Al-Garma area-based assessment

Iraq

Profile

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UNHCR The UN Refugee Agency

REACH Informing more effective humanitarian action

INTRODUCTION

Al-Garma town and sub-district are located in the governorate of Anbar, to the northeast of al-Falluja city and to the northwest of Abu Ghraib and Baghdad. In 2014, the insurgency of the so-called Islamic State of Iraq and the Levant (ISIL) led to the group capturing the area, resulting in almost all of the population being displaced within or out of the sub-district at the time or in the subsequent three years.[1] Before 2014, as was reported in REACH Initiative's 2021 Rapid Assessment on Returns and Durable Solutions (ReDS), Markaz al-Garma sub-district was housing an average of 48,752 households, but between 2014 and 2016, at least 47,000 of these were displaced.[2] Recent International Organization for Migration's (IOM) Displacement Tracking Matrix (DTM) assessments found that no stayees / host community were reported to live in al-Garma town or the adjacent villages, suggesting that, in fact, all individuals were displaced from the area during the 2014-2017 period. In late May 2016, ISIL was dislodged from al-Garma sub-district by the Iraqi armed forces and their allies during Operation Breaking Terrorism.[3]

Neglect during the ISIL occupation and years of continuous fighting have damaged productive and social infrastructure in al-Garma and led to the degradation of access to essential services such as electricity, water supply, hospitals, and schools.[4] Now, as security and the overall social infrastructure improves, internally displaced people (IDPs) are returning to their homes and areas of origin. According to the latest IOM DTM data collection in December 2021, Anbar had the second largest number of returnees after Ninewa governorate, with a total of 1,542,492 individuals[5], and al-Garma sub-district has been noted by DTM as a hotspot for returnees.[6] However, returnees still face pronounced challenges re-establishing their lives in the area due to the conditions there; the IOM DTM's Return Index and previous REACH outputs indicated challenges around shelter conditions, access to drinking water, access to employment, and safety and security. However, there was previously a lack of in-depth localised information on this area to enable actors to make localised, evidence-based decisions.

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 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. East Anbar is one of these areas where an ABC has been established.

With the shift in context in al-Garma, 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 al-Garma town and a series of adjacent villages to its south (Subihat and al-Shahabi 1, 2 and 3). Data collection was carried out between the 23rd of November and the 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, IOM, and the East Anbar ABC.

[1] IOM DTM, DTM Dashboard, December 2021
[2] REACH, Rapid Assessment on Returns and Durable Solutions, Markaz Al-Garma Sub-district, January 2021
[3] CNN, Iraqi troops retake key town from ISIS in Falluja offensive, 26 May 2016
[4] GIZ, Livelihoods and economic growth for Anbar, February 2020
[5] IOM DTM, DTM Dashboard, December 2021
[6] "Subdistricts are classified as 'hotspots' if they score highly in terms of severity on at least one of the two scales (either livelihoods and basic services, or safety and social cohesion) or if they score medium in terms of severity but also host relatively large numbers of returnees, at least 60,000 returnees in a subdistrict." IOM DTM, Return Index: Findings Round Thirteen – Iraq, October 2021

Consistent with previous ABAs, the current assessment collected information on the current needs and vulnerabilities of households living in al-Garma town and adjacent villages, as well as existing services and households' perceptions of these. Data was collected to provide a multi-sectoral overview of circumstances in the communities, bridge existing information gaps, and inform ongoing or planned humanitarian interventions. More specifically, in addition to demographic data, 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.

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

METHODOLOGY

Data collection for the al-Garma ABA consisted of a predominantly quantitative methodology. Data was collected through key-informant interviews (KIIs) with community leaders (neighbourhood and village mukhtars) and subject-matter experts (SMEs), mapping key-informant interviews (MKIIs) with community leaders, and a household-level survey conducted with households living in al-Garma town and an adjacent series of villages to its south (Subihat and al-Shahabi 1, 2 and 3). A different tool was utilised to collect data for each of these four interview types.

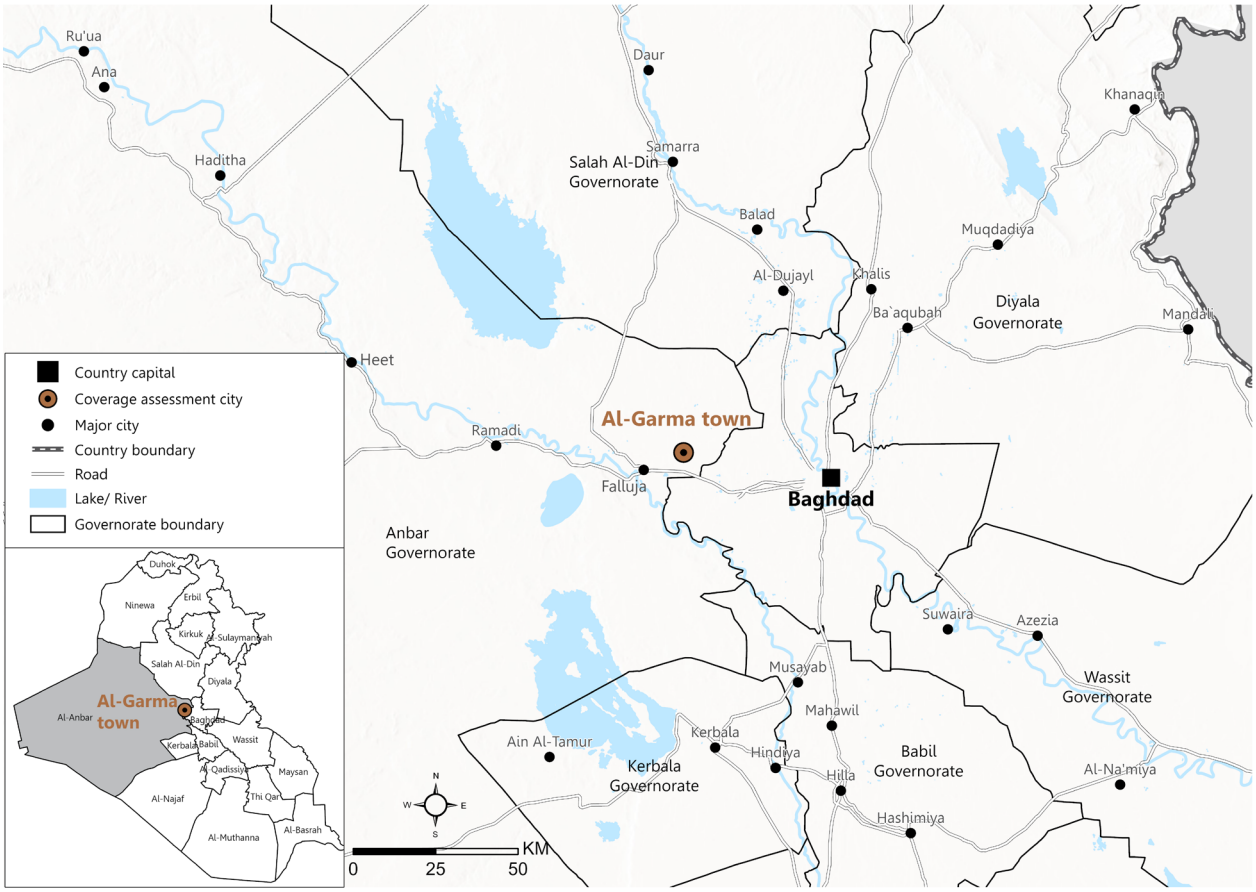
Before the start of primary data collection, REACH conducted a secondary data review (SDR) of existing data relevant to the situation in al-Garma sub-district in general and the targeted town and villages in particular. Information gathered through this process was used to build contextual knowledge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

Regarding the KIIs, a total of 13 community leader KIIs were conducted in the town and 21 in the villages 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 have specialised knowledge of service provision – education, healthcare, water, electricity, solid waste removal, livelihoods, and legal issues – within the two areas.

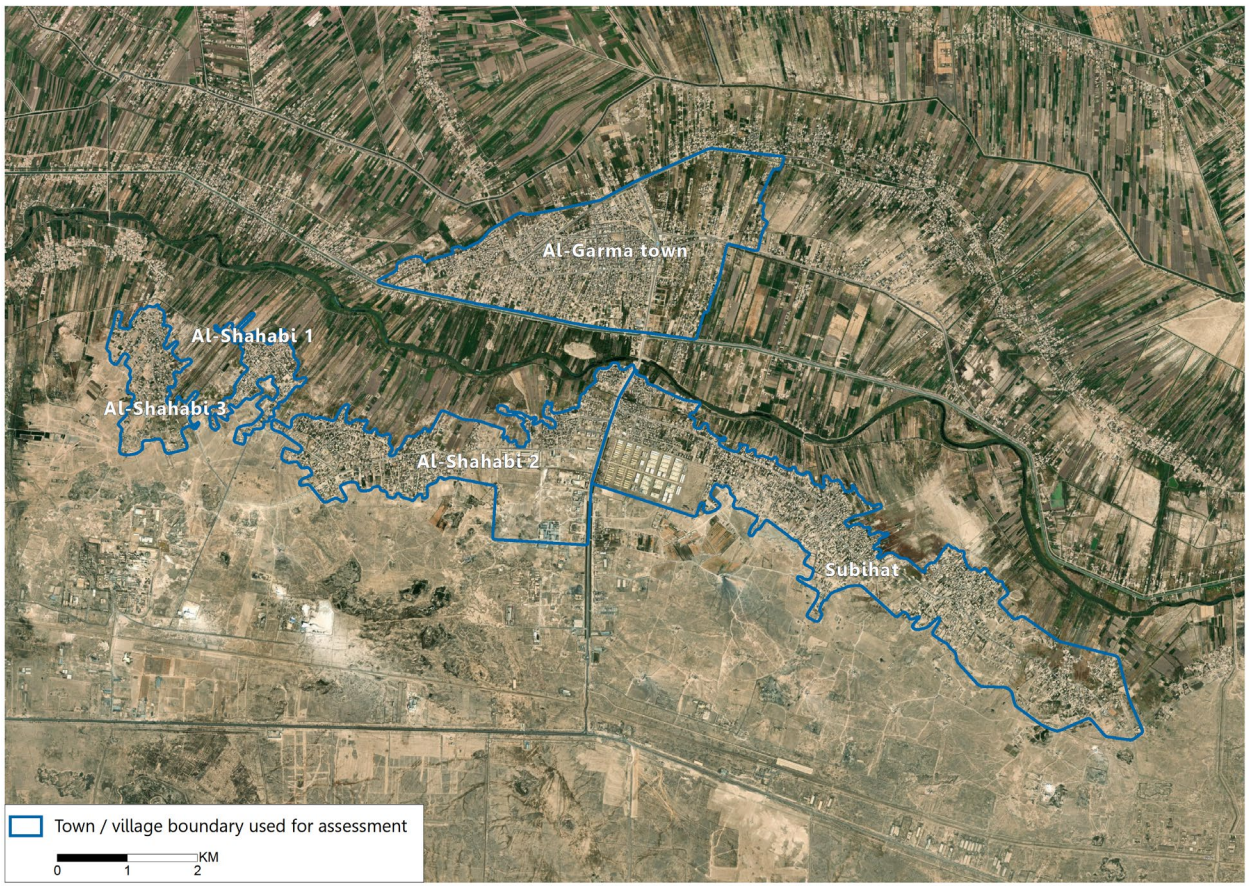
All community leader and SME KIIs were done remotely through telephone calls. REACH also conducted 12 MKIIs with community leaders to map the infrastructure and services, including their presence, quality, and other circumstances, in each neighbourhood. The mappings were conducted in a face-to-face setting using physical maps obtained from UNOSAT imagery.

REACH conducted a total of 197 validated household surveys through face-to-face interviews in the town and villages in mid- to late-December 2021. Since all households were displaced from these areas between 2014 and 2017, the people living there are all considered returnees or IDPs. Households were selected through stratified random sampling, which produced results that are generalisable with a 95% level of confidence and 10% margin of error. A limitation of the collected data is that they do not provide generalisable results at a neighbourhood or village level. For this reason, an accurate comparison of the conditions in individual neighbourhoods and villages could not be done and the analysis had to be kept at the broader area level (al-Garma town and villages).

Map 1: Location of al-Garma town in Iraq



Map 2: Assessed areas



Assessment Findings

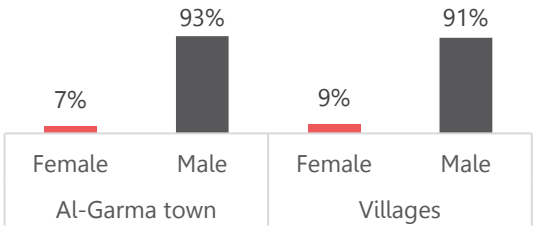
Demographics

The household-level survey was conducted across two geographical strata: households living in al-Garma town, which made up 48% of the overall household sample; and households living in the adjacent series of villages to the south (Subihat and al-Shahabi 1, 2 and 3), which constituted 52%.

Of the households interviewed for the ABA, almost all could be classified as returnees (96% in the town and 97% in the villages) as they reported having lived in the same location prior to 2014 but having spent a period in displacement since then. A very small minority (2% in the town and 1% in the villages) were households of IDPs, having been displaced by conflict from elsewhere since 2014.

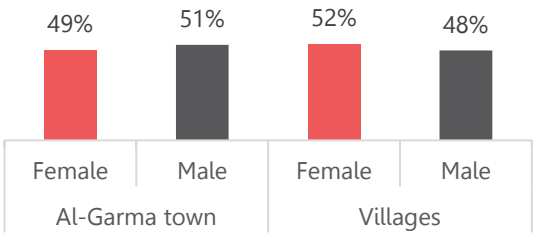
The ABA found that **a large proportion of the population of the town and villages was young**: the majority of household members in the assessed households were below 25 years old (59% in the town and 57% in the villages) and a large minority were below 18 (44% in the town and 46% in the villages).

Figure 1: Gender of Head of Household



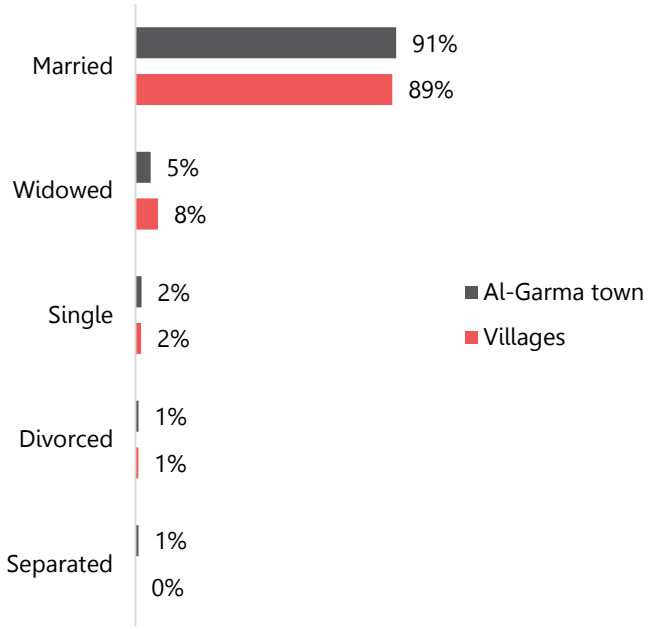
The most common reported demographic profile of heads of household was male (93% in the town and 91% in the villages) and married (91% in the town and 89% in the villages), with a median age of 37 in the town and 39 in the villages.

Figure 2: Household members by gender



Women constituted 7% of heads of household among the assessed population in the town and 9% in the villages. In al-Garma town, female heads of household were more commonly reported to be widowed (71% against 0% of male heads) and not working for pay or profit (86% against 18% of male heads), and they had an older median age (48 against 36 for male heads). These reporting patterns were similar for female heads of household in the villages: 67% were widowed, 78% were not working for pay or profit, and their median age was 45.

Figure 3: Head of household marital status



Health

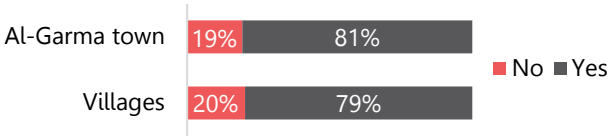
This sub-section outlines assessment findings related to household health conditions and access to health services. **Households in both the town and the villages generally reported having access to basic healthcare services**, but a sizable minority said they did not. Medical care was reported as a top priority need by approximately half the households in both areas. The ABA identified **various barriers to accessing healthcare, including frequently reported issues related to cost and distance.**

Households' access to a health clinic within two kilometres of where they lived differed markedly by their location: the majority (77%) in al-Garma town reported having this, while less than half (47%) in the adjacent villages did. However, only a minority of households in both locations reported having access to a hospital within two kilometres, and the majority in both stated that the nearest functioning hospital was over five kilometres away (63% in al-Garma town and 70% in the adjacent villages).

According to the household survey, approximately a third of household members (29% in al-Garma town and 33% in the villages) reportedly needed to access health services or treatment in the three months preceding data collection. Out of those, **a non-negligible minority (19% in the town and 20% in the villages) were reportedly unable to access the needed healthcare services**. In the two assessed areas, the most reported barriers to accessing health services among individuals that needed them were the cost of the services and/or medicine being too high (38% in the town and 37% in the villages), and the treatment centre being too far away (10% in the town and 5% in the villages).

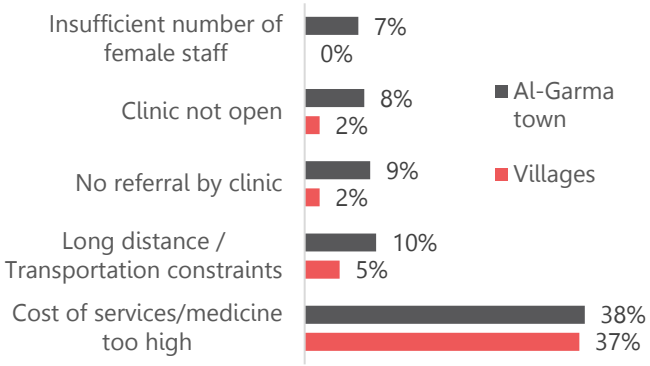
Only a small minority of individuals in the town (1%) and in the villages (1%) reportedly had a physical or mental disability that caused them a lot of difficulty or made them incapable of carrying out basic actions (seeing, hearing, walking, remembering/concentrating, self-care, and/or communicating) independently. A further 5% and 4% respectively reported experiencing some difficulty with these actions.

Figure 4: Household members that reported being able to access health services or treatment, of those that needed access



Access to healthcare services in the villages remained largely unchanged compared to before the ISIL occupation according to the majority of community leaders (16/21), whereas over half (7/13) of those in al-Garma town stated that access had decreased. A range of healthcare procedures was reported as being unavailable in most community leaders' area/village (9/13 reporting this in the town and 17/21 in the villages), with cancer treatment (6/9 in the town and 14/17 in the villages), treatment for chronic diseases (2/9 in the town and 13/17 in the villages), and treatment for psychological conditions (7/9 in the town and 4/17 in the villages) being particularly cited. Interviewed health experts, on the other hand, did not report the lack of needed healthcare procedures or equipment in the area.

Figure 5: Most reported barriers to accessing health services, among individuals that needed to access health services [7]



To improve healthcare in both the town and villages, health experts suggested constructing more health facilities within the area (3/4) and improving the supply of medicine and equipment to health facilities (3/4).

[7] 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 and the villages. According to household respondents, **school-age children were generally attending formal education** in both areas. However, a minority reportedly was not, predominantly due to health issues, high cost, and schools being closed. The proximity of schools to households was mostly good, with the majority of households in both areas reporting the presence of a functioning primary school (96% in the town and 88% in the villages) and secondary school (86% in the town and 67% in the villages) within two kilometres of their residence. Yet, there is a clear gap between the town and villages and a smaller percentage of households in the villages reportedly had schools in close proximity.

Attendance

According to the household survey, most school-age household members (6-17 years old) in both areas were reportedly attending formal education regularly during the 2021-22 school year (89% in both the town and villages). When households were asked about the minority that was not attending (12 in the town and 15 in the villages), the most reported reasons differed markedly by area: schools not functioning and children not being interested in education were the most cited in the town (4/12 and 3/12 respectively), while the child having a health condition or the household not being able to pay the school-related costs were most reported in the villages (4/15 and 3/15 respectively). Out of school-age children currently in formal education, a minority in both areas (14% in the town and 7% in the villages) had reportedly missed a year or more of formal education since 2014.

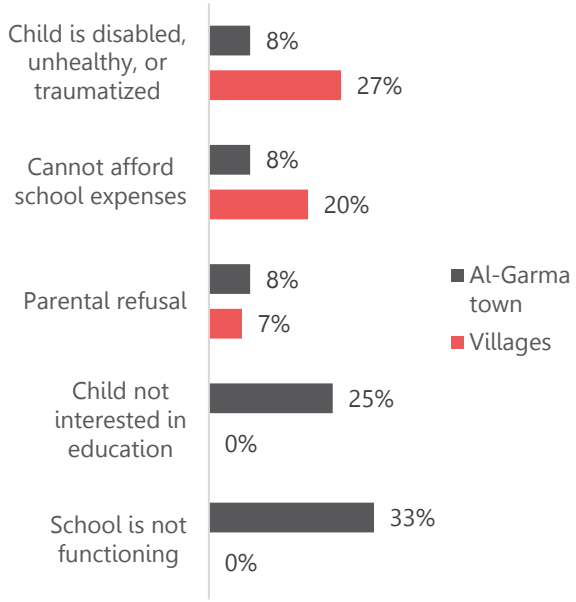
Barriers

Most community leaders in al-Garma town (9/13) and just over half in the villages (12/21) reported that school-age children in their neighbourhood / village did not face any barriers to accessing education. Among those that did cite barriers, the most reported were schools lacking trained teachers (2/4 in the town and 5/8 in the villages), schools lacking a suitable curriculum (3/4 in the town and 4/8 in the villages), schools not being in good condition (2/4 in the town and 4/8 in the villages), and a lack of space / inability to register in the school (0/4 in the town and 5/8 in the villages). The majority of community leaders in both areas (9/13 in the town and 17/21 in the villages) stated that **schools in their neighbourhood lacked equipment and supplies**, with AC units (8/9) and stationary (7/9) particularly lacking in the town, and desks (13/17), and books (12/17) being especially scarce in the villages, according to the KIs.

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

To improve education in al-Garma town and the adjacent villages, education experts suggested building more schools and/or repairing damaged/destroyed ones (4/4), hiring more teaching staff (2/4), and providing schools with sufficient stationery and books (2/4).

Figure 7: Most reported reasons that school-age HH members were not attending formal education, as reported by households[8]



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

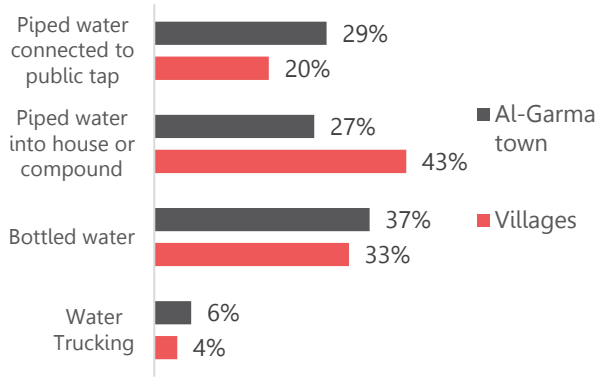
WASH

The ABA findings on WASH conditions and service provision in the town and the villages revealed a positive situation in some respects but also highlighted remaining gaps. All households in both areas reported using drinking water sources that are generally classified as improved (those which, by nature of their design and construction, are more likely to deliver safe water) but only a minority stated drinking water piped into their house. A sizable minority of households reported depending on bottled water for their drinking water, which generally ensures potable water but may entail greater issues of availability and affordability compared to use of a piped water network. Access to sanitation facilities was good, with all households in both towns reporting having access to improved toilet types (those designed to hygienically separate excreta from human contact) and almost all having private facilities (98% in the town and 99% in the villages).

Water

The **vast majority of households of the town and the villages reported being connected to a piped water network** (99% in both). However, only a minority said that a piped-water source in their house was their primary source of drinking water (27% in the town and 43% in the villages), with bottled water (37% in the town and 33% in the villages) and public taps (29% in the town and 20% in the villages) being the other important sources in both areas. The likely reason for the lower use of piped-water sources in the town is that households generally found the water from them unacceptable for drinking (74% compared to 33% in the villages).

Figure 8: Households by reported primary source of drinking water



All community leaders in the town (13/13) and almost all in the villages (20/21) reported that the majority of households in their neighbourhood were connected to the piped-water network. Most (10/13 in the town and 17/21 in the villages) also stated that piped-water provision was sufficient for the needs of households in their neighbourhood/village. All KIs (4/4) with expert knowledge on water reported that water treatment plants and pumping stations in the area were effective in providing water to the households of the town and villages. However, most water experts (3/4) also stated that there were cracks in the piped-water network in the area, leading to low water pressure and contamination of the water.

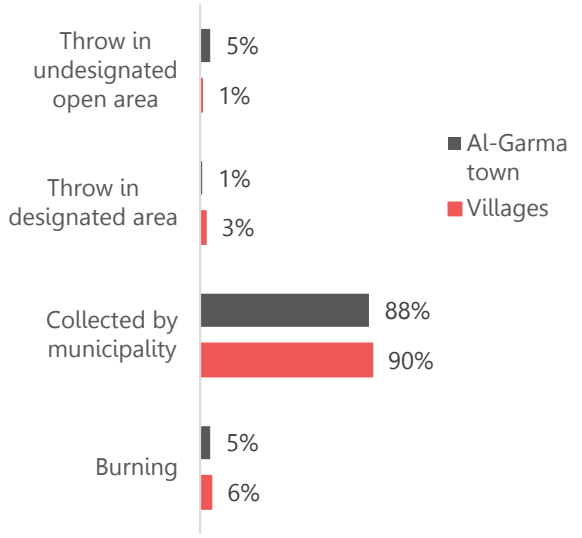
To improve water access, water experts suggested more or stronger water pumps in the area (4/4) and improving water treatment plants by providing them with continuous electricity (4/4). Community leaders in both areas similarly suggested strengthening and/or increasing the number of water pumps (8/13 in the town and 8/21 in the villages) and treatment plants (5/13 in the town and 10/21 in the villages) 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 was collection by the municipality, in both al-Garma town (88%) and the villages (90%). The next most reported method in both areas was burning the waste (5% in the town and 6% in the villages). Nonetheless, over half of interviewed community leaders in the town (7/13) and villages (13/21) reported that **there were households informally disposing of their waste in their neighbourhood**, with open dumping (6/7 in the town and 8/13 in the villages) and open burning (2/7 in the town and 9/13 in the villages) being the most reported informal disposal methods. All solid waste experts (4/4) similarly reported that there were households in the area resorting to open dumping. Over half of community leaders (7/13 in the town and 12/21 in the villages) and all waste experts (4/4) agreed that the existing solid waste disposal services were insufficient for the needs of resident households, and most community leaders cited the infrequency of collection (7/7 in the town and 9/12 in the villages), lack of equipment (2/7 in the town and 8/12 in the villages), and the lack

waste collectors (5/7 in the town and 7/12 in the villages) as the main issues. All four solid waste experts also mentioned the infrequency of collection and the insufficient number of waste collection personnel.

Figure 9: Households by reported primary method of waste disposal



To improve solid waste disposal in the area, the waste experts suggested hiring more waste collectors (3/4) and supplying the municipality with more waste removal equipment (2/4), such as compressors. Community leaders also suggested hiring more personnel (6/13 in the town and 13/21 in the villages) and providing the municipality with garbage containers and other equipment (5/13 in the town and 17/21 in the villages).

Figure 10: Households reporting being connected to piped water network

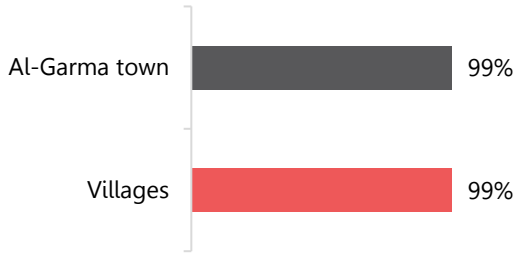
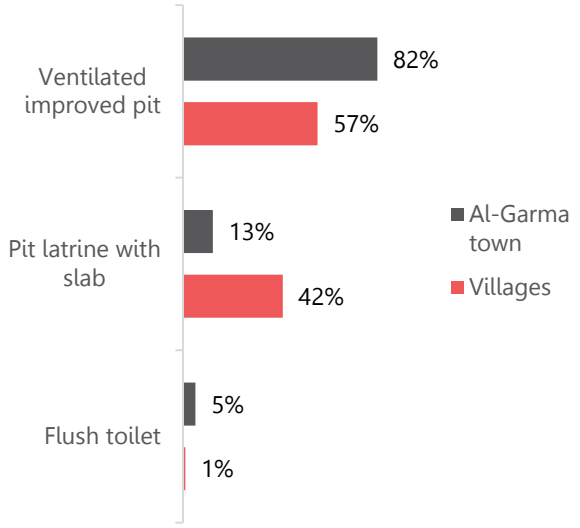


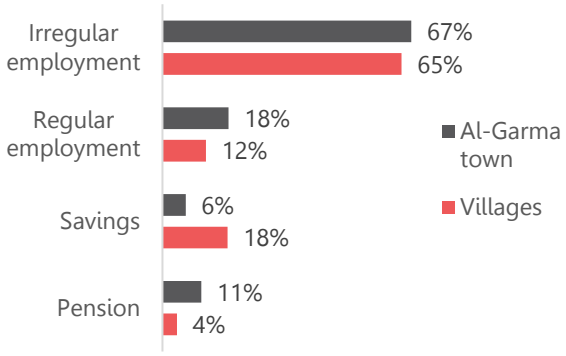
Figure 11: Households reporting having access to toilets, by type



Livelihoods

Findings from the ABA indicated that livelihoods sources were generally available but there were still challenges for households to earn a living in the town and villages. In both locations, **the large majority of economically active adults were reportedly working for pay or profit**, particularly doing temporary or day labour in the construction or skilled manual sectors. **However, almost all of the villages contained households that did not earn enough money to cover their expenses**, according to interviewed community leaders (19/21). This differed somewhat in the town, with over a third of community leaders there (5/13) saying there were no households in that situation in their neighbourhood. The findings also suggested that livelihoods had not yet fully recovered to pre-ISIL levels, with all livelihoods experts reporting that wages were still lower than before 2014 and that agriculture and construction had declined since 2014, largely due to a decrease in demand, a reduction in businesses' capital, and damage to their equipment.

Figure 12: Most reported household income sources for the 30 days preceding data collection[9]



Irregular employment (temporary or daily wage earning) was the most reported source of income for households in the 30 days preceding data collection in both the town (67%) and the villages (65%). The next most mentioned source of income differed by area: in the town, it was regular employment (18%), while, in the villages, a higher percentage relied on withdrawals from their savings (18%), an unsustainable source in the long-term.

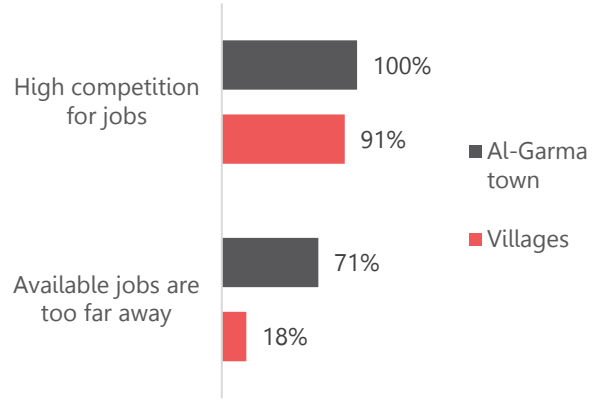
[9] Multiple answer options could be selected for this question so the total result may exceed 100%

Among economically active household members over 18 living in the town and the villages, the large majority (93% in the town and 88% in the villages) were reportedly gaining an income through working. According to the responses of adults actively seeking work, **high competition for jobs** (100% in the town and 91% in the villages) was the **primary obstacle to finding work in both areas**, followed by **available jobs being too far away** (71% in the town and 18% in the villages).

Figure 13: Economically active HH members over 18 reportedly gaining income through working

The most reported sectors of employment among individuals who reported currently working were similar in both areas: construction (27% in the town and 35% in the villages), skilled manual work (30% in the town and 21% in the villages), and transport or storage (12% in the town and 11% in the villages). However, it can be seen that skilled manual work is the primary sector in al-Garma town while construction is more important in the villages. Construction was also the local source of livelihoods most cited by community leaders in the town (10/13) and villages (20/21).

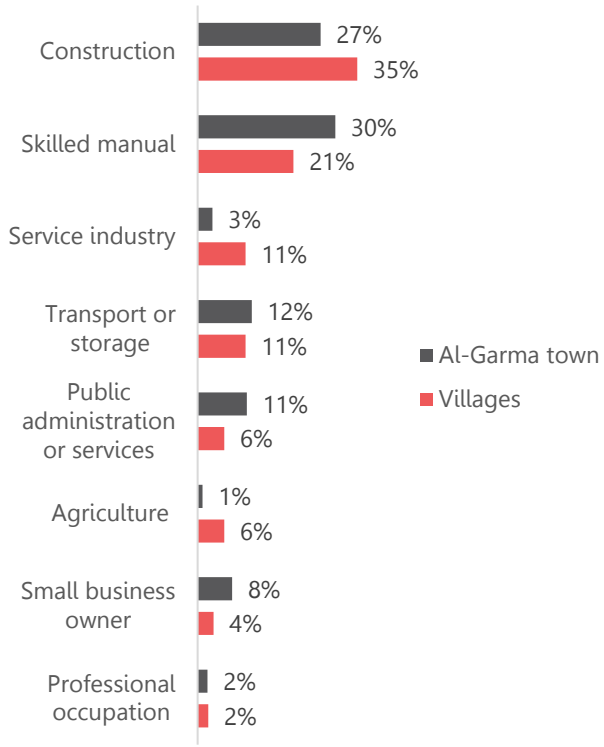
Figure 14: Most reported obstacles to finding work, among individuals actively seeking work[10]



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

The initiatives most suggested by livelihoods experts to improve the livelihoods situation for inhabitants of the area were supporting farmers and livestock owners with fodder and fertiliser (4/4) and rehabilitating damaged and constructing new factories (3/4).

Figure 15: Most reported sectors of employment, among individuals who reported currently working[11]

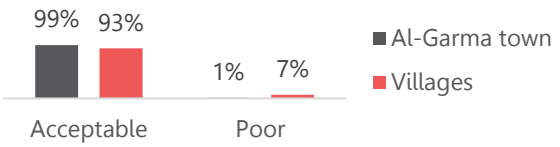


[11] Multiple answer options could be selected for this question so the total result may exceed 100%

Food Security

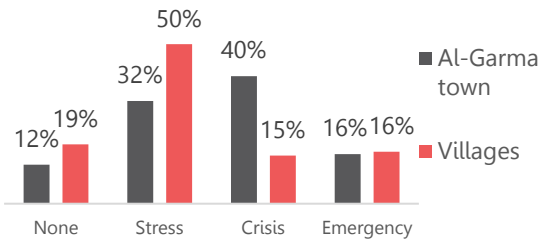
The ABA findings indicated that most households in the town and villages were food secure, with almost all having an acceptable level of food consumption. The reported use of severe coping strategies among a sizable minority of households, however, suggested a lack money to buy food. Additionally, almost half of households in the town reported that food expenses made up most of their expenditure, and food was the second most cited reason for taking on debt in both areas. These findings suggested that many households are only maintaining acceptable food consumption by investing a large percentage of resources and, in some cases, relying on unsustainable and harmful coping strategies.

Figure 16: Households by food consumption score category



The **vast majority of households reportedly had an acceptable level of food consumption** (99% in the town and 93% in the villages).

Figure 17: Households relying on stress / crisis / emergency strategies to cope with a lack of resources to meet basic needs[12]



According to the household survey, **a large percentage of households in the town (56%) and a lower percentage in the villages (31%) had relied on crisis or emergency strategies to cope with a lack of resources** to meet basic needs. The coping strategies most used by households in both areas, out of the strategies classified as either crisis or emergency strategies, were selling their means of transport, changing to cheaper accommodation, and the entire households migrating. Almost half of households in the town (48%) and a third in the villages (33%) reported that their food expenditure comprised half or more of their total expenditure, suggesting a certain level of economic vulnerability and food insecurity among these households.

Figure 18: The most used crisis or emergency coping strategies, among households that used crisis or emergency strategies[13]

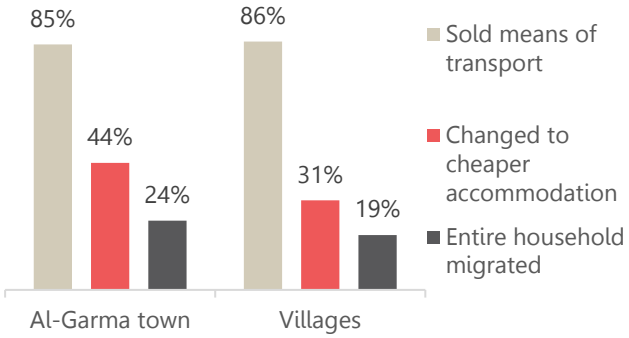


Figure 19: Households reporting having access to a functioning market

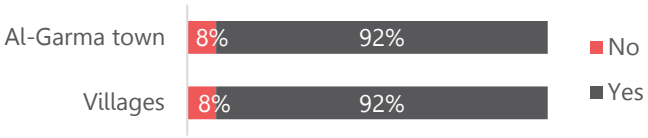
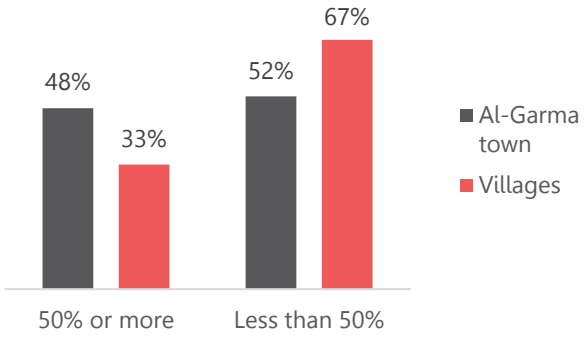


Figure 20: Households by reported food expenditure as a share of total expenditure



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

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

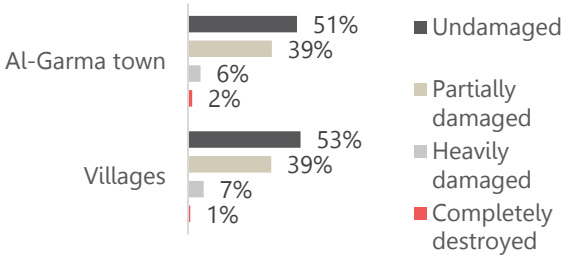
Emergency strategies: withdrew children from school; engaged in high-risk activities; whole HH migrated; forced marriage.

[13] 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 and villages suffered damage during the period of ISIL occupation and the subsequent military operations to retake the area. The recovery from this period has been mixed and the ABA data highlights that shelter gaps remain, including the finding that almost half of the households in both areas reported that their current living space is damaged or destroyed.

Figure 21: Households reporting that their current living space is damaged, by level of damage



Most households in the town (76%) and villages (77%) reported owning their current dwelling and possessing the documentation to prove ownership (i.e., property title). The next most reported types of tenure were owning the dwelling without documentation (13% in the town and 17% in the villages) and renting (8% in the town and 4% in the villages). Regarding households' current shelter type, the vast majority reported living in a house (94% in the town and 92% in the villages), while a minority cited living in an unfinished or abandoned residential building (3% in the town and 8% the villages).

Figure 22: Households by reported current housing tenure

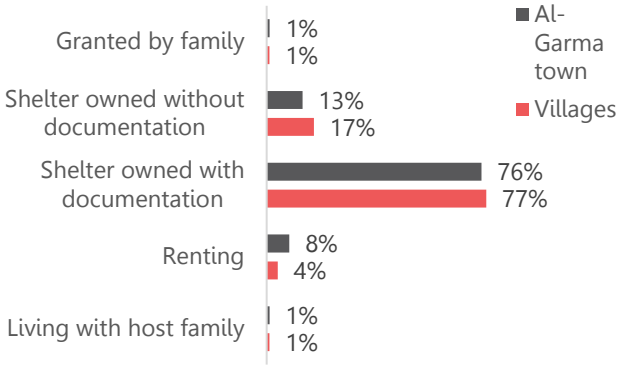
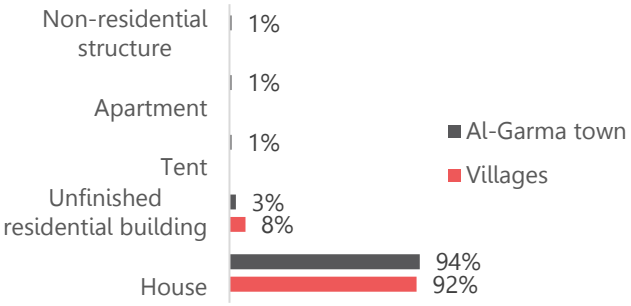
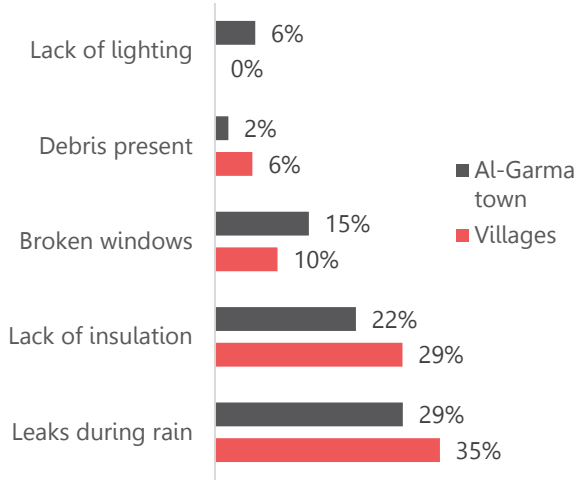


Figure 23: Households by reported current shelter type



Almost half of households in the town and villages (47% in both) reported some level of damage to their current shelter, and a minority in both (8%) stated that their shelter was heavily damaged or completely destroyed. Households' most reported issues with their shelter were a leaking roof during rain (29% in the town and 35% in the villages), lack of insulation from cold (22% in the town and 29% in the villages), and broken windows (15% in the town and 10% the villages). While approximately half of the households in both areas stated that they did not need improvements to their shelter (45% in the town and 54% in the villages), many others mentioned the need for better protection from climatic conditions (31% in the town and 34% in the villages) and improved safety and security (e.g., protection from intruders, fences) (19% in the town and 22% in the villages).

Figure 24: Households' most reported issues with their current shelter[14]



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

PROTECTION

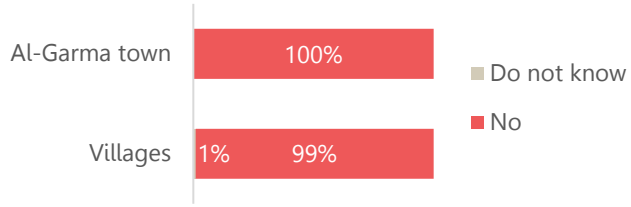
Overall, the ABA findings suggested a mixed situation in terms of the protection needs of households in al-Garma town and the adjacent villages. The vast majority of households (100% in the town and 99% in the villages) reported not having faced stigmatisation or discrimination in their current location. However, **over a third of all households in the area reported not feeling safe from harm/violence in their current location**, with the proportion being notably higher in the villages (39% compared to 27% in the town). These perceptions of insecurity may be related to the consistently high concerns about non-state military actors in control of checkpoints in al-Garma sub-district, as reported by IOM DTM.[15] Households in the villages were also less likely to feel they were able to play a role in local decision-making (40% compared to 54% in the town).

Child protection indicators suggested that children in the town and the villages were not facing severe protection risks. There were few reported cases of child labour (1 child below 18 working in the town and 2 in the villages) and child marriage (3 children below 18 in the town and 1 in the villages), and a small percentage of children (1% in both towns) reportedly displayed signs of psychosocial distress.

Most legal experts (3/4) reported that free legal services were available in the town and villages for households that could not afford to pay. Nonetheless, they still stated that **court costs constituted an important barrier to accessing the formal justice system in the area (3/4), along with pressure to use informal justice systems (3/4)**. All the experts reported that there were informal dispute resolution mechanisms in the area that households used, particularly for criminal cases (4/4) and family cases (4/4).

A minority of households in the town (12%) and villages (9%) reported that they experienced movement restrictions in the month preceding data collection.

Figure 25: Households reporting having faced stigmatisation or discrimination in their current location

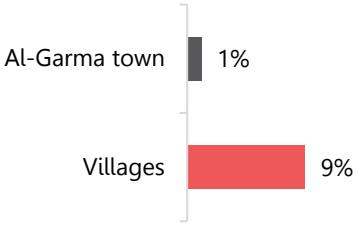


The majority of households in both the town (61%) and villages (65%) reported not being aware of how to access a feedback or complaint mechanism to reach aid providers.

Civil Documents

According to the household survey, **9% of households in the villages had at least one key civil document that was missing, confiscated, expired or invalid, whereas almost no households in the town did (1%)**. National ID, nationality certificate, or unified ID documents were the document types most reported missing in the villages. The most reported reasons for missing documents in the villages were that they had been lost (44%) or that the cost of obtaining/renewing them was too high (44%). The households reportedly unable to replace their missing documents also cited cost issues as the reason (100%). When lacking key documents, the top problems that were faced by the households according to community leaders and legal experts were experiencing movement restrictions (17/34 and 4/4 respectively) and not being able to access public services (e.g., education, legal services) (12/34 and 4/4 respectively).

Figure 26: Households reporting lost, damaged, or expired civil documents



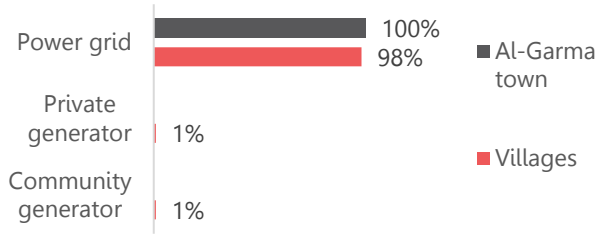
[15] IOM DTM, Return Index Dataset 14, December 2021

Electricity

The ABA findings indicated that **the large majority of households had access to electricity**. According to the household survey, almost all households in al-Garma town (98%) and the adjacent villages (99%) reported having access to electricity. Almost all community leaders in both areas (13/13 in the town and 20/21 in the villages) confirmed that the majority of households had access.

All households in the town (100%) and the vast majority in the villages (98%) reported the public power grid as their primary source of electricity.

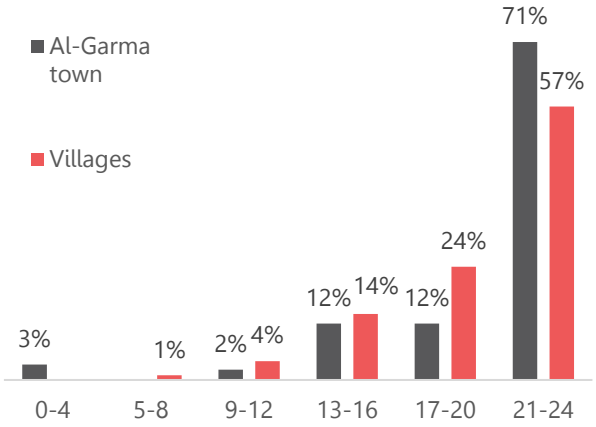
Figure 27: Households by reported primary source of electricity



The remaining households in the villages identified community generators (1%) and private generators (1%) as their source. Over two thirds (71%) of households in the town stated that they had access to electricity (from any source) for 21-24 hours per day, while a somewhat lower proportion (57%) reported this in the villages. Most of the other households in both areas reported having electricity between 13 and 20 hours a day (24% in the town and 38% in the villages).

The main issue with electricity provision that needed to be addressed appeared to be general damage to the electricity network, which was reported by all of the electricity experts and consisted primarily of broken transformers (3/4 experts) and broken wires (3/4 experts). Just over half of community leaders in al-Garma town (7/13) also reported that **there was damage to the electrical network/infrastructure** in their neighbourhood, whereas most in the villages (12/21) reported that there was no damage. The types of damage most mentioned by community leaders in both areas were broken transformers (6/7 in the town and 7/9 in the villages), broken wires (6/7 in the town and 7/9 in the villages), and broken poles (7/7 in the town and 6/9 in the villages).

Figure 28: Households by reported average number of hours that electricity is available in their house per day

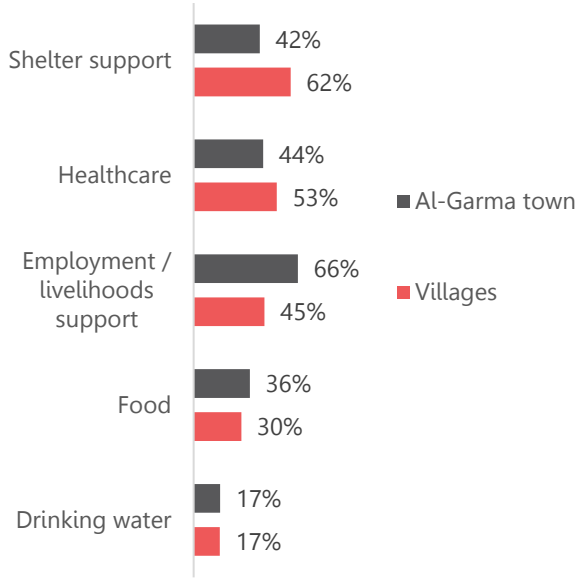


To improve access to electricity in the town and villages, most interviewed electricity experts (3/4) recommended supplying more transformers for the electricity network in the area. Community leaders in the town frequently suggested repairing and/or maintaining electrical equipment (such as transformers and wires) (7/13) and building new or extending the existing power distribution lines and power plants (6/13). Those in the villages largely focused on the provision of new electricity distribution equipment to replace damaged transformers, poles, and lines (8/21).

Humanitarian Needs and Assistance

Employment / livelihoods support, shelter support, and healthcare were **the top three priority needs reported by households in both al-Garma town and the adjacent villages**, although they were prioritised in a different order in the two areas with employment being the most reported in the town (66%) and shelter in the villages (62%). The 2021 Multi-Cluster Needs Assessment found that healthcare, food, and employment / livelihoods support were the most reported needs throughout Iraq. In comparison to the national level, shelter support was reported relatively more frequently in both areas and particularly in the villages (62% in the villages compared to 38% nationally). Additionally, a notably larger percentage of households in al-Garma town reported the need for employment / livelihoods support compared to the national level (66% compared to 52%).

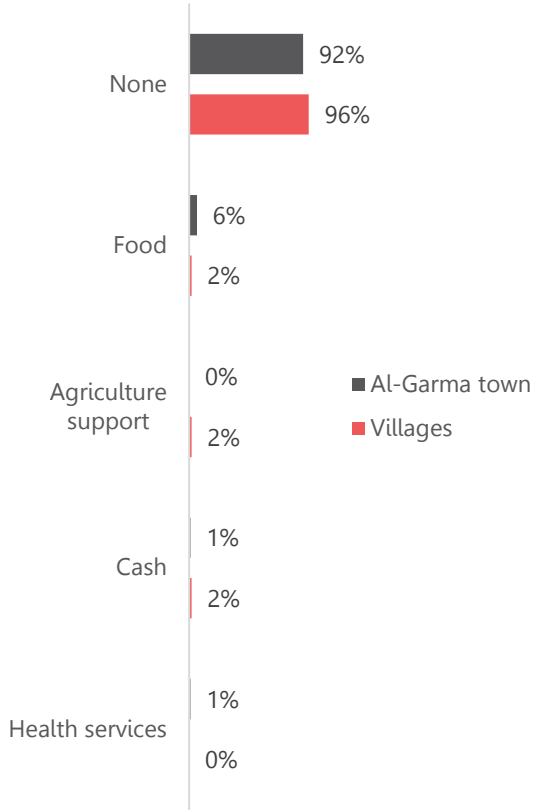
Figure 29: Households' most commonly reported priority needs[16]



A **large majority** of households in both the town (92%) and villages (96%) **reported not receiving any type of humanitarian assistance** in the 6 months preceding data collection.

The most reported type of assistance received in the town was food (6 out of 8 that reported receiving aid), while the same number of households reported receiving cash (2 out of 4 that reported receiving aid), agricultural support (2/4) and food (2/4) in the villages. Most (5/8) households in the town and half (2/4) in the villages who reported receiving humanitarian assistance said they were satisfied with it. The quality of the assistance not being good enough was the main reason (3/3 in the town and 1/2 in the villages) for dissatisfaction among households that reported being dissatisfied with the assistance they received.

Figure 30: Households by reported type of assistance received[17]



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

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

Conclusion

Overall, the findings of the assessment indicate that the two areas have 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 al-Garma town and the adjacent villages, 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, most household members that needed healthcare reported being able to access it, and most 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 two areas. However, a sizable minority of individuals did reportedly face barriers to accessing healthcare, the most cited of which were issues of cost. This finding suggests that low-income households may have insufficient access to health services in the area even if the services are available. Most households in the villages reported not having a health clinic in close proximity, indicating that distance may also constitute an important barrier. Another key service with reported issues was drinking water provision through the piped-water network. Despite practically all assessed households reportedly being connected to the water network, only a minority said that they used the piped-water source in their house for drinking water, and most in the town stated the water piped water was unacceptable for drinking. Water experts indicated that this may be due to crack in the water pipes causing contamination. This situation obliged many households to rely on bottled water for drinking, potentially entailing greater issues of water availability and affordability.

Turning to the multi-sectoral needs of the population in the town and villages, specific indicators showed certain unmet needs and vulnerabilities that were widespread among the households. In terms of protection, indicators of discrimination, civil documents, and freedom of movement showed a relatively positive situation, whereas those focused on perceived safety and ability to play a role in local decision-making revealed more negative circumstances. The large minority feeling unsafe in the villages may have been due to the presence of non-state military actors in control of checkpoints in the area.

In the area of food security and livelihoods, the situation also appeared to be mixed, with some indicators showing widespread unmet needs and vulnerabilities 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 most reported source of household income was temporary or day labour, which may not guarantee a stable income. Use of severe strategies to cope with a lack of resources was also particularly high in the town, and the majority of households in both areas reported being in debt. These findings suggested that a sizable portion of the households were struggling to meet their basic needs.

Households' reported shelter conditions did not appear as poor as in some other areas affected by the 2014-2017 conflict. Almost half of the households did report that their shelter had some level of damage, but a relatively small minority stated that it was heavily damaged or destroyed. Nonetheless, shelter support was the most reported priority need of household living in the villages.

Geographically, the indicators were not markedly worse across the board in one area than the other. Less households in the villages seemed to be in close proximity to schools and health facilities, and more reported facing protection issues. On the other hand, households in al-Garma town reportedly faced more issues with the potability of the water from the water network, and had worse economic conditions, obliging them to use more severe coping strategies and spend more of their money on food.

In addition to highlighting the needs and service gaps in the town and the villages, the al-Garma 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 health facilities, building new or repairing existing schools, improving existing or installing new water pumps and treatment plants, distributing garbage removal equipment and containers, and installing new electrical transformers and other electricity distribution equipment. The KIs also focused on providing the necessary supplies to facilitate effective service provision, including improving the supply of medicine health centres, stationery and books to schools, and fodder and fertiliser to farmers. Additionally, the experts and community leaders recommended hiring more service delivery staff in a few cases, such as waste collectors and teaching staff. These recommendations provide an indication of some of the necessary next steps for governmental and development action in the area.

Profile cover photograph credit: Ahmed Thabit / REACH / 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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