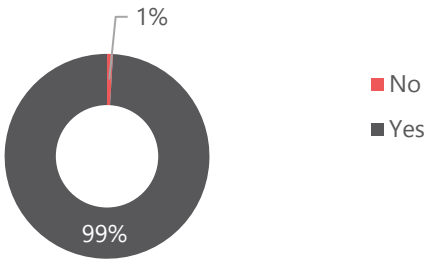


The coping strategies most used by households, out of the strategies classified as either crisis or emergency strategies, were selling means of transport and changing to cheaper accommodation.

Figure 17: Households by reported food expenditure as a share of total expenditure

In addition, a sizable minority of households (43%) reported that their food expenditure comprised at least half of their total expenditure, suggesting a certain level of economic vulnerability and food insecurity among these households.

Figure 18: Households reporting having access to a functioning market



[20] Stress strategies: sold HH assets; borrowed money; reduced spending on health/education.

Crisis strategies: sold means of transport; changed to cheaper accommodation; children worked.

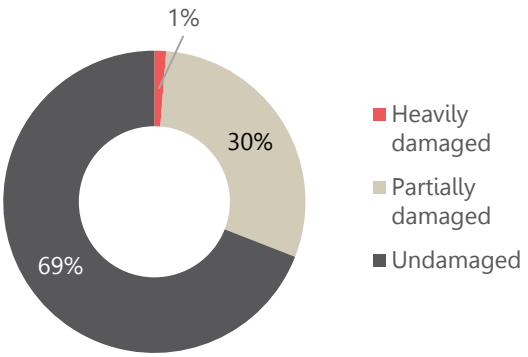
Emergency strategies: withdrew children from school; engaged in high-risk activities; whole HH migrated; forced marriage.

[21] Multiple answer options could be selected for this question so the total result may exceed 100%

SHELTER AND NFI

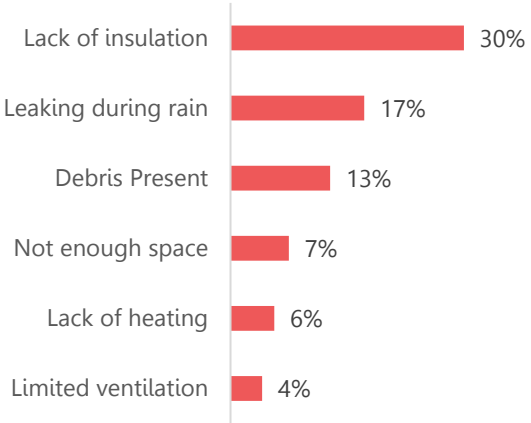
Public infrastructure and civilian homes in the town suffered damage during the period of ISIL occupation and the subsequent military operations to retake the area. The ABA data suggests that Jalawla town has not completely recovered, including the finding that nearly a third of households report their current living space to be damaged.

Figure 19: Households reporting that their current living space is damaged, by level of damage



Almost a third of households (30%) in the town reported that their current living space was partially damaged. Households' **most reported issues** with their shelter were **lack of insulation from cold** (30%), **leaking roof during rain** (17%), and the **presence of dirt or debris** (13%).

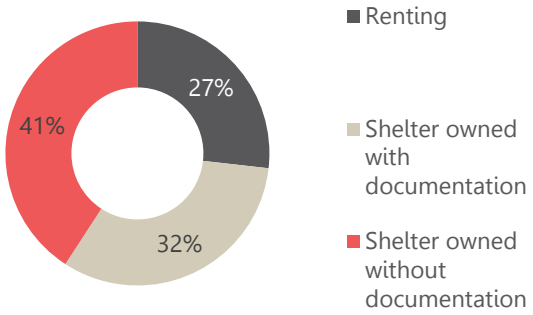
Figure 20: Households' most reported issues with their current shelter[22]



[22] Multiple answer options could be selected for this question so the total result may exceed 100%

Nearly half of households (41%) in the town reported owning their current shelter without documentation. Regarding households' current shelter types, all (100%) reported living in a house.

Figure 21: Households by reported current housing tenure

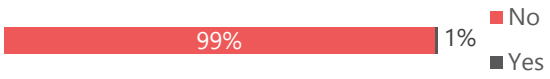


The majority of households (86%) in the town reported a need for certain basic non-food items (NFIs), with winter heaters, stoves, and fuel being the most commonly reported needs.

Protection

Overall, the ABA findings suggest that most households in the town did not have severe protection needs. The vast majority (99%) reported not having faced stigmatisation or discrimination in their current location. However, **a minority of households in Jalawla town (9%) reported not feeling safe from harm/violence in their current location**.

Figure 22: Households reporting having faced stigmatisation or discrimination in their current location



Child protection indicators suggested a mixed situation in the town. There were a few reported cases of child labour (10 cases) and child marriage (4 cases), and **nearly a third of households (30%) reported that one or more child members displayed signs of psychosocial distress.**

All legal experts (4/4) stated that free legal services were available for households that could not afford to pay. The free available services were: preparation of documents for service applications or for court filings (4/4), counselling and advice on legal matters (4/4), representation in civil/criminal cases (4/4), preparation or review of contracts (4/4) and notary public services (3/4).

A minority of households in the town (8%) reported that they experienced movement restrictions in the month preceding data collection. Forty percent of households reported being unaware of how to access complaint mechanisms.

Civil Documents

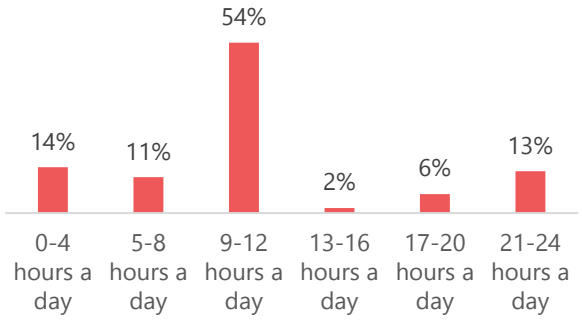
According to the household survey, **almost every household (99.7%) had their personal documentation valid and stored in a secure place.** Just 1 household reported to have lost, damaged, invalid, or expired documentation. Legal experts (4/4) also reported that households with perceived ISIL links were facing heightened barriers when attempting to obtain new documentation.

Electricity

The ABA findings indicated that **the vast majority of households had access to electricity**. According to the household survey, almost all households in the town had access to the public grid, which was confirmed by more than half of community leaders. The main reported issue to address was the general damage to the electricity network, which was relayed by most of the community leaders and experts. Broken transformers, broken wires, and broken poles were the most commonly reported damage issues.

All households with electricity in Jalawla reported the public power grid as their primary source of electricity (100%). More than half (54%) of households in the town stated that they had access to electricity 9-12 hours per day, 21% reported having access for more than 12 hours, and 25% reported less than 9 hours.

Figure 23: Households by reported average number of hours that electricity is available in their house per day



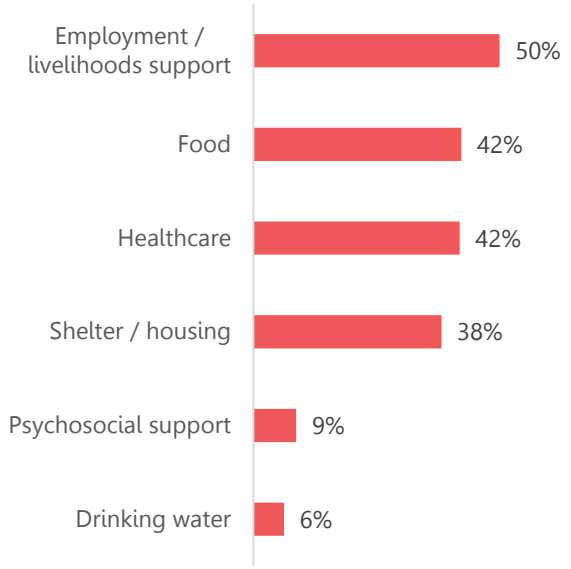
More than half of community leaders (11/20) in Jalawla reported **that there was damage to the electrical network/infrastructure** in their neighbourhoods, comprised of broken poles (10/11), broken wires (10/11), and broken transformers (8/11).

To improve access to electricity in the town, community leaders suggested repairing/providing electrical supplies/equipment such as poles, transformers, and wires (15/20) and construction/repair of the electrical network (6/20). Half of the electricity experts (2/4) recommended establishing new electrical plants in the area or rehabilitating old ones.

Humanitarian Needs and Assistance

Employment or livelihoods support and **medical care** were **the top priority needs reported by households in the town**. The 2021 Multi-Cluster Needs Assessment (MCNA) found that the most commonly reported priority needs for households through Iraq were healthcare (59%), food (54%), livelihood support/employment (56%), and shelter/housing (38%). The ABA findings on households' top priority needs in Jalawla closely matched the MCNA's general findings, with some difference in the healthcare (42% compared to 56% for the MCNA) and food (42% compared to 52% for the MCNA) sectors.

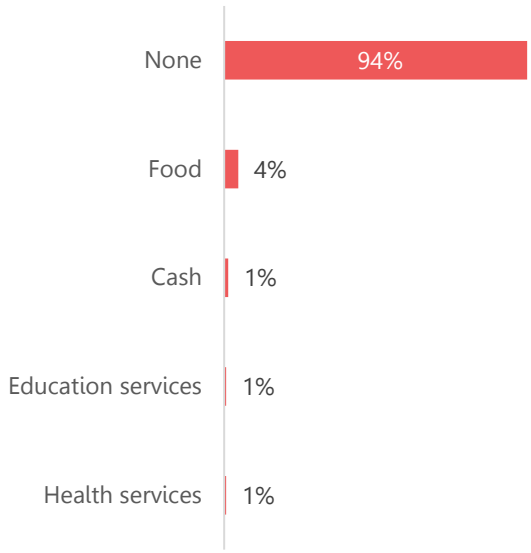
Figure 24: Households' most reported priority needs[23]



The **vast majority** of households in the town (94%) **reported not receiving any type of humanitarian assistance** in the 30 days preceding the data collection.

Of the households that did reportedly receive assistance (6%), the most commonly reported types of assistance received were food and cash. A minority of households (15%) who reported received humanitarian assistance said they were not satisfied with the assistance received.

Figure 25: Households by reported type of assistance received[24]



[23] Multiple answer options could be selected for this question so the total result may exceed 100%

[24] Multiple answer options could be selected for this question so the total result may exceed 100%

Conclusion

During the 2014-2017 conflict and ISIL occupation, Jalawla town experienced serious damage and disruption, in terms of mass displacement, destruction of houses and infrastructure, and degradation of services and livelihoods. This ABA's objective was to assess the current situation in the town now that several years have passed since their liberation. It set out to provide a multi-sectoral overview of conditions, access to services, and household needs and vulnerabilities to support ABC planning and inform humanitarian and development programming. Overall, the findings of the assessment indicate that the town has experienced a positive recovery but that some important challenges remain regarding access to certain services and meeting particular household needs.

Regarding the current availability, functionality, and accessibility of services and infrastructure in the town, the ABA found that most households had access to a range of functioning basic services, but that some infrastructure and service gaps continued to exist. Almost all households reported having access to electricity from the public grid, the majority stated that their solid waste was collected by the municipality, the vast majority of household members that needed healthcare reported being able to access it, and almost all school-age children were reportedly attending formal education, all of which indicated that certain key services are generally available and accessible to households in the town.

However, there were reportedly major issues with some key services, such as drinking water provision through the piped-water network into people's homes. Only a small percentage of households reported piped water into their house as their main source of drinking water, obliging many households to rely on public taps which may lead to water transport difficulties, or bottled water, potentially entailing problems of water availability and affordability. Despite the high attendance rate, the educational services provided by local schools were reportedly also inadequate in many neighbourhoods as they lacked key equipment and supplies, according to community leaders. Reportedly, desks and books were particularly scarce due to destruction by ISIL, an excessive number of students, and a lack of support from the authorities. Additionally, most households received electricity from less than half the day, even though almost all were connected to the power grid.

Turning to the multi-sectoral needs of the population in the town, specific indicators showed certain unmet needs and vulnerabilities that were widespread among the households. In the area of food security and livelihoods, the situation appeared to be mixed, with some indicators highlighting negative conditions and others indicating generally acceptable standards. The level of food consumption of the vast majority households was reportedly acceptable and most economically active adults were reportedly working for pay or profit. However, the stability and sustainability of many households' income seemed uncertain as the most reported source was temporary or day labour and the fourth most cited was withdrawals from savings. A large minority of households also reported having relied upon severe strategies to cope with a lack of resources to buy food. Additionally, employment and/or livelihoods support was the most reported priority need of households in the town. These findings suggested that a sizable portion of the households may be financially struggling to meet their basic needs.

Households' reported shelter conditions generally appeared relatively positive. Most households reported that their shelter was undamaged and only a very small minority stated that it was heavily damaged or destroyed. However, households' occupancy status was less secure as less than a third reported owning their shelter with the documents proving ownership, and the rest reported owning without documentation or renting.

In addition to highlighting the needs and service gaps in the town and the villages, the Jalawla ABA also compiled the community leader and SME recommendations on how best to improve service provision within the towns. These predominantly centred around upgrading or constructing the relevant infrastructure, including building new or repairing existing schools, laying new or repairing damaged water pipes, creating a new landfill site, and establishing new power plants. The KIs also focused on providing the necessary equipment and supplies to facilitate effective service provision, including improving the supply of

medicine and diagnostic devices to health centres, equipment (such as desks and whiteboards) to schools, electricity to water plants, and transformers, water pumps and garbage containers to the relevant authorities. In order to improve the livelihoods situation, community leaders and experts suggested less tangible support such as offering relevant vocational training and facilitating the opening of more businesses and projects. These recommendations provide an indication of some of the necessary next steps for governmental and development action in the area.

A dashboard presenting the data from the household survey component of the ABA can be found via this link.

Profile cover photograph credit: Adel Al-Dibbagh / UNHCR / 2021

About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. All REACH resources are available on our resource centre: www.reachresourcecentre.info. To find out more information please visit our website: www.reach-initiative.org

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