

MOSUL AL-SALAM AREA-BASED ASSESSMENT

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CRC
Community Resource Centre
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Mosul al-Salam Area-Based Assessment (ABA)

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EXECUTIVE SUMMARY

Overview

Mosul al-Salam municipality is one of eight administrative units making up the city of Mosul and is located in the south of East Mosul. In June 2014, the whole of Mosul city came under the control of the so-called Islamic State of Iraq and the Levant (ISIL). The Government of Iraq (GoI) regained control of East Mosul in January 2017, followed by West Mosul in July 2017. Parts of the infrastructure and housing in Mosul al-Salam sustained damage during the presence of ISIL and operations to expel it. Although an estimated 500,000 individuals – including many members of Mosul's ethno-religious minorities – fled the city during and after the arrival of ISIL, about 70% of the population remained.¹ As of May 2019, the International Organization for Migration (IOM) has registered 948,588 individuals who have returned to Mosul *district*.²

This assessment sought to provide a tailored and actionable profile of the city, with a focus on household-level needs and access to public services. It was implemented under the framework of the Community Resource Centre (CRC) initiative, which supports the GoI to

facilitate safe, voluntary, non-discriminatory, and sustainable returns along with socio-economic reintegration in conflict-affected communities through establishing and reinforcing coordination and service delivery mechanisms. In line with this objective, the Mosul al-Salam ABA informs the CRC established by ACTED in al-Wahda neighbourhood, and in particular localised response planning and prioritisation of activities.

The ABA employs a mixed methods approach, composed of qualitative and quantitative components. The qualitative component included: secondary data review (SDR), semi-structured key informant interviews (KIIs) with community leaders and with individuals with specialized knowledge of service provision in the area, community group discussions (CGDs), and participatory mapping sessions in all neighbourhoods that make up the urban area.³ Findings from the qualitative components are indicative only. The quantitative component included a household-level needs assessment in all neighbourhoods of Mosul al-Salam municipality, whose findings are generalizable with a confidence level of 95% and a margin of error of 5%. All data was collected between 17 February and 9 April 2019 by REACH.

Key Findings

More than two years after the retaking of East Mosul, the stabilization of the area was well underway. Much of the damage had reportedly been repaired by efforts from the GoI, the United Nations (UN) and (international) non-governmental organizations ((I)NGOs). However, the ABA found that several aspects of daily life remained negatively affected by the recent conflict. On the one hand, because some basic services were not functioning at the same level as before the arrival of ISIL, and on the other, because a lack of livelihood opportunities affected residents' capability to restart economic activities and support their households.

Demographics

- A large proportion of the population of Mosul al-Salam was very young, with almost two thirds of the total population being under 30 years of age. The largest adult age group was between 18 and 29 years, representing 25% of the population, with a further 40% under the age of 18. As such, special consideration should be taken to promote

youth development, capacity building, and child protection across all interventions.

- Mosul al-Salam was home to a large proportion of female-headed households (26%), with female heads of household most frequently being widowed (82%) and between 30 and 39 years old (32%).
- Ninety-four percent (94%) of households had remained in the city during the conflict that started in June 2014, while 4% were IDPs, and 2% were returnees. Community leaders estimated that around 5-10% of households from their neighbourhoods had not returned from displacement, primarily due to these households living abroad or having better livelihoods opportunities in their area of displacement.

Priority Needs and Assistance

- Households in Mosul al-Salam reported that their top three priority needs were employment (72%), education (66%), and medical care (56%).

- Households in Mosul al-Salam were found to be most frequently in need of protection (29%), livelihoods (27%), or health assistance (10%). Although 44% of households were not in need in any humanitarian sector, 41% were in need in one sector and 17% were in need in two or more sectors.
- Nearly all households reported not having received any type of assistance from government or humanitarian actors in the six months prior to data collection (93%). Moreover, more than three-quarters of households did not know how to contact any organisation for help and support (79%).

Livelihoods

- All components of the assessment indicated a lack of livelihood opportunities in Mosul al-Salam. Employment was households' most frequently reported priority need and a significant proportion of these were found to be in need of livelihoods assistance. Households thus reported facing financial barriers in accessing services such as legal,

education, and health care, while community leaders indicated that more households started resorting to coping mechanisms such as selling household assets, or borrowing money.

- Only one-third of adults reported earning an income from employment in the 30 days before the assessment (33%). Employment rates varied strongly across demographics, with 8% of adult women reported earning an income, compared to 61% of adult men. The majority of people actively looking for work were between the age of 18 and 29 (61%).
- The primary reported obstacles for those actively seeking work were that there were not enough jobs for everyone (76%), followed by a lack of personal connections (49%). Damage to the industrial area has reportedly caused a decrease in job opportunities.
- Thirteen percent (13%) of households in Mosul al-Salam had a negative net-income in the 30 days prior to data collection. In addition, 32% of households were in debt,

with a median debt of 1,000,000 IQD (840 USD); 3% of households had over 5,000,000 IQD (4,200 USD) of debt.⁴ For most households in debt, basic expenditures (e.g. rent, utilities) were the primary reason for taking on debt (70%).

- Female-headed households had different livelihoods needs than male-headed households, but were not necessarily more vulnerable. Relatively fewer female-headed households had a negative income-expenditure ratio than male-headed households, while having a similar net income. On the other hand, female-headed households were found to have roughly twice the amount of debt of male-headed households.

Protection

- In general, legal services in Mosul al-Salam were reportedly functioning, with a fully operational court in the city and services accessible to most residents. Long waiting times were said to pose an obstacle to

accessing legal services and female-headed households were said to be in particular need of assistance with filling out legal claims.

- Fourteen percent (14%) of households were living in a shelter owned without documentation and 10% were renting their shelter without a written contract. Twenty-one percent (21%) of households reported having issues with their shelter. Only 1% of households reported living in a shelter damaged due to conflict, but 34% of households were living in a different location than before June 2014.

Healthcare

- Overall, functionality of the healthcare system was reportedly below pre-ISIL levels, and the cost and availability of services and medication were the primary barriers to accessing healthcare in Mosul al-Salam.
- Approximately a quarter of residents had needed to access health services (including medicine) in the three months prior to data

⁴ Prices converted using www.xe.com on 8 May 2019.

collection (23%). Out of those, 97% reported having faced at least one difficulty in accessing healthcare, but only 3% were not able to access the needed health services or treatment. The most frequently reported reasons for residents to face difficulties were a lack of medication available at the public hospital (84%) and the cost of services being too high (82%).

- A total of one public hospital, two specialized public health centres, and six general public health centres were identified in Mosul al-Salam. In addition, residents reported the presence of a large number of private health clinics and pharmacies spread out across the municipality. The Mosul al-Salam hospital was operating out of a temporary building because its original premises had been destroyed during the conflict. All other healthcare facilities were reportedly functional.
- Public healthcare facilities were said to have only basic types of medication available, forcing residents to buy expensive

medication from private pharmacies. The decrease in availability and increase in price of medication were said to be due to two medication factories near Mosul city having been destroyed.

Education

- Assessment findings indicated the overall levels of functionality of the education system across Mosul al-Salam to be below the pre-ISIL occupation period, with a number of challenges remaining.
- The functionality of the education system was found to have improved since the retaking of the city. However, the major issues relating to education were identified as increased cost of education (e.g. households reportedly had to pay for all their supplies), a lack of teachers and equipment (e.g. desks, chairs, and blackboards), overcrowded classrooms, and long distances to school in combination with bad roads.
- Since June 2014, coinciding with the ISIL

occupation period, 40% of school-aged children (6-17 years old) had missed at least one year of education, with children having missed an average of two years of education. The vast majority of school-aged children in Mosul al-Salam were found to attend formal education (97%). Of the 3% of children who were not attending formal education, most reported the reason to be an inability to pay for tuition and other education costs.

Basic Services

- While all households reported having access to public grid electricity, 9% had less than nine hours of electricity per day, which highlights the need for a response focusing on the resumption, upgrading, and renewal of basic services. In addition, most households were said to have access to community generators, but some suffered from damaged poles, wires, and transformers making their electricity supply less reliable. The main issue to address was identified as a need for rebuilding and increasing the number of electricity transformers.

- The water provision was reported to be similar to pre-ISIL levels, both in terms of quality and quantity. However, the low quality of the water remained an issue, partly due to the need of general maintenance of the network. All households had access to piped water and used it as their primary water source but 20% reported that piped water was not clean enough to drink.
- Solid waste collection was identified to be below pre-ISIL levels in several neighbourhoods, particularly with regards to the frequency of waste collection. In addition, a number of neighbourhoods were reportedly not serviced by municipal waste collection and relied on NGO services or private companies instead, especially in the peripheral areas of the municipality. In areas without (sufficient) waste collection, residents were reportedly dumping waste. The lack of municipality services was reported to be due to a lack of staff and equipment, especially trucks.

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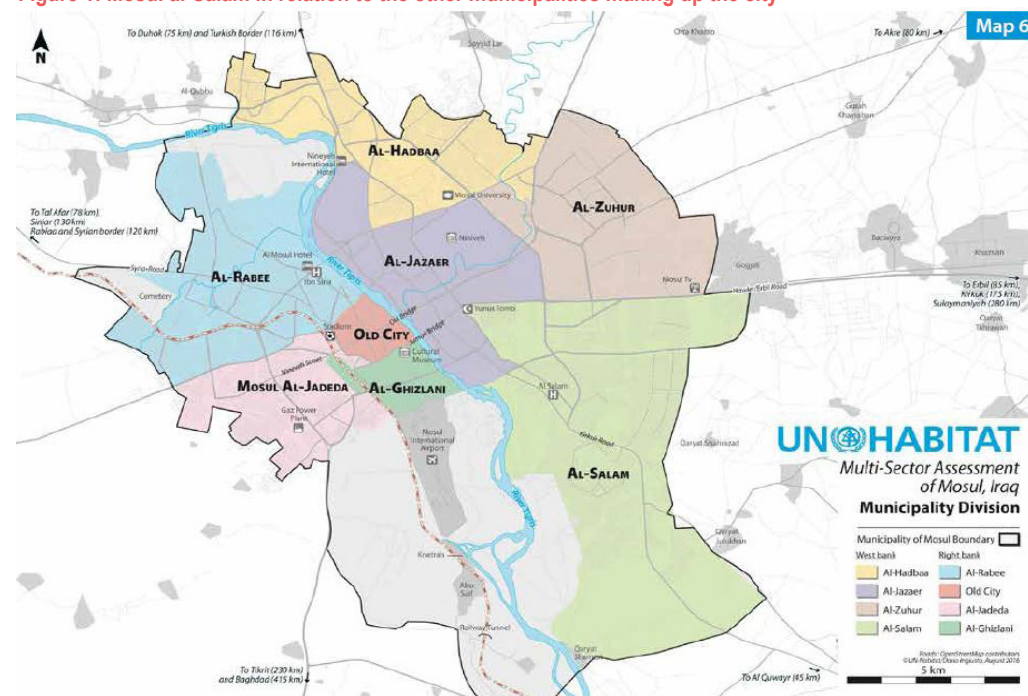
INTRODUCTION

The city of Mosul has historically been divided between two coasts, in reference to the flow of the Tigris river: East Mosul, also known as the Left Bank, was the site of the ancient city of Nineveh, while west Mosul, also known as the Right Bank, is the site of the original city of Mosul.⁵ Mosul al-Salam municipality, one of eight administrative units making up the city of Mosul, is located in the southern part of the Left Bank. In June 2014, the whole of Mosul city came under the control of the so-called Islamic State of Iraq and the Levant (ISIL). The Government of Iraq (GoI) gained control of East Mosul in January 2017, while West Mosul was retaken in July 2017. Parts of the infrastructure and housing in Mosul al-Salam municipality sustained damage during the presence of ISIL and operations to expel it. Although an estimated 500,000 individuals – especially many members of Mosul's ethno-religious minorities – fled the city during and after the arrival of ISIL, about 70% of the city's population remained.⁶

As the context in Mosul al-Salam transitions from an emergency to one of recovery and stabilization, the priority for the government and the humanitarian community has shifted to

facilitating the safe return of internally displaced persons (IDPs), the resumption of key public services in order to make returns sustainable, and the equitable rebuilding of Mosul al-Salam for all residents. The rebuilding of urban areas and the improvement of public services present complex challenges for government, humanitarian, and development actors, particularly in urban settings that encompass multiple affected population groups and have varying degrees of damage, needs, and service provision. As such, REACH conducts Area-Based Assessments (ABA) that seek to provide a tailored and actionable profile of a city, with a focus on household-level needs, livelihoods, and access to public services. The REACH ABAs support the Community Resource Centre (CRC) initiative, led by the GoI's Joint Coordination and Monitoring Centre (JCMC) and the international community. The aim of these CRCs is to support the GoI in coordinating service delivery in areas of return, in order to facilitate safe, voluntary, and sustainable socio-economic reintegration of returnees as well as the resumption of basic services. In line with this objective, at the end of February 2019, REACH launched the Mosul al-Salam ABA, which informs the CRC established by ACTED in al-Wahda

Figure 1: Mosul al-Salam in relation to the other municipalities making up the city⁷



neighbourhood, in particular with localised response planning and prioritization activities.

REACH presented preliminary findings to ACTED on 5 May 2019 at the CRC in Mosul al-Salam, in order to get the CRC partner's feedback on the initial findings, which was incorporated in this report and following presentations where REACH will present key findings for actors and relevant stakeholders, including UN agencies and the

overall humanitarian community active in Mosul al-Salam neighbourhood and the catchment area of the CRC in the near future. These meetings aim to facilitate evidence-based planning and coordination amongst actors operating at the city level. Moving forward, the complete ABA findings presented in this report will inform recovery efforts underway in Mosul al-Salam, with the aim of guiding an inter-sectoral response plan and prioritization process.

Data collection for the Mosul al-Salam ABA consisted of both qualitative and quantitative components. The qualitative component included: secondary data review (SDR), semi-structured key informant interviews (KIs) with community leaders and individuals with specialized knowledge of service provision in the area (subject-matter experts, i.e. SMEs), community group discussions (CGDs), and participatory mapping. The quantitative component was a household-level needs assessment in all neighbourhoods of Mosul al-Salam municipality conducted with 400 households consisting of 1,805 individuals. All data was collected between 17 February and 9 April 2019.

Geographical coverage

Mosul al-Salam municipality consists of 16 neighbourhoods and 33 sub-neighbourhoods, whose name, location, and boundaries were identified through community leader KIs and participatory mapping exercises. Most neighbourhoods are divided into sub-neighbourhoods, which are under the responsibility of different community leaders, but the community understand those parts as a single entity. In collaboration with ACTED, the Mosul al-Salam municipality was determined to be the catchment area of the CRC and therefore chosen to be the area of assessment.

Components

Scoping and SDR: Before the start of primary data collection, REACH gathered and reviewed existing data and literature sources relevant to the situation in Mosul al-Salam. 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. In addition, REACH conducted several scoping missions to the area in order to meet with community leaders, conduct enumerator training, and pilot assessment tools.

Community leader KIs: REACH conducted a total of 18 KIs with community leaders or

‘mukhtars’ to collect general information on the demographics and functionality of services within their areas of responsibility.⁸ In Mosul al-Salam, some neighbourhoods were divided between multiple mukhtars, whereas some mukhtars were responsible for multiple neighbourhoods. Therefore, the number of mukhtar interviews conducted does not correspond to the number of (sub-)neighbourhoods. All interviews with mukhtars were conducted between 17 and 25 February 2019.

Specialised service provision KIs: REACH conducted a total of 21 KIs with individuals with specialised knowledge of service provision and other relevant areas of assessment – education,

healthcare, water, electricity, solid waste disposal, livelihoods, and legal services – within Mosul al-Salam. REACH conducted interviews with three KIs per area of expertise. These individuals were identified through community leaders, and other INGOs and UN agencies active in the area. All interviews were conducted between 26 February and 4 March 2019.

CGDs and participatory mapping: REACH conducted participatory mapping exercises to develop a general infrastructure map of Mosul al-Salam, in which participants were asked to identify the location, condition, and functionality of relevant buildings and parts of infrastructure on maps of satellite imagery. In addition,

Table 1. Number of KIs conducted, sessions held, or households interviewed, per assessment component

Interviewees	Amount	Date of collection
Community Leader KIs:	18 KIs	17 to 25 February 2019
Subject-matter Expert KIs	21 KIs	26 February to 4 March 2019
Participatory Mapping	16 sessions	12 to 19 March 2019
Community Group Discussions	10 sessions	7 to 9 April 2019
Household Survey	400 households	26 March to 3 April 2019

⁸ At the most local level of governance, each neighbourhood has a mukhtar – a community leader – who is appointed by the local council and serves as a primary intermediary between residents and government service providers within their area of responsibility. The mukhtar is responsible for keeping and maintaining records of the households living within his neighbourhood, assigning households to Public Distribution System (PDS) agents, and addressing community concerns to the relevant authorities.

REACH conducted 10 CGDs to triangulate the information obtained from community leaders and a household survey (see next section), aiming to get a more comprehensive picture by including the community perspective. The CGDs took place in five different neighbourhoods, with one CGD with female participants and one with male participants per neighbourhood. Neighbourhoods were selected so that more detailed information could be collected from more peripheral neighbourhoods where needs had been identified to be slightly higher than in other neighbourhoods.

Household-level survey (HH survey): REACH conducted a statistically representative household survey in all 16 neighbourhoods of Mosul al-Salam. GPS points were distributed throughout the residential sections of the area, drawn proportionate to the population density estimated by mukhtars. The survey was conducted with 400 households consisting of 1,805 individuals. Findings from the HH survey are generalizable with a 95% confidence level and a 5% margin of error at the city level, but findings on the subset level may have a lower confidence level and/or wider margin of error or may be indicative only,

which will be indicated where relevant.

REACH recorded interview responses digitally using KoBoToolbox. REACH conducted a half-day training on the data collection tool and methodology, followed by a half-day pilot session, to ensure the collection of high-quality data uniformly across the enumerator team. All data was collected between 26 March and 3 April 2019. The dataset for this assessment is available on the [REACH Resource Centre](#).

Sectoral Index of Need

In the context of the 2018 REACH Iraq Multi-Cluster Needs Assessment (MCNA) a sectoral index of needs was developed to understand the specific humanitarian needs that households are facing. An index of need was calculated for each sector (livelihoods, food security, protection, shelter, WASH, education, health), comprised of multiple indicators selected and refined through consultations with each cluster. Indicators within each sectoral index took on different weights based on their estimated proportional contribution to the overall need, out of a total possible score

Challenges and limitations

- Accurate population data for most areas of Iraq is limited both in terms of overall population and more granular figures. Therefore, to facilitate the development of a sampling framework, REACH used neighbourhood-level population estimates provided by KIIs to fill these information gaps. Sampling points per neighbourhood were proportionate to the estimated population of the neighbourhood. A sample frame was drawn for the area of assessment (Mosul al-Salam municipality) assuming an infinite population.
- Given the limitations of qualitative data collection, the information collected through KIIs and CGDs is indicative only and is not generalisable to the entire population.

of 100. Each household was then identified as "in need" if the weighted sum of their sectoral deprivation was greater than a specified sectoral threshold. A detailed overview of the components can be found in Annex 1.

As the original indicators were developed in the context of the 2018 MCNA, some indicators that were not relevant to the ABA context were excluded, after which the weighting of related indicators was adapted to compensate. For instance, two protection indicators could not be included because they related to IDPs' reasons

not to return to their area of origin (AoO), which is not relevant in the localized context of an ABA.

The multidimensional index of need for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of seven). This aggregated number can then be used to understand geographic areas within Mosul al-Salam that might be facing simultaneous unmet humanitarian needs. In addition, this aggregated number allows for an objective comparison of needs between different locations where ABAs are conducted.

⁷ The Washington Group on Disability Statistics is a UN Statistical Commission City Group whose main purpose is the promotion and coordination of international cooperation in the area of health statistics focusing on disability measures. To that end, they have developed a set of six questions designed to identify people with a disability through a census or survey and to categorize their level of disability from Type 1 (least severe) to Type 4 (most severe). See: <http://www.washingtongroup-disability.com/> for more information.

Mosul city is the capital of Ninewa governorate and one of Iraq's major urban centres, with an estimated population of 1,377,000 in 2014, before the arrival of ISIL.⁹ Community leaders estimated the population of Mosul al-Salam municipality to be 200,000 individuals at the time of data collection. The city's pre-ISIL population was estimated to be comprised of Sunni Arabs (61%), Kurds (27%), Shia Arabs (6%), Turkmen (3%), Christians (2%), Shabak (1%), and Yazidis (1%).¹⁰ Like the rest of the city, Mosul al-Salam municipality is said to be home to a majority of Sunni Arabs and to have minorities of Shabak and Kurds. Considered from a livelihoods perspective, Mosul city was known for being an important regional commercial hub with a mixed economy, focusing on oil, agriculture, and industry.¹¹

Geopolitical history and recent conflict

On 4 June 2014, ISIL entered Mosul city, taking control of it within a few days. In October 2016, the Gol started military operations to retake control of the city, succeeding in retaking East Mosul in January 2017 and West Mosul in July 2017.

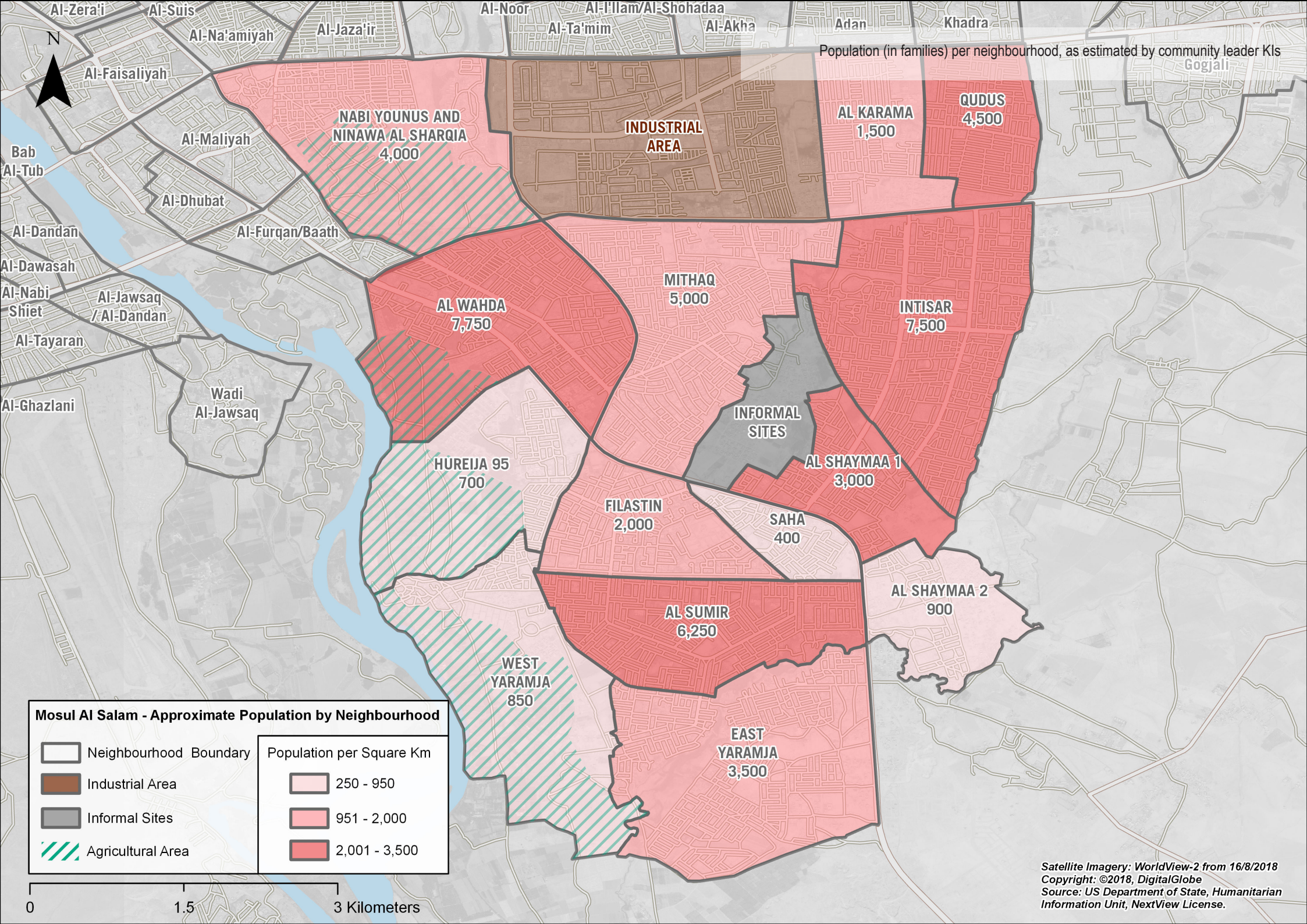
During the period of ISIL presence and operations to retake control, the city sustained extensive damage to housing, industry, and infrastructure. The UN estimated that of the 54 residential neighbourhoods in Mosul, 15 had been completely destroyed (32,000 homes and all public services), and 23 had sustained significant damage.¹² Among the destroyed sites were houses, government buildings, roads and bridges, and

religious sites. While a majority of the damaged sites were located in West Mosul, Mosul al-Salam municipality also sustained damage, especially in the industrial area and to a number of houses and government buildings spread across the municipality.¹³ More than two years after East Mosul was retaken, the stabilization of the city is well underway and much of the damage has reportedly been repaired by efforts from the Gol, UN, and (I)NGOs.

In addition to destruction of the city, the conflict also caused significant displacement. Although 70% of the city's population reportedly did not displace after the arrival of ISIL, around 500,000 individuals are estimated to have fled the city between June 2014 and July 2017, especially

ethno-religious minorities that were more at risk of violence.¹⁴ For those that did not displace, life during the period of ISIL presence was difficult, with reportedly very low levels of income and education attendance.¹⁵ As of May 2019, the International Organization for Migration has registered 948,588 individuals who have returned to Mosul district.¹⁶

⁹ UN Habitat. (2016) [City Profile of Mosul, Iraq](#). UN Habitat, Iraq. ¹⁰ Global Public Policy Institute, '[ISIL after Iraq: Mosul](#)', August 2017. ¹¹ UN Habitat. (2016) [City Profile of Mosul, Iraq](#). UN Habitat, Iraq. ¹² BBC Global News (Radio), "Iraq PM formally declares Mosul victory," July 10, 2017. ¹³ UN Habitat, '[Multi-Sector Damage Assessment](#)', 8 July 2017. ¹⁴ Global Public Policy Institute, '[ISIL after Iraq: Mosul](#)', August 2017. ¹⁵ R. Lafta et al., '[Living in Mosul during the time of ISIS and the military liberation: results from a 40-cluster household survey](#)', August 2018. ¹⁶ IOM, '[Displacement Tracking Matrix](#)', April 2019.



ASSESSMENT FINDINGS

Demographics and movement intentions

The population of Mosul al-Salam was very young, with children (under 18 years old) comprising 40% of the sample and the largest adult age group being between 18 and 29 years old (25%), which means that 65% of the population was under 30 years of age at the time of assessment. Two percent of children between 12-17 years old were reported to be married¹⁷ and 5% of women between 12 and 50 years old were pregnant or lactating. One person under 18 years old was

reportedly pregnant or lactating. Slightly over half of the population was female (52%) and the remainder were male (48%).

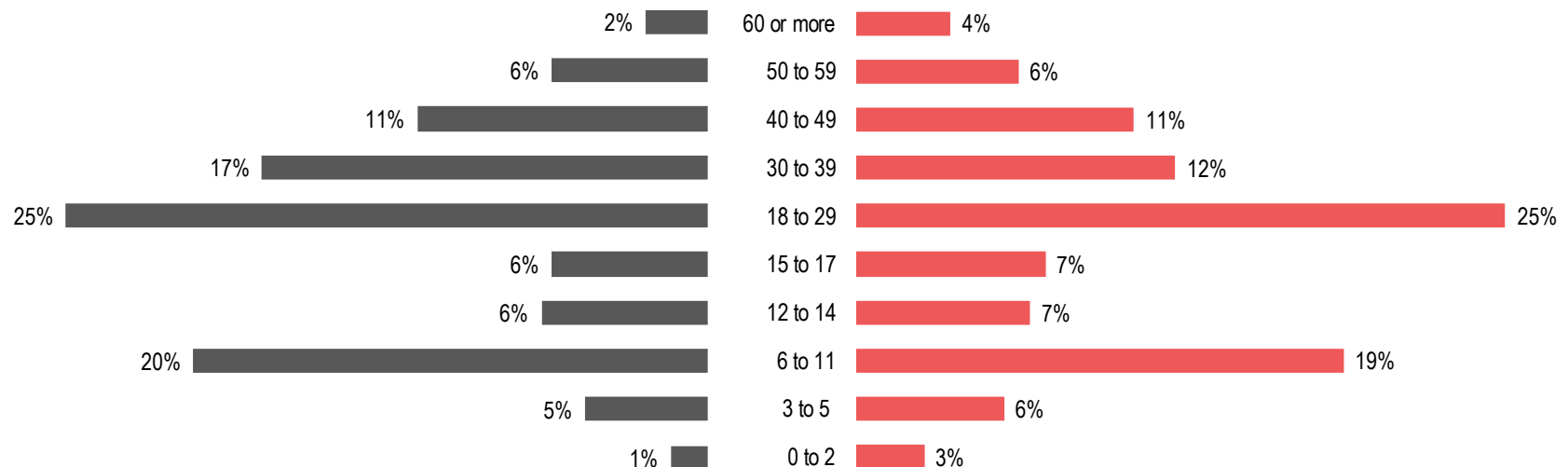
The most common demographic profile of a head of household was a male (74%), married (72%), between the ages of 30 and 49 (60%), and employed (65%). Mosul al-Salam was home to a relatively large proportion of female-headed households (26%). Female heads of households

were mostly widowed, between 30 and 39 years old (32%), and unemployed (70%).¹⁸ Female-headed households were, on average, slightly smaller than male-headed households, with female-headed households having a mean size of four individuals compared to a mean size of five individuals for male-headed households.

Nearly all households (94%) in Mosul al-Salam were remainees who did not displace when

ISIL arrived in June 2014. Other households were internally displaced persons (IDPs) from other locations in Iraq, primarily from Ninewa governorate (4%), or households that had displaced from Mosul al-Salam and had returned at the time of data collection (returnees; 2%). This is in stark contrast to many other Iraqi cities where ABAs were conducted, where the vast majority of residents were found to be returnees.¹⁹

Figure 2: Age distribution of the population of Mosul al-Salam



¹⁷ As this finding concerns a subset of the total population, it has a confidence level of 95% and a margin of error of 7%. ¹⁸ As this finding concerns a subset of the total population, it has a confidence level of 90% and a margin of error of 7%. ¹⁹ For instance: REACH Initiative, 'Area-Based Assessment: Hawija', November 2018.

People with disabilities

Overall, less than 1% of the assessed population (10 individuals) were found to have at least some difficulty in the domains of seeing, hearing, mobility, cognition, self-care, or communication. Out of those 10 individuals, 5 were identified as facing a lot of difficulties in at least one of the aforementioned domains or not being able to do

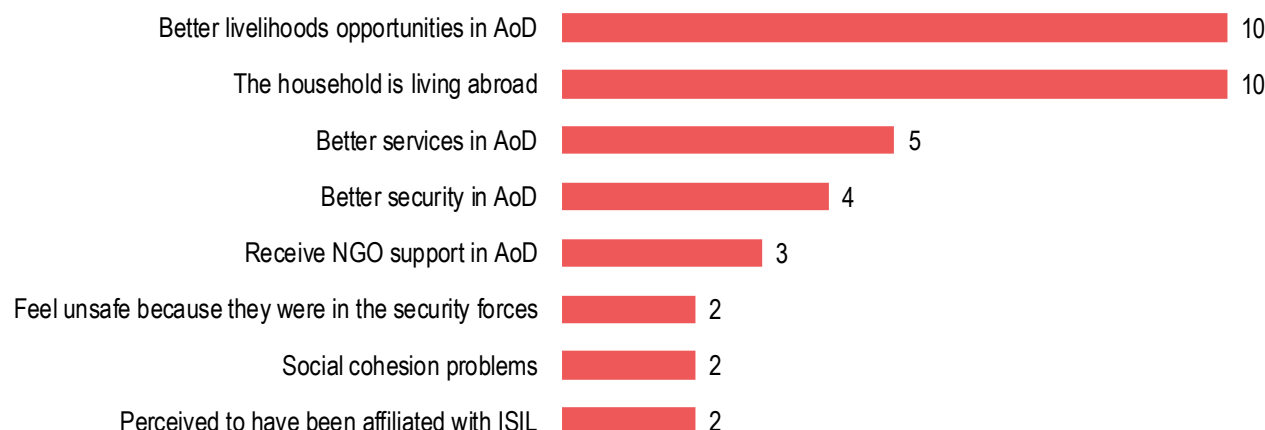
it at all.²⁰ It was reported that for a small minority of the individuals with either some or a lot of difficulties in one of the domains, their disability was related to an explosive hazard (i.e. mines, UXOs, IEDs) and that for less than half of these individuals the disability affected his or her ability to perform daily living activities.²¹

Movement intentions

Ninety-seven percent (97%) of households did not intend to move from the area they were living in, while 2% did intend to move within the twelve months after data collection. These 2% of households were all IDP households who intended to return to their AoD due to a lack of livelihoods opportunities in their area of displacement.

Community leaders of most neighbourhoods estimated that around 5-10% of households in their neighbourhoods had not (yet) returned from displacement, primarily due to these households having moved abroad or having better livelihoods opportunities in their area of displacement (AoD) (see Figure 3).

Figure 3: Reasons for residents not to return, as reported by community leaders.²²



Needs and Assistance

Self-reported priority needs

Humanitarian planning and programming must be grounded in and informed by up-to-date information reflecting the evolving needs of populations. The ABA found that households in Mosul al-Salam reported that their top three needs were employment (72%), education for children (66%), and medical care (56%) (see Figure 4). These three needs are often reported

as households' priority needs nationwide, with unemployment found to be high across all individuals in the MCNA Round VI.²³ The dichotomy of needs between a sustainable solution such as employment and households' immediate basic needs (e.g. medical care) was highlighted throughout the assessment, replicating the results of the 2018 MCNA.²⁴

Figure 4: Households' self-reported needs, when asked for their top three needs.

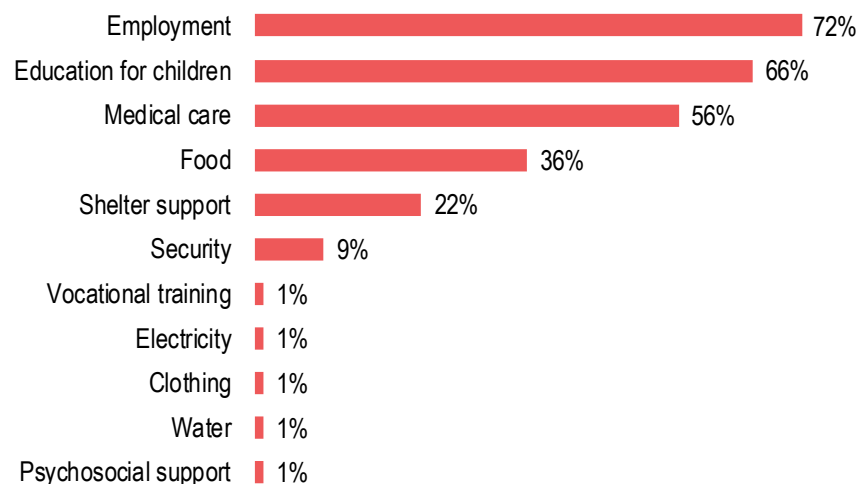
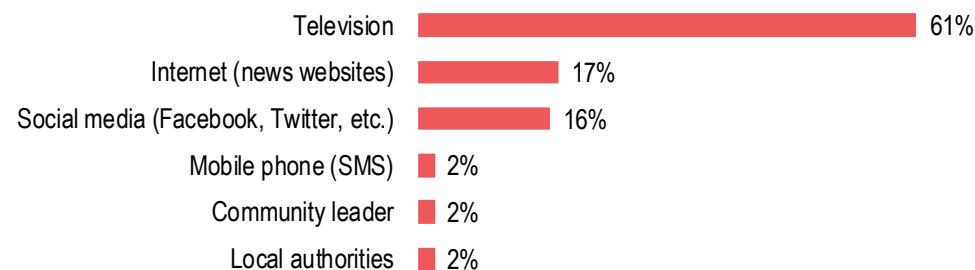


Figure 5: Households' preferred means of receiving information from humanitarian organizations.



Assistance received

Ninety-three percent (93%) of households reported not having received any type of assistance from government or humanitarian actors in the six months prior to data collection. The most commonly received types of assistance were food (5%) and cash (2%), with all support reportedly having been provided by local or international NGOs.

Seventy-nine percent (79%) of households reported not knowing how to contact any organization for help and support. Households indicated that their preferred means of receiving information from organizations in Mosul al-Salam were through the television (61%), through the internet (17%), or through social media (16%) (see Figure 5).

²³ REACH Initiative, 'Multi-Cluster Needs Assessment (MCNA) Round VI', September 2018. ²⁴ Which assessed nation-wide needs. ²⁵ Respondents could provide three answers to this question.

Sectoral Index of Need

Humanitarian sectors of need

Fifty-six percent (56%) of households in Mosul al-Salam were found to be in need in at least one humanitarian sector. Most commonly, households in Mosul al-Salam were in need of protection (29%), livelihoods (27%), or health assistance (10%). The comparatively high levels of protection and livelihoods needs were largely driven by the high proportion of female-headed households (26%), and unemployed adults actively looking for work respectively. Health needs were caused

by a combination of factors, primarily distance to healthcare facilities and households having a member with a chronic disease.

Notably, although many households reported education to be one of their top priority needs (see previous section), only a small proportion of households were found to be in need of education assistance according to the sectoral index of needs. This could be explained by the

Figure 6: Percentage of households in need, by humanitarian sector

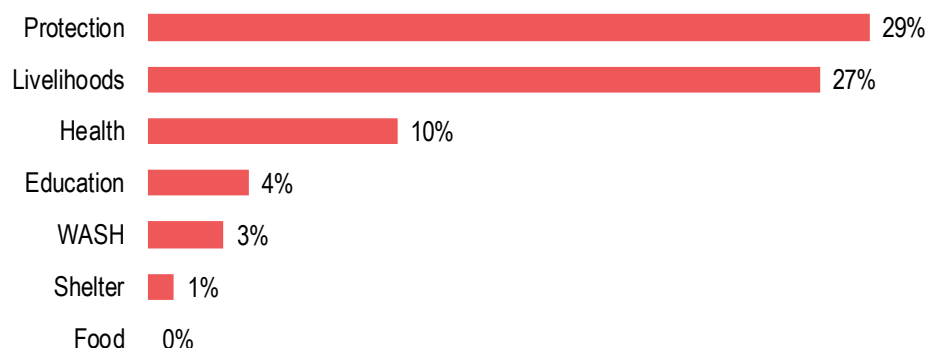
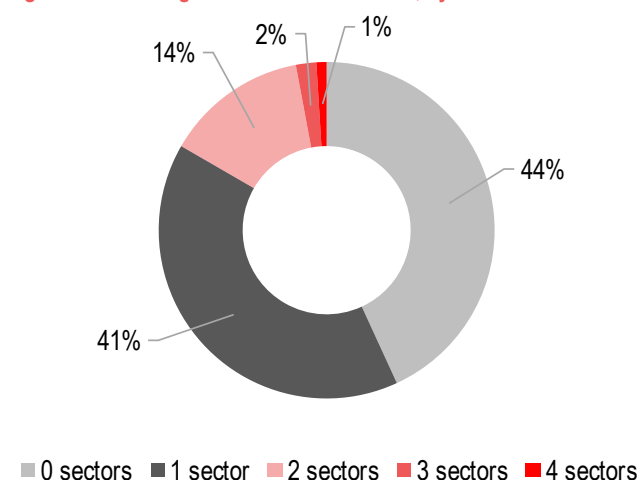


Figure 7: Percentage of households in need, by number of sectors



Multi-sectoral needs

fact that the sectoral index of needs primarily looks at attendance rates, distance to schools, and number of teachers available, which were all factors that were not particularly problematic (see Education section). Challenges in education were instead found to be in the areas of overcrowding, lack of supplies, and financial barriers, which are factors that are not explicitly included in the sectoral index of needs.

Although households in Mosul al-Salam were, on average, in need of roughly 1 sector, an important proportion of households were found to be in need in multiple humanitarian sectors simultaneously, which may make them more vulnerable. Fourteen percent (14%) of households were in need in two humanitarian sectors simultaneously, 2% in three sectors, and 1% in four sectors (see Figure 7).

Livelihoods

ABA findings highlighted the widespread disruption of sustainable livelihoods and reliable income sources in Mosul al-Salam, with roughly three-quarters of respondents to the HH survey reporting employment as one of their priority needs. The main challenges in the area of livelihoods were the low employment rate, the lack of job opportunities due to certain employment sectors not restarting, and the instability or insufficiency of existing income sources.

Income sources

While 90% of households reported having had an income from a sustainable source (employment,

pension, remittances) over the last 30 days, when income from assistance sources²⁶ is included, 99% of households reported having had some form of income over the last 30 days. However, as highlighted in the following section, despite 90% of households having an income from a sustainable source, data showed that wages were not sufficient or regular enough to meet households' financial needs.

The most frequently reported source of income for households in the 30 days prior to data collection was employment (76%), with at least one member of the household earning an income through employment (see Figure 8). Additional significant

Figure 8: Income sources of households having earned an income over the last 30 days²⁷

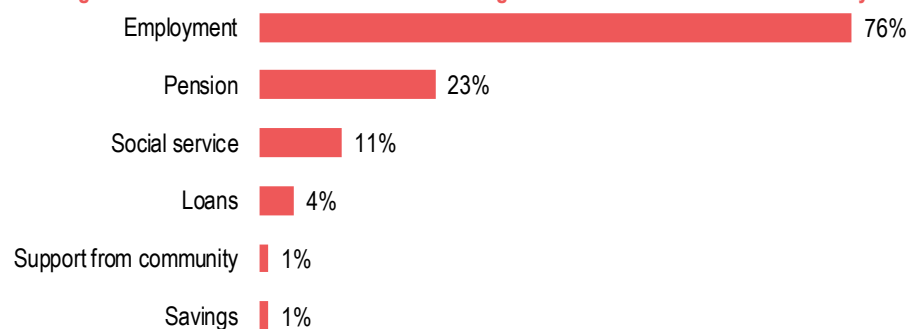
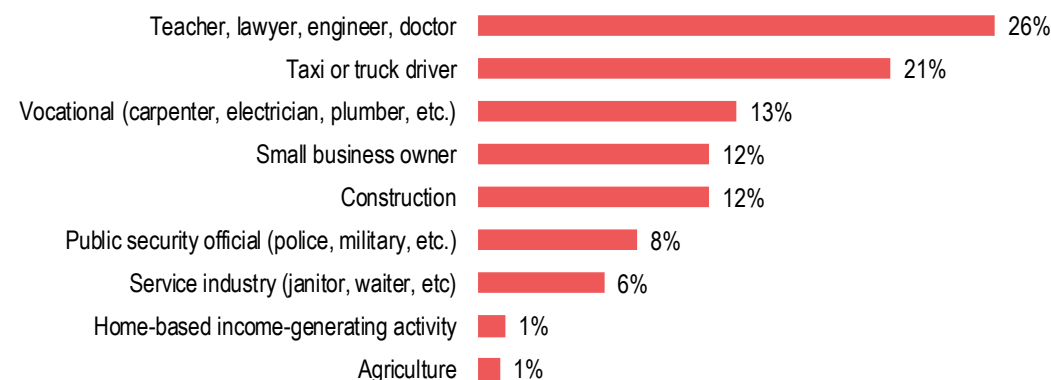


Figure 9: Occupations of adult individuals earning an income²⁸



sources of income were pension (23%), followed by social service (11%).

Employment

The majority of households (76%) that had earned an income during the 30 days prior to data collection reported at least one member of the household earning an income through employment. At the individual level, 33% of all adults were found to be earning an income through employment, further highlighting insufficient access to livelihoods opportunities

in the area. Heads of household were more often earning an income than other adults (65% compared to 33%). Employment rates were found to be affected by demographics. There was a considerable gap between men and women, with 61% of adult men earning an income, compared to only 8% of adult women. Employment rates were found to be slightly lower for households without any male adult members (12%), with one third of these households reporting that employment was not a source of income in the 30 days prior to data collection. Rather, these households were more often relying on social services and loans.

²⁶ Assistance sources that respondents were asked about are multi-purpose cash assistance, in-kind support, Ministry of Displacement and Migration (MODM) cash assistance, support from community, social protection network (MOLSA), and other safety nets. ²⁷ Respondents could provide multiple answers to this question. As this finding concerns a subset of the total population, it has a confidence level of 95% and a margin of error of 6%. ²⁸ Respondents could provide multiple answers to this question.

Adult individuals who were earning an income on average worked 22 days out of the last 30 days, which could indicate that for those who are in employment, the work was fairly stable and continuous. However, as the majority of households indicated livelihoods to be a priority need, it is possible that wages or income were insufficient to support the household, despite a household member working almost full-time.

Reportedly, less than 1% of children aged 6 to 17 were working. However, community leaders in a majority of neighbourhoods across Mosul al-Salam reported that they had seen a rise in the use of child labour as a coping mechanism for a lack of financial means, and that child labour was a reason for children not to attend education.

The main reported occupations of adult individuals earning an income were: teacher, lawyer, engineer or doctor (23%), taxi or truck driver (21%), vocational work (13%), small business owner (12%), or construction (12%) (see figure 9). Ninety-seven percent (97%) of those earning an income were found to have




been employed in the same sector pre-ISIL. Many of the occupations reported, such as taxi drivers, small business owner, construction, are often irregular and low paid jobs, suggesting somewhat insecure or insufficient sources of income. Indeed, according to KIs and CGD participants, only wages for government employees were generally sufficient to meet the household's living costs and salaries were paid on time, while all other types of wages were said to be insufficient. Wages were reported to be lower than before the arrival of ISIL, especially for daily jobs.

Obstacles to finding employment

Thirty-nine percent (39%) of the adult male population and 14% of the adult female population were found to be actively looking for work at the time of data collection. Thirty-seven percent (37%) of all employed individuals indicated that they were actively looking for work despite having a job, which further supports indicative findings that available employment opportunities were insufficient to meet household needs.

Table 2: Employment per sector compared to before 2014, as reported through qualitative data collection.²⁹

Sector	Current situation
Public Sector	<ul style="list-style-type: none"> 34% of employed individuals are government employees. Reportedly the Government of Iraq stopped hiring new employees, but KIs reported that governmental employees (e.g. teachers and doctors) are getting paid on time.
Agriculture	<ul style="list-style-type: none"> Expert KIs estimated that about half of jobs in agriculture had disappeared. Barriers to resuming work in the agricultural sector were: 1) People who used to work in agriculture remain displaced, 2) agricultural land has been built on, and 3) foreign products are cheaper than local products.
Industrial Sector	<ul style="list-style-type: none"> A large number of factories have been damaged or destroyed, such as factories for bricks, cement, medication, and dairy products. Factory owners are said to lack funds to rebuild these factories or to have displaced. As a result, more than half of the jobs in the industrial sector were said to have disappeared.
Daily labour	<ul style="list-style-type: none"> Daily work was one of the most common income sources, especially in construction and as drivers. Fewer daily jobs were available and salaries had decreased by half, especially in construction.
Small businesses	<ul style="list-style-type: none"> Most of the shops in Mosul al-Salam had reopened and all products were said to be available. More residents were now working in small businesses than before 2014. At the same time, expert KIs reported that self-employment needs to be supported most, as people cannot get credit or a place to work.

-  Major severity: very limited public or private sector jobs available, and no real livelihood opportunities exist.
-  Moderate severity: some public or private sector jobs are available. Livelihoods may not bring sufficient income to meet needs, and coping mechanisms are used to deal with a lack of access to livelihoods.
-  Minor severity: public and private sector jobs are generally available. Low unemployment.

²⁹ Sectors have been chosen based on qualitative data collection, those sectors mentioned by livelihood KIs, community leaders and CDG participants.

The main obstacles to finding employment for people who were actively seeking work were increased competition for jobs or insufficient number of jobs for everyone (76%) and lack of family or personal connections (49%) (see Figure 10).³⁰ Nobody reported not facing any obstacles in finding employment. According to all components of the qualitative data collection, newly graduated students were most commonly looking for jobs. This was further evidenced by the HH survey finding that 61% of all individuals actively looking for a job were between the ages of 18 and 29 years old, with 79% of that age group being unemployed.

Income, expenditure, and debt

Household's median monthly net-income 30 days prior to data collection was 500,000 IQD (420 USD), and the median monthly expenditure was 331,500 IQD (278 USD).³² A small proportion of households were found to have a negative income-expenditure ratio in the 30 days prior to data collection (13%), meaning that household expenditure exceeded income.³³ Of the households with a negative income-expenditure ratio over the 30 days prior to data collection, the median deficit was 55,000 IQD (46 USD).³⁴ This deficit could help explain the fact that community

Figure 10: Individuals' main obstacles, if any, in finding employment³¹

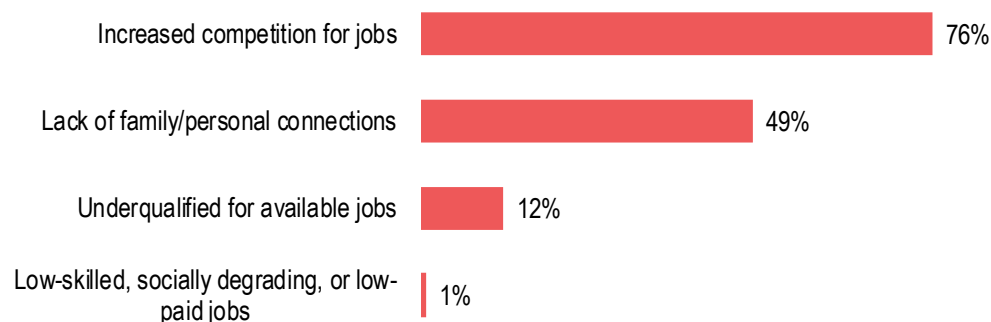


Table 3: Specific household expenditures, by proportion of households and median amount

Expenditure category	Percentage of HH having spent money on this expense	Median amount spent
Electricity	99%	IQD 21,000 (USD 18)
Healthcare	51%	IQD 40,000 (USD 34)
Education	61%	IQD 20,000 (USD 17)
Food	100%	IQD 200,000 (USD 170)
Water	13%	IQD 8,250 (USD 7)
Transportation	78%	IQD 30,000 (USD 25)
NFI	55%	IQD 15,000 (USD 13)
Communication	97%	IQD 12,000 (USD 10)
Debt repayment	2%	IQD 50,000 (USD 42)

leaders report seeing a rise in the use of certain coping mechanisms, such as taking on debt, selling household possessions, or resorting to child labour. On the other hand, in the HH survey only 4% of households reported resorting to a coping mechanism (see below).

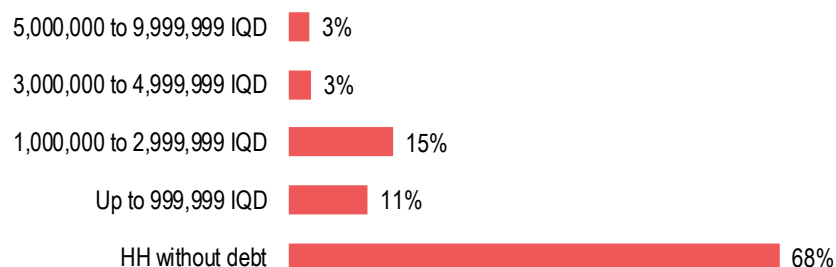
In addition to the main household expenditures listed in table 4, 18% of households reported having spent money on shelter maintenance since June 2016, with the median reported

amount being IQD 500,000 (420 USD).³⁵

In addition to some households having a negative net-income, 32% of households reported being in debt. The median amount of debt among these households was 1,000,000 IQD (840 USD),³⁶ and 3% of households had over 5,000,000 IQD (4,200 USD) of debt at the time of data collection (see Figure 11).³⁷ Of households in debt, 87% reported that this was due to basic household expenditure, such as rent and utilities.³⁸ As these are recurring

³⁰ As this finding concerns a subset of the total population, it has a confidence level of 95% and a margin of error of 7%. ³¹ Respondents could provide multiple answers to this question. ³² Prices converted using www.xe.com on 8 May 2019. ³³ Income is calculated by asking households what sources of income they have (see Figure 7). Borrowing money, selling assistance and support from the community are not included as income sources. ³⁴ Prices converted using www.xe.com on 8 May 2019. As this finding concerns a small subset of the population, it is indicative only. ³⁵ Ibid.

Figure 11: Amount of debt (in ranges) of all assessed households in Mosul al-Salam



costs, it is possible that these households' total amount of debt will grow, if there is no change in their income situation. Money was mostly said to be borrowed from friends or relatives (98%) or from shops to meet basic needs (6%).³⁹ CGD participants indicated that usually only households who were perceived to be able to pay back the debt would be able to borrow money. As such, households without any income sources would often not be able to loan money.

A significant proportion of households said they felt like the cost of basic needs such as transportation, health, and food had gone up either a little (14%) or a lot (18%) over the three months prior to data collection. This is in line with increased prices reported by several CGD

participants, primarily due to less local products being available and households thus having to rely on imported goods. However, it is possible that this feeling of increased cost is relative to a decrease in wages, leading to a relative rise in cost of living.

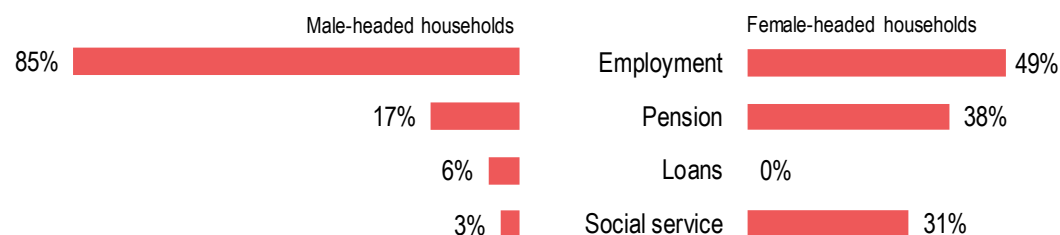
Female-headed households

Mosul al-Salam was found to be home to a relatively large proportion of female-headed households, who are generally perceived to be more economically vulnerable.⁴⁰ However, the HH survey found that this was not necessarily the case in Mosul al-Salam, with female-headed households actually performing better than male-headed households in some economic areas. For

instance, 9% of female-headed households had a negative income-expenditure ratio compared to 15% of male-headed households. In addition, female-headed households' median income from sustainable sources (employment, pension, and remittances) was found to be similar to that of male-headed households (475,000 IQD (398 USD) compared to 500,000 IQD (419 USD)).⁴¹ When corrected for the household size, female-headed households had an average income of 118,750 IQD (100 USD) per household member compared to male-headed households' income of 100,000 IQD (84 USD) per household member.⁴² Of the households with a negative income-expenditure ratio, female-headed households usually had a smaller median monthly income deficit (20,000 IQD (17 USD)) than male-headed households (61,000 IQD (51 USD)).⁴³

These findings may be explained by the fact that female-headed households were found to rely on different primary income sources. Employment as the primary income source was very common among male-headed households (86%) but much less so among female-headed households (50%). Instead, pension and social services were much more common primary sources of income for female-headed households (38% and 31% compared to 17% and 3%) (see Figure 12).⁴⁴ In addition, although only slightly more female-headed households were in debt than male-headed households (33% compared to 31%), female-headed households' median debt was twice as high as that of male-headed households (2,000,000 IQD (1,675 USD)) compared to 1,000,000 IQD (837 USD)).⁴⁵

Figure 12: Households' income sources in the 30 days prior to data collection, by gender of the head of household



³⁶ As this finding concerns a subset of the total population, it has a confidence level of 91% and a margin of error of 8%. ³⁷ Prices converted using www.xe.com on 8 May 2019. ³⁸ As this finding concerns a subset of the total population, it has a confidence level of 91% and a margin of error of 8%. ³⁹ Ibid. Respondents could provide multiple answers to this question. This question was asked to all households who reported being in debt. ⁴⁰ L. Waite, How is Household Vulnerability Gendered? Female-Headed Households in the Collectives of Suleimaniyah, Iraqi Kurdistan', Disasters 24 (2), July 2000. ⁴¹ As these findings concern a subset of the total population, they have a confidence level of 93% and a margin of error of 9% (for female-headed households) or a confidence level of 95% and margin of error of 6% (male-headed households). Prices converted using www.xe.com on 8 May 2019. ⁴² Prices converted using www.xe.com on 8 May 2019. ⁴³ As these findings concern a subset of the total population, they are indicative only. ⁴⁴ As these findings concern a subset of the total population, they have a confidence level of 93% and a margin of error of 9% (for female-headed households) or a confidence level of 95% and margin of error of 6% (male-headed households). ⁴⁵ Findings related to debt are indicative only for female-headed households, and for male-headed households have a confidence level of 91% and a margin of error of 9%.

Food security and markets

Almost all households in Mosul al-Salam had an acceptable Food Consumption Score (99%), with the remaining 1% found to have a borderline score.⁴⁶ All households reported that both adults and minors were consuming an average of three meals per day. Furthermore, all households reported to have equal access to food among the household members.

In addition, 40% of households reported that food expenditure comprised less than half of their total expenditure (see Figure 13). However, it is notable that 26% of households reported having spent over 65% of their total monthly expenditure on food. The higher the proportion of total expenditure spent on food, the more vulnerable

the household is, because an increase in price of food or decrease in income is likely to affect the household's food consumption.

A small proportion of households (4%) reported resorting to at least one coping strategy in order to buy food in the 30 days prior to data collection. The most frequently reported strategies were borrowing money (3%) and spending savings (2%). Almost no households reported resorting to more serious coping strategies such as selling household assets or withdrawing children from school. This is potentially contradictory with reports from community leader KIs, who stated having seen a rise in the use of coping mechanisms. This could be due to underreporting related to

stigmatization of certain coping mechanisms as well as due to the fact that community leader KIs may have reported on a longer period of time than the 30 days prior to data collection.

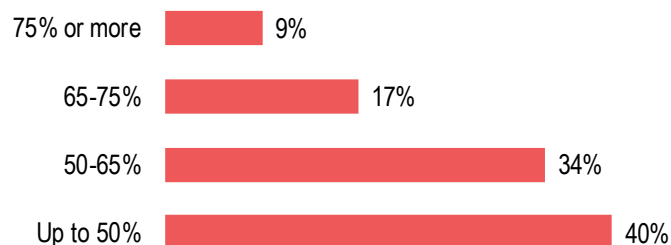
On the basis of the Consolidated Approach for Reporting Indicators of Food Security (CARI),⁴⁷ 2% of households in Mosul al-Salam were found to be food secure and an additional 28% of households were marginally food secure. Only one household was found to be moderately food insecure and no households were found to be severely food insecure. So, although households were generally sufficiently food secure, the situation of some, such as the 28% that were only marginally food secure, could be improved.

The main sources of food in the seven days prior to data collection were: food purchased with their own cash (97%), food purchased with vouchers or through the Public Distribution System (PDS) (2%), and food purchased on credit (1%).⁴⁸ Furthermore, only one household reported not having had access to PDS in the three months prior to data collection (100%). Households

reported that their most recent PDS distribution included wheat flour (100%), and vegetable oil (99%), and less frequently rice (56%), and sugar (44%). All community leader KIs said that most items were distributed once every two to three months, with half of community leader KIs indicating that only flour was distributed every month.⁴⁹ KIs reported that, in addition to products not being distributed monthly, the quality and the quantity of the products were not sufficient.⁵⁰

All households reported having access to a market, which is in line with the information provided by livelihood KIs, CGD participants and most community leaders, who reported both food and non-food markets had restarted and were functioning in Mosul al-Salam. KIs from all neighbourhoods stated that the required food items were available in their neighbourhood but that they sometimes had to travel a little farther for non-food items (NFIs). Livelihoods KIs estimated that, compared to before 2014, more people were now owning or working in small businesses because the demand for food and NFIs had increased due to the poor state of the PDS.

Figure 13: Proportion of total household expenditure comprised of food expenditure



⁴⁶ The Food Consumption Score (FCS) is a composite score based on 1) dietary diversity, 2) frequency of food consumption, and 3) relative nutritional importance of 9 weighted food groups. The FCS is recorded from a 7-day recall period. In the Iraqi context the thresholds for FCS classifications are as follows: > 42 Acceptable; 28-42 Borderline; < 28 Poor. ⁴⁷ The CARI is a World Food Program (WFP) method used to analyse and report the level of food insecurity within a population. It combines data from the Food Consumption Score, the food-expenditure share, and coping strategies employed to classify a household into one of four food security categories. ⁴⁸ The Iraqi Public Distribution System (PDS) is run by the Ministry of Trade and provides government-subsidized food and fuel rations to all Iraqi citizens. ⁴⁹ Distribution is supposed to take place once a month, <https://socialprotection.org/programme/iraq-public-distribution-system-pds%E2%80%94ration-cards> ⁵⁰ The insufficient quantity and quality of PDS distribution have been reported across multiple ABA locations, such as Tel Afar, Fallujah, and Hawija.

A livestock market in Mosul al-Salam



Protection

Generally, legal services in Mosul al-Salam were reported to be functional, with multiple court offices across the city and services accessible to most residents. However, one of the biggest protection-related challenges in the city related to housing, land, and property as a result of poorly maintained houses and households not having the required property documentation, such as rental contracts or ownership documents. As a consequence, a considerable proportion of households living in Mosul al-Salam municipality were found to face protection-related concerns.

Civil documentation

The ABA household survey found that less than 1% of the population had lost, damaged, invalid or expired civil documentation. However, the CRC implementing partner indicated that, based on the amount of cases they received, the caseload may be higher.⁵¹ In addition, all children under five years old had been registered with the relevant authorities.⁵² CGD participants

indicated that all civil documentation could be replaced within Mosul, except for the national ID card, for which people reportedly needed to travel to Baghdad. A number of CGD participants did indicate that residents faced some barriers when replacing civil documentation, primarily a long waiting time, being asked for informal payments, and their name being similar to the names of individuals perceived to have been affiliated with ISIL. The distance to Baghdad was not specifically mentioned as a barrier. However, for the households that were missing documentation, consequences were reported as being unable to register their children to attend school, movement restrictions, inability to register for aid, and difficulties in accessing employment, as reported by KIs with expert knowledge on the legal system in Mosul al-Salam (legal KIs) and CGD participants.

Shelter and Housing, land, and property (HLP)

Buildings and infrastructure in Mosul al-Salam

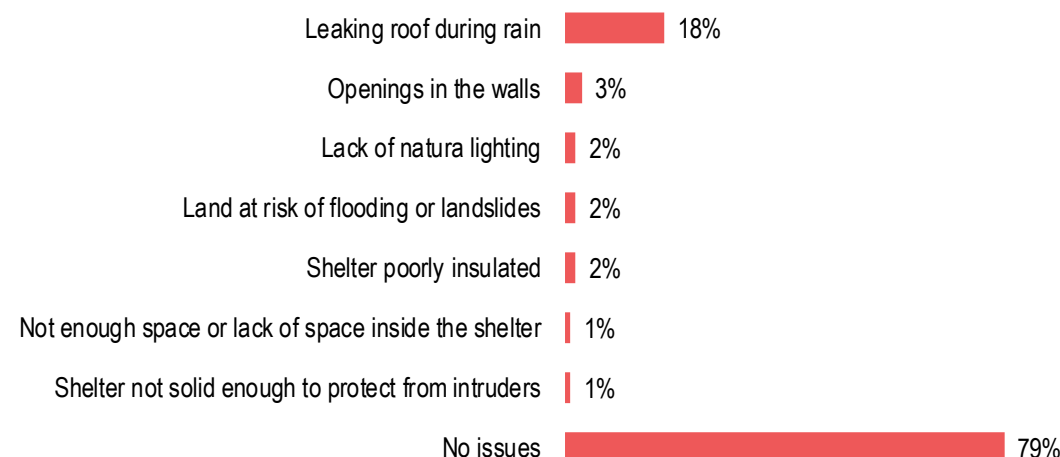
suffered damage during the period of ISIL presence and subsequent military operations. The industrial area was particularly affected with a number of factories reportedly having been destroyed. Damage to other housing and infrastructure was relatively spread out across the municipality, but a significant share had reportedly been repaired by the time of data collection. One percent (1%) of households reported their current living space to be damaged.

However, 34% of households were living in a

different location than before June 2014, which indicates a possibility that households had moved away from damaged houses. Furthermore, while 1% of households reported that their shelter had been cleared of explosive hazards, 99% reported that clearance of their shelter was not necessary, and no households reported that their shelter had not been cleared, thus indicating that the living environment in Mosul al-Salam is generally safe.

Regardless of conflict-related damage, 21% of

Figure 14: Households' self-reported shelter issues.⁵³



⁵¹ On the other hand, it is also possible that individuals from outside the area of assessment come to the CRC for assistance with civil documentation, or that a large proportion of the households facing documentation issues find their way to the CRC because of the negative consequences of not having the right civil documentation (e.g. not being able to enrol children in the formal education system). ⁵² As this finding concerns a subset of the total population, it has a confidence level of 92% and a margin of error of 8%. ⁵³ Respondents could provide multiple answers to this question.

households reported facing issues with their shelter, primarily a leaking roof during rain (18%), openings in the walls (3%), and a lack of nature lighting (2%) (see Figure 14). In addition, when asked how their shelter could be improved, households most often listed the need to protect it from climatic conditions (16%) and the need to

improve the structural stability of the building (6%). This indicates that, despite very few households living in damaged shelter, a significant proportion of households is living in inadequate shelters. Moreover, 77% of households reported missing at least one essential non-food item (NFIs), most frequently air water coolers (57%), fans (34%), or

Figure 15: Households' self-reported NFI needs.⁵⁴

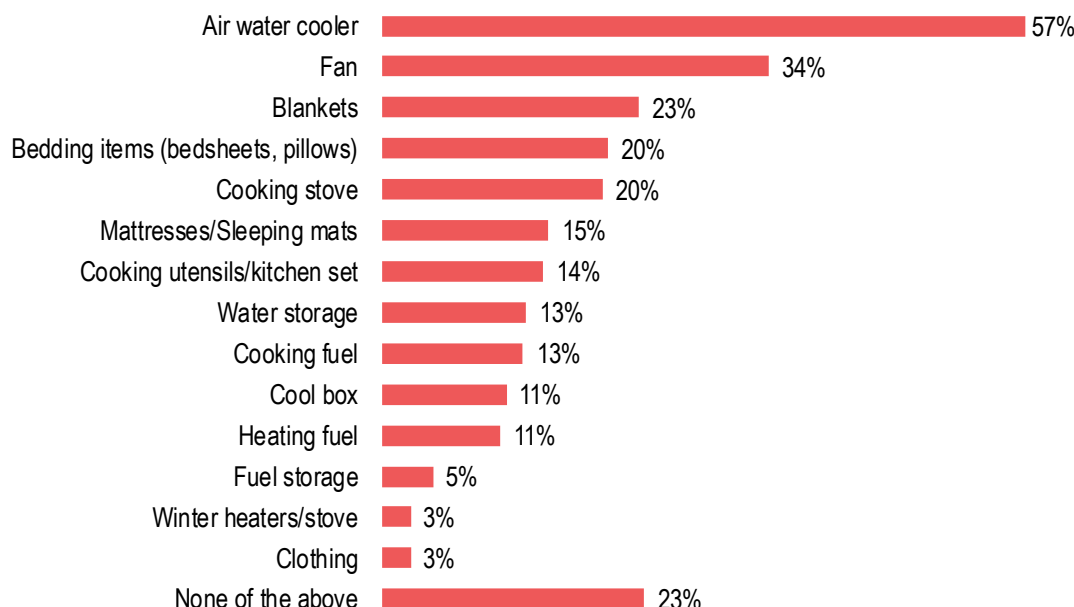
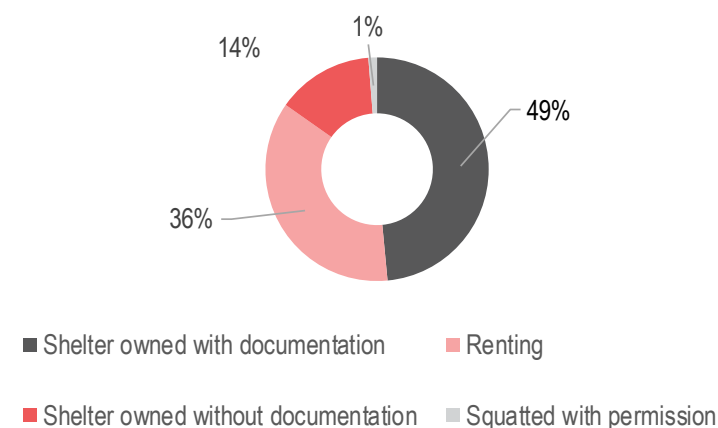


Figure 16: Households' type of accommodation



blankets (23%) (see Figure 15).

Forty-nine percent (49%) of households owned their shelter with documentation and another 14% reported that they owned their shelter but did not have documents proving ownership. One percent (1%) of households reported squatting with permission and the remaining 36% reported living in a rented shelter (see figure 16). Of the 36% of households who were renting their shelter, 27%

did not have a written rental contract, and 2% reported having feared they might be evicted from their living space or having been threatened with eviction in the 90 days prior to data collection.⁵⁵ Female-headed households had slightly different accommodation types than male-headed households, because they more often owned their shelter without documentation (17% compared to 13%) or rented their shelter (39% compared to 36%).⁵⁶ One percent (1%) of households reported

⁵⁴ Respondents could provide multiple answers to this question. ⁵⁵ As these findings concern a sub-set of the total population, they have a confidence level of 94% and a margin of error of 8%.

⁵⁶ As these findings concern a subset of the total population, they have a confidence level of 93% and a margin of error of 9% (for female-headed households) or a confidence level of 95% and margin of error of 6% (male-headed households).

that they had land or property stolen since June 2016.

Mosul city, like other parts of Iraq, suffers from a long-standing housing shortage due to a lack of new housing construction, with an estimated deficit of 53,000 housing units in Mosul city in mid-2016. Nonetheless, since 2003 Mosul's population and urban area have grown, primarily through the construction of informal housing on government-owned land. The government is not taking action against these informally built houses, reportedly due to political pressure preventing their destruction.⁵⁷ The ABA found that these informal houses were often connected to basic services such as electricity and water, but generally had a lower level of service provision (see Basic Services section). In addition, CGD participants reported that households living

in informal houses more often faced property disputes due to a lack of property documentation and more often relied on informal dispute settlement mechanisms related to property.

Courts

Legal KIs reported that there were several court offices specializing in different fields of law across Mosul city, although none were identified in al-Salam municipality. One legal KI added that the functionality of the legal system had been affected by the fact that a court in West Mosul had been destroyed. They also stated that people had to pay fees to bring a legal case, which was posing a barrier for some individuals to access the legal system, especially for female-headed households. Legal KIs further stated that if residents who could not afford a criminal

lawyer would be appointed one, but that there were no other free legal services available in Mosul al-Salam. Eighty-four percent (84%) of households stated they had utilised the service of official government institutions providing safety, protection, and justice since June 2016.

In several CGDs it was reported that legal services would be denied if residents or their family members were perceived to be affiliated with extremist groups. All community leader KIs indicated that residents in their neighbourhood needed help with filing claims at the court, especially legal advice and financial support. In addition, the long time for any court case to be dealt with due to the large number of cases was said to be a barrier in accessing the justice system in Mosul.

Safety and social cohesion

Hardly any households reported not facing any stigmatization or discrimination where they were living (99%), and 96% of households reported they felt safe from harm and violence in the city. Most households said they had regular access to a local community leader, with only 13% of households reporting they did not have regular access. However, only 3% of households reported feeling like they were able to play a role in decision making in their area.

⁵⁷ UN Habitat. (2016) [City Profile of Mosul, Iraq](#) UN Habitat, Iraq.

🏥 Healthcare

Although residents could reportedly access basic healthcare services in Mosul al-Salam, more than half of households (56%) reported that medical care was one of their top priority needs. The ABA identified several gaps in the health system, which was reportedly functioning below pre-ISIL levels. The main reported difficulties were the high cost and lack of availability of medication, and the cost of services, impeding the residents of Mosul al-Salam from accessing healthcare services.

Health Needs

In the three months prior to data collection, 23% of residents required access to health services or treatment, including medicine. Nine percent (9%) of individuals reported having a chronic disease, with the most common chronic diseases being heart disease (5%), diabetes (3%), and kidney disease (1%). Furthermore, 19% of children under the age of five had suffered from diarrhoea in the four weeks prior to data collection.⁵⁸ However, almost all children under five years had reportedly received vaccinations against polio (100%) and

measles (99%)⁵⁹ and all children under two years old had received the Penta-3 vaccine.⁶⁰

Healthcare facilities

Mosul al-Salam municipality was found to be home to one public hospital: the Al-Salam general hospital. The hospital's original building was fully destroyed during the most recent conflict, and at the time of data collection it was operating out of buildings and temporary caravans close to the original hospital. In addition, there were two specialized public health centres in Mosul al-Salam, one for rehabilitation services and one for persons with disabilities. Moreover, Mosul al-Salam had six general public health centres located in different neighbourhoods (see map X). Furthermore, Mosul al-Salam was said to have a significant number of private health clinics and pharmacies located throughout the municipality. A small minority of community leader KIs reported that residents of their neighbourhood accessed hospitals outside of Mosul al-Salam, primarily the Sukar Hospital in northeast Mosul.

Barriers

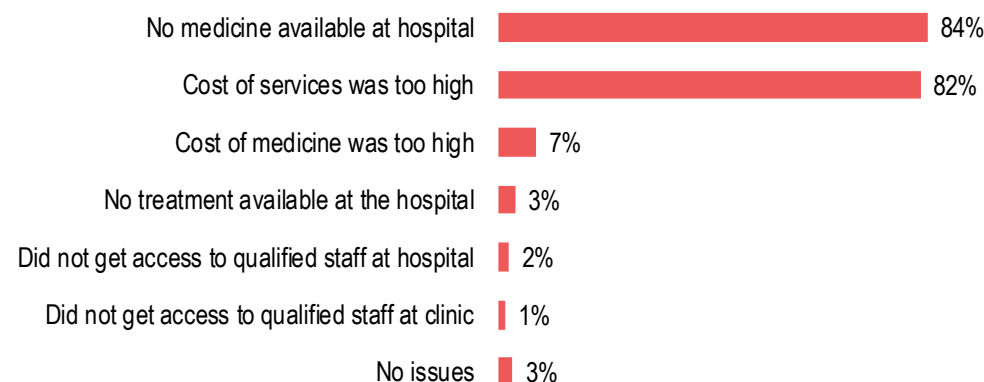
Out of the 23% of residents who needed to access healthcare in the 30 days prior to data collection, 3% were not able to access the needed health services or treatment and 97% reported having faced at least one difficulty in accessing healthcare (see Figure 17).⁶¹ By far the most frequently reported reasons for residents to face difficulties were a lack of medicine at the hospitals (84%), and the cost of services being too high (82%), followed by the cost of medication being too high (7%).⁶² These findings are supported by indicative data from community leader KIs,

health KIs, and CGD participants who reported that public healthcare facilities lack medication and that as a consequence residents had to rely on private healthcare services, which was very expensive.

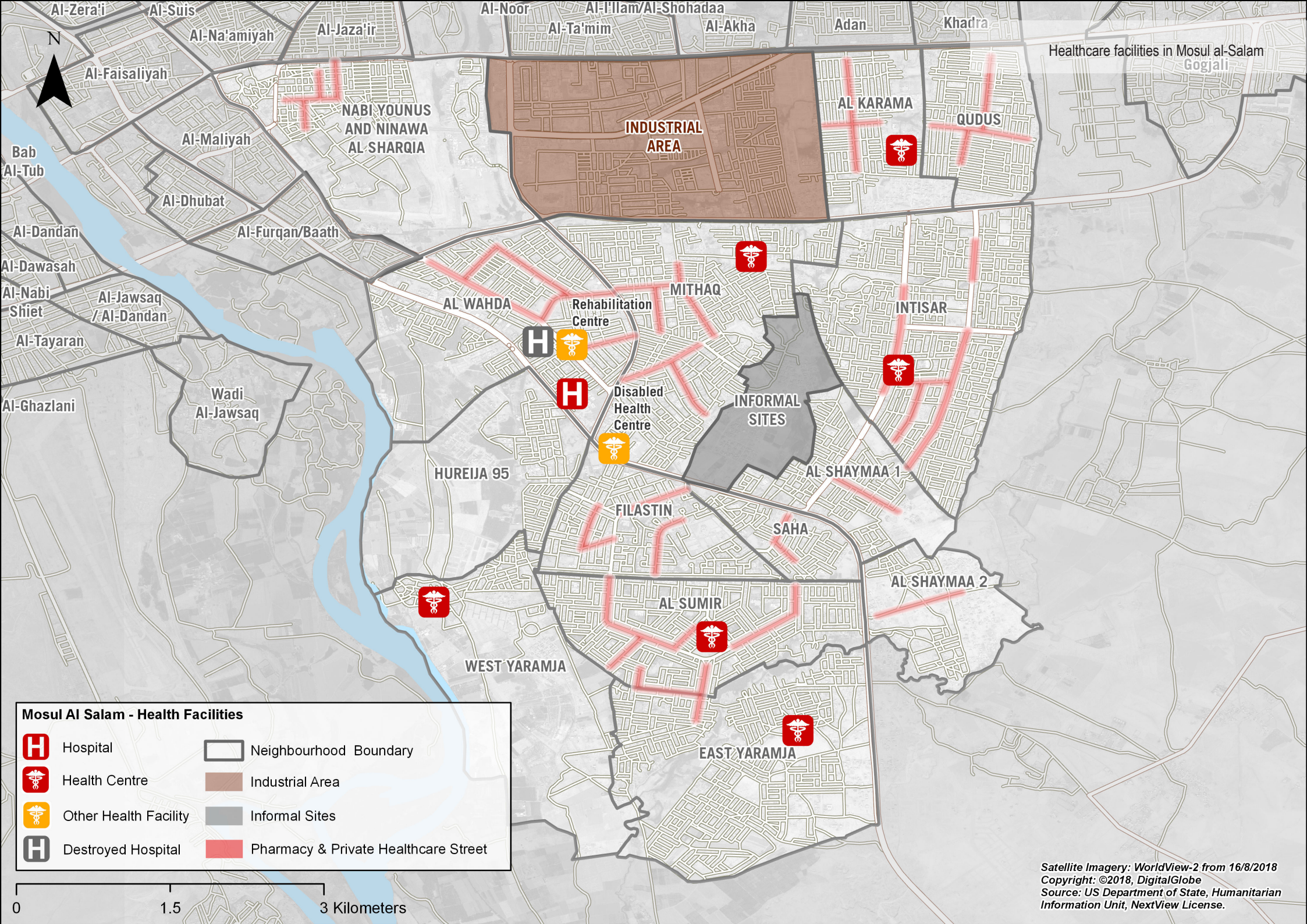
Medication

The lack of medication at public healthcare facilities was the most frequently reported obstacle for people who had needed to access healthcare in the three months prior to data collection. Community leaders, health KIs, and CGD participants all reported that very little

Figure 17: Difficulties faced by individuals who needed to access healthcare in the three months before the survey.⁶³



⁵⁸ As this finding concerns a subset of the total population, it has a confidence level of 92% and a margin of error of 8%. ⁵⁹ Ibid. ⁶⁰ As this finding concerns a subset of the total population, it is indicative only. ⁶¹ This finding was based on a subset of the total population, it has a confidence level of 94% and a margin of error of 5%. ⁶² Ibid. ⁶³ Ibid.; respondents could provide multiple answers to this question.



medication was available in public healthcare facilities in Mosul al-Salam. The majority of community leaders and health KIs indicated that residents could only obtain medication for chronic diseases from public facilities and that they had to buy all other medication from private pharmacies. However, a minority of community leader KIs and most CGD participants stated that even medication for chronic diseases was not available at public facilities. This could point to a lack of awareness about what exactly is available at which facilities. The price of medication at private healthcare facilities was said to be much higher than at public facilities and CGD participants listed it as an important barrier to accessing healthcare.

Health KIs reported that the lack of medication is, at least partly, because two pharmaceutical factories in the vicinity of Mosul, the Ninewa and Samara factories, were destroyed during the conflict and had not yet been rebuilt. In addition to causing shortages of medication, the destruction of these factories was said to have driven up the price of the available medication because the majority of it now had to be imported. Furthermore, one health KI stated that residents

struggled to obtain medication for uncommon diseases because pharmacies were hesitant to buy these out of fear that they would expire before being sold.

Equipment and staff

Half of community leaders and all health KIs stated that healthcare facilities were facing difficulties with a lack of equipment. Equipment was reportedly damaged or stolen during the presence of ISIL or had become old and was not being replaced. Health KIs indicated that the Al-Salam hospital was missing patient monitors, anaesthesia devices, and an MRI machine.

It was generally reported that health facilities were not lacking medical staff (doctors, nurses, paediatricians, midwives). All health KIs said doctors were receiving their salaries on time, which is consistent with the findings in other cities of Iraq (e.g. Fallujah and Telafar cities).

Distance

The vast majority of households reported having

a clinic (90%) and a hospital (89%) within five kilometres from their residence. Nonetheless, community leaders and CGD participants listed the distance to healthcare facilities and the associated cost of travel as a barrier to accessing healthcare facilities. CGD participants indicated that travelling to healthcare facilities would take around 20 minutes and cost roughly 3,000 IQD (2.5 USD).⁶⁴ Moreover, participants in some CGDs stated that muddy and flooded roads complicated their travel to healthcare facilities. Participants in about half of CGDs reported that ambulances were not available in their neighbourhood, or that ambulances did not enter into their neighbourhood due to the bad state of the roads, thus requiring residents to bring ill people to the main roads to be picked up. Even though this signals a potential need for mobile health teams, community leaders and health KIs reported that no such teams were available in the municipality.

Health services

Residents were said to go to the Al-Salam hospital for all types of basic treatment, such as emergency care, surgery, maternity care,

treatment for chronic diseases, rehabilitation services, and psychological care. KIs with expert knowledge on healthcare in Mosul al-Salam (health KIs) indicated that complicated procedures such as kidney transplants, and brain and spinal cord treatment were not available at the Al-Salam hospital and that residents had to travel to the Kurdistan Region of Iraq (KRI) for this treatment. Health KIs added that treatment for chronic diseases was of poor quality in the hospital, and that people with chronic diseases often travelled to Baghdad or the KRI to access treatment. A minority of community leader KIs indicated that residents in their neighbourhood sometimes accessed healthcare services from other public hospitals in Mosul city, such as the Sukar Hospital or the Aben al-Ather Children's Hospital.

Availability of services is thus not one of the main barriers to accessing healthcare. Nonetheless, it seems that the quality of services can be improved and that not all advanced procedures are adequately available.



Education

Although in most parts of Mosul al-Salam the education system was found to be functional, a number of challenges remain, and the overall levels of functionality were found to be lower than before the arrival of ISIL. In particular, the increased cost of education (e.g. students had to buy their own supplies), a lack of teachers, overcrowded classrooms due to a lack of school buildings, and long distances to school in combination with bad roads were found to create barriers to accessing education.

Educational facilities

The ABA identified a large number of schools: 43 primary schools, 18 middle schools and 10 high schools (see Figure 18).⁶⁵ Furthermore, two kindergartens were identified, three schools of an unknown level, and two damaged schools.

Attendance

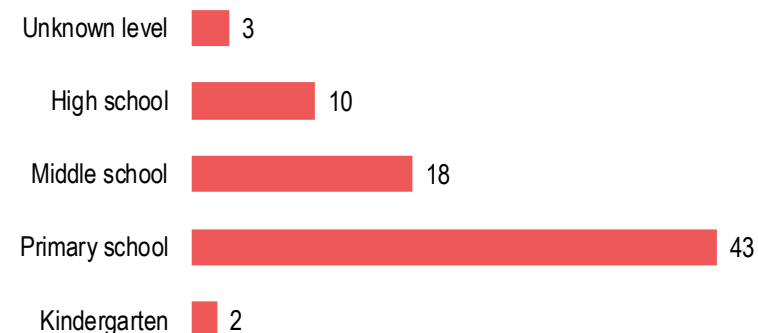
Almost all school-aged children (6-17 years old) in Mosul al-Salam were found to attend formal

education (97%). Of the 3% of children (18 children) who were not attending formal education, findings on demographics were indicative only. However, half were boys and the other half were girls, and three-quarter were 12 years or older. Furthermore, only one of these children was attending informal education at least three days a week, and two-thirds had never attended school. Of the children that had attended school at some point, none intended to re-enrol. Since June 2014, 40% of school-aged children had missed at least one year of formal education, with children having missed an average of two years of education.⁶⁶

Barriers

The most reported reasons for school-aged children not to attend education were: not being able to afford the costs, having missed too much to make up, the child being disinterested or the household not finding education important. As confirmed by community leaders, the reason of not being able to afford the costs primarily relates to the cost of supplies or transportation, especially

Figure 18: Types of educational facilities in Mosul al-Salam, as reported during participatory mapping sessions.



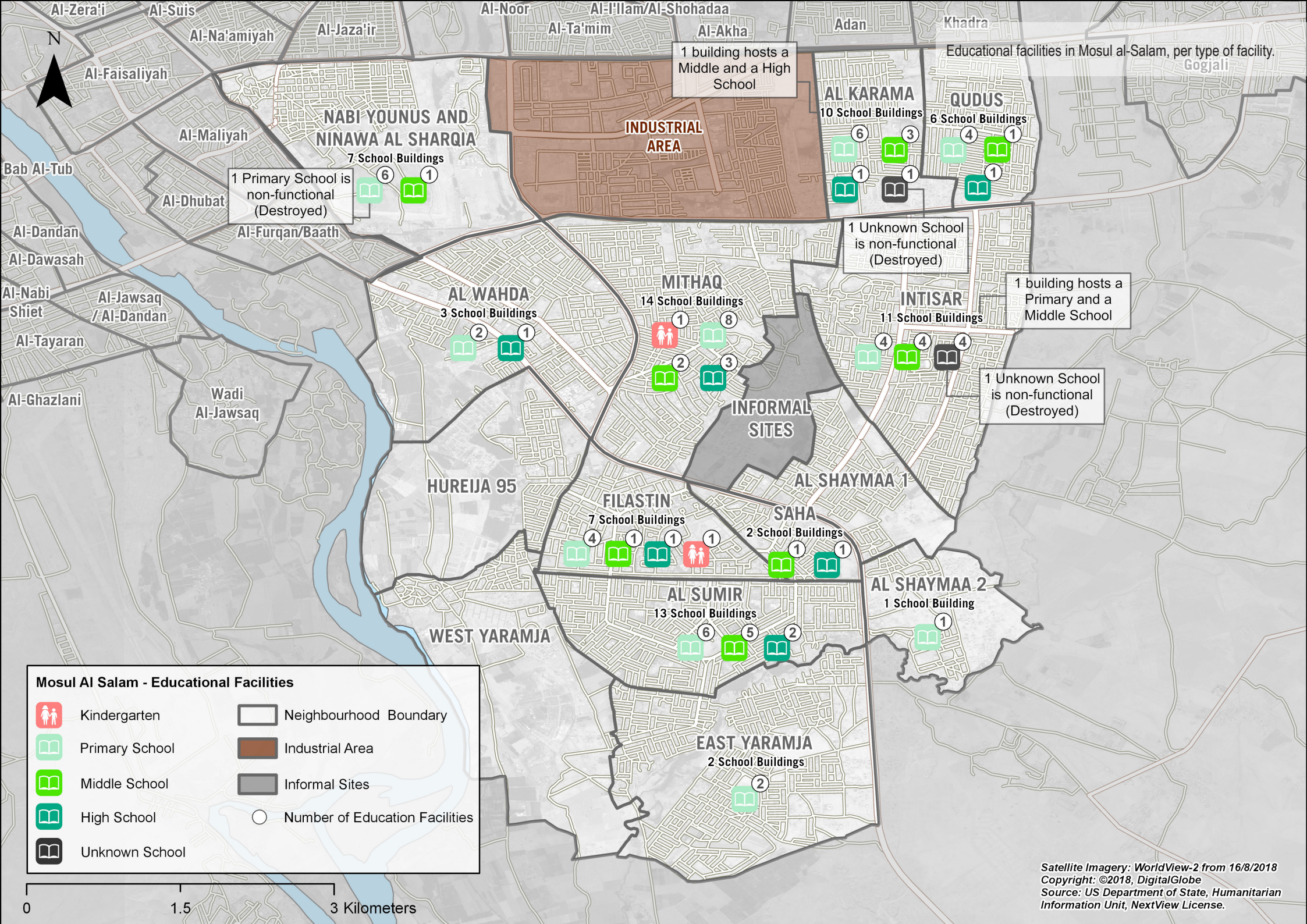
since children did not have to pay formal tuition. The reason of having missed too much to make up connects to the aforementioned finding that a large proportion of children have missed at least one year of education since June 2014 because in Iraq children are placed into grades on the basis of their age and not their academic level. School-aged children are being put in classes based on their age for administrative convenience, even if they have not studied to that point. As a result, children who have not missed any schooling and children who have missed up to four years during the ISIL occupation could be placed in the same classrooms. As such, children who have missed

education have often fallen behind once they re-enrol and will struggle to keep up.

Lack of teachers

The HH survey found 88% of households reported that there were sufficient teachers at primary and secondary schools. However, community leaders and KIs with expert knowledge of education (education KIs) reported that schools in Mosul al-Salam did not have a sufficient number of teachers, especially science teachers, primarily because the GoI had stopped hiring since the arrival of ISIL and because some teachers had not

⁶⁵ This is the number of types of schools, not the number of schools. This means one primary school, one middle school and one secondary school can all be in the same school building. ⁶⁶ As this finding concerns a subset of the total population, it has a confidence level of 92% and a margin of error of 8%.



returned to the city. However, current government-hired teachers were reportedly receiving their salaries. Due to the lack of teachers, schools had reportedly started using voluntary teachers, who were often recent graduates and teaching three to four days a week. The discrepancy between the data from the HH survey and from qualitative sources could be caused by some households including voluntary teachers when asked whether schools had sufficient teachers.

Lack of equipment and supplies

Additionally, all KIs reported schools in Mosul al-Salam were missing equipment and supplies, such as blackboards, books, desks, and chairs, mostly because it had been stolen or damaged during the conflict. Insufficient new supplies had been provided, reportedly due to underfunding in the public sector. In addition, education KIs reported that the government factory in the industrial area that makes school equipment, such as desks and chairs, had been fully destroyed during the conflict. In addition, a number of government stores in Al Karama neighbourhood

that sold education supplies at reduced prices had reportedly also been destroyed.

Education KIs reported that households were now buying their own supplies, which is likely to disproportionately affect poor households. This is further evidenced by the fact that, as aforementioned, the main reason for not attending education was said to be an inability to pay the costs, especially equipment and transportation.

Overcrowding

Education KIs and participants in all CGDs reported that schools in their neighbourhood were overcrowded, with an estimate of between 40 and 70 children per classroom. KIs were divided about whether this was already the case pre-ISIL, with most community leaders and education KIs reporting overcrowded classrooms already being an issue before June 2014, while CDG participants disagreed and reported it having become a bigger issue during and after ISIL.

Community leaders, education KIs, and CGD

participants reported that the primary reason for overcrowded classrooms was the lack of school facilities. All components of qualitative data collection found that the majority of schools were working in shifts, varying between two to three shifts per day. Overcrowded classrooms and the division of the school day into multiple shifts was seen as a barrier to access education by CDG participants and education KIs and was likely having a negative effect on the quality of education provided.

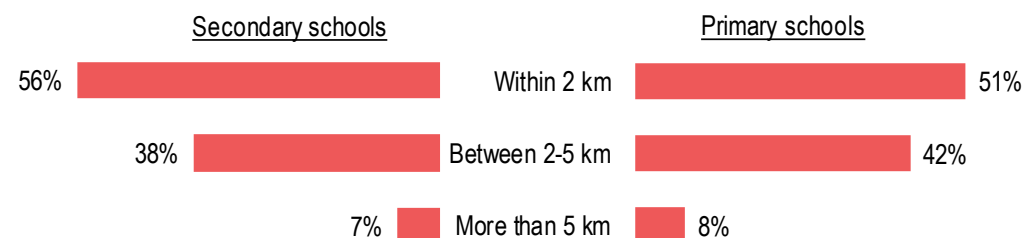
Distance

Only a small proportion of households did not have a primary (8%) and secondary (7%) school within 5 km. More than half of households

reported having a primary school and a secondary school within 2 km (51% and 56% respectively). An additional 42% and 38% reported having a primary and secondary school within 2 to 5 km (see Figure 19).

Nonetheless, education KIs and CGD participants indicated that especially middle and high school students had to travel out of their neighbourhood to access education. If the family could afford it, they would travel by car or by bus for an estimated cost between 15,000 and 25,000 IQD (13 and 21 USD),⁶⁷ and otherwise students would travel on foot. Some CGD participants reported that they did not feel comfortable letting their children walk to school, especially girls, and that they would thus stay home.

Figure 19: Distance to schools as estimated by households



Basic services

The level of basic services provision was said to have improved since 2016, while not yet being up to pre-ISIL levels, especially in waste collection. In areas of Iraq formerly under the control of ISIL the resumption of basic services has been cited as a primary consideration for displaced individuals in determining whether to return to return to their AoO. Overall functionality of basic services in Mosul al-Salam was found to be below the pre-ISIL occupation period, with a number of problems that remained due to a lack of general maintenance and of budget. Service provision was found to differ per neighbourhood and especially the eastern part of Mosul al-Salam municipality was receiving a lower level of servi

Electricity

KIs with expert knowledge of electricity provision in Mosul al-Salam (electricity KIs) identified one functional public power plant in the municipality: the Sharquiya station located in the industrial area. According to secondary sources, this power

plant operates on fuel brought in by tankers and has a power capacity of approximately 12 MWh.⁶⁸ In addition, electricity KIs reported that there was another power station in West Mosul, which was confirmed by secondary sources to be the Al-Mansour Gas Station operating on gas coming from the Baiji oil refinery with an estimated capacity of 8MWh.⁶⁹ Lastly, Mosul receives electricity from the hydro-electric power station at the Mosul Dam, which has a capacity of 800 MWh.⁷⁰

All households had access to public grid electricity, with just over half of households receiving more than 12 hours of electricity per day (see Figure 20). However, all community leaders and electricity KIs reported that electricity was available fewer hours in summer and winter when demand is higher due to the use of air conditioners, heaters and higher consumption of water. Electricity KIs indicated that the power stations' capacity was always 700-800 MW, regardless of the season but that due to the large demand the available hours had to be reduced.

Figure 20: Hours of electricity per day, as reported by households



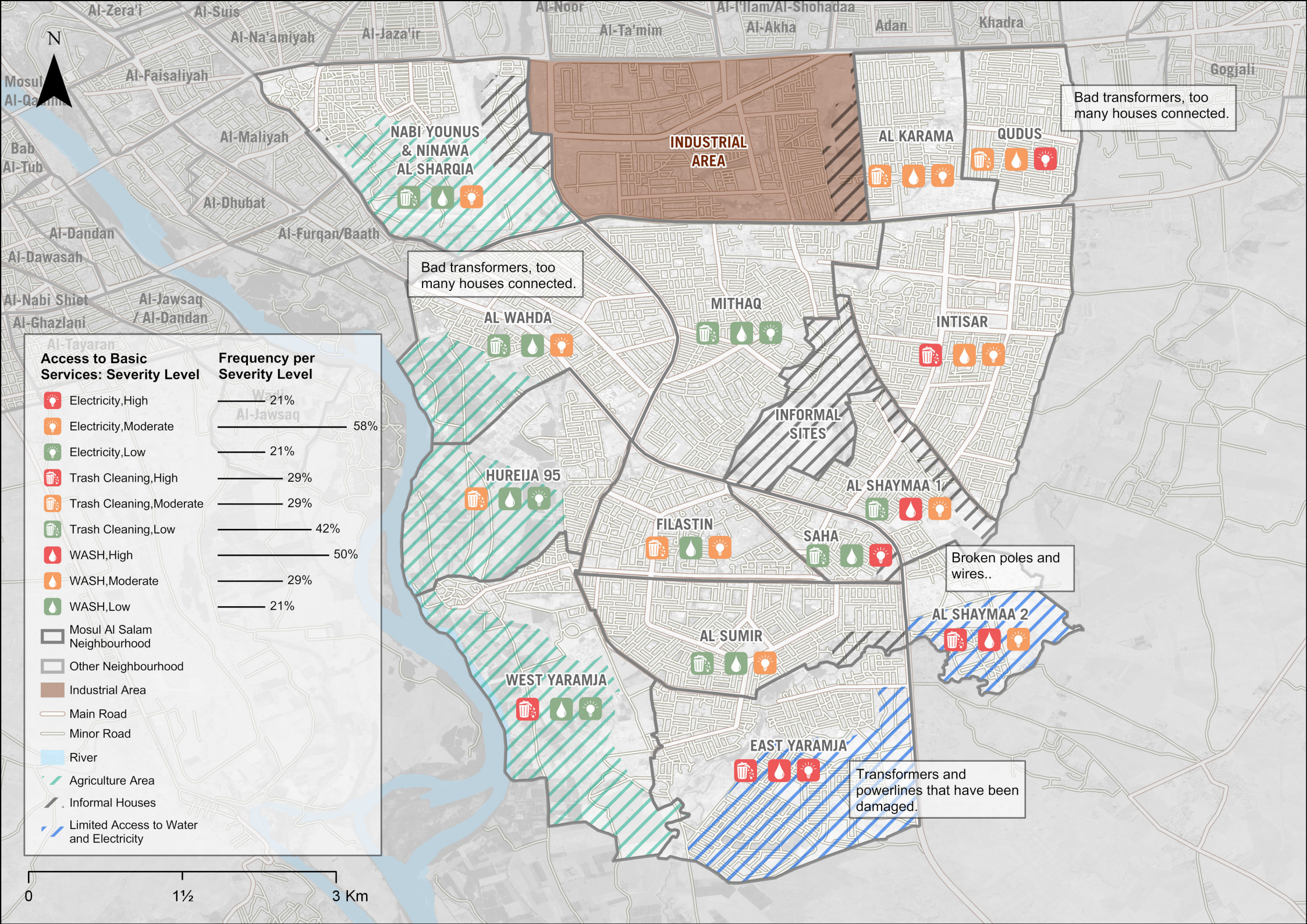
A number of neighbourhoods (Shaymaa 2, Sumar 1 and 2, Wahda 1, West and East Yaramja, Nabi Younis, and Al-Salam) were said to have a significant number of informally built houses that had not been officially connected to the public grid. Two electricity KIs indicated that the government does not have enough budget to officially connect these houses. However, the vast majority of these houses were said to have connected themselves to existing poles and wires at their own expense. This electricity supply was reportedly less stable and more likely to go out due to overloading of cables or transformers. In addition, community leaders indicated that poles, wires, and transformers had been damaged in Shaymaa 2 and East Yaramja neighbourhoods which reduced the amount of hours electricity was available in these neighbourhoods. All this

highlights the need for a humanitarian response focusing on the improvement of basic services in Mosul al-Salam.

Most residents paid for electricity according to a meter measuring the household's monthly electricity use. Ninety-nine percent (99%) of households reportedly had electricity related expenses in the 30 days prior to data collection, with a median expenditure on electricity of 21,000 IQD (18 USD), and prices being roughly similar to before the arrival of ISIL.⁷¹ Although it is unlikely that people living in informal houses paid for public grid electricity, it is possible that they had expenses for community generators.

Most households reportedly had access to community generators. For households that did

⁶⁸ UN Habitat. (2016) [City Profile of Mosul, Iraq](#) UN Habitat, Iraq. ⁶⁹ Ibid. ⁷⁰ Ibid. ⁷¹ Prices converted using www.xe.com on 8 May 2019.



Bad transformers, too many houses connected.

Bad transformers, too many houses connected.

Broken poles and wires..

Transformers and powerlines that have been damaged.

not have access, reasons varied. KIs indicated that throughout the city several households were not connected to the communal generators, mostly because these households did not have the financial means to pay according to the consumption. CGD participants indicated that the generators were privately run, but that the government controlled the price. Residents reportedly had to pay per ampere, with estimates ranging from 4,500 to 8,000 IQD (4 and 7 USD) per ampere and prices said to vary per month.⁷² The generators were said to work from 13:00 until midnight whenever there was no public grid electricity. As such, at night or in the morning households could only use public grid electricity, if available.

An increase in the number of transformers was suggested to be the main way to improve electricity provision in Mosul al-Salam.

Water

The water provision in Mosul al-Salam was reported to have been similar to pre-ISIL levels both in terms of quality and quantity, but a number

of important problems remain. In particular, the cleanliness of the water was reported to be affected by a lack of general maintenance of the water infrastructure.

KIs with expert knowledge on water provision in Mosul al-Salam (water KIs) indicated there were several water treatment plants (WTPs) in East Mosul, including one in Mosul al-Salam. The WTPs in East Mosul were said to be located along the Tigris river and in the neighbourhoods of West-Yaramja, Al-Quba, Al-Rashidia, and Al-Arabi. The WTP in Al-Arabi neighbourhood was destroyed during the conflict but has since been rehabilitated and was reopened in August 2017.⁷³

Only one household reported a different primary source of drinking water than piped water during the seven days prior to data collection. However, a number of community leaders and CGD participants indicated that in neighbourhoods with informal houses (such as Shaymaa 1 and 2, Karama, East and West Yaramjah, Al-Quds) the pipe network did not extend to the entire neighbourhood and that people had connected

their own plastic hoses to existing pipes in order to get water. In these neighbourhoods the water pressure was said to be lower due to the large number of houses having been informally connected, as well as these neighbourhoods' distance to water pumping stations.

Ninety-nine percent (99%) of households had a private or shared water tank, with a mean capacity of 2,000 litres. On the basis of the frequency that the tank was refilled and the amount of people sharing the water from the tank, it was determined that roughly all individuals had access to more than 50 litres of water per day. Thirteen percent (13%) of households had expenses related to water services in the 30 days prior to data collection, with a median amount of 8,250 IQD (7 USD), which can include expenses for water treatment methods such as filtering or chlorination.⁷⁴ Water KIs and most community leader KIs indicated that households had to pay for piped water.

Twenty percent (20%) of households indicated that water from their primary drinking water source was not clean enough to drink. All of

these households reported using water treatment methods before consumption, primarily filtration (18%) or chlorination (2%). However, participants in half of CGDs reported that some households in their neighbourhood could not afford water treatment methods and would thus drink unclean water. A filtration system was reported to cost between 70,000 and 120,000 IQD (59 – 100 USD) to purchase.⁷⁵ For chlorination tablets, some community leader KIs stated that they could be obtained from public health centres for free while others said that they cost 500 IQD (0.42 USD)⁷⁶ for four tablets, thus indicating a possibility that not all health centres were offering free chlorination tablets.

Waste Collection

Solid waste

Sufficiency of waste collection varied throughout Mosul al-Salam, with community leaders and CGD participants from a significant proportion of neighbourhoods reporting no or little waste collection, while other neighbourhoods received up to daily waste collection. The main reason

⁷² Ibid. ⁷³ UN Iraq, 'Key Water Treatment Plant reopened in Mosul', August 2017. ⁷⁴ As these findings concern a subset of the population, they are indicative only. ⁷⁵ Prices converted using www.xe.com on 8 May 2019. ⁷⁶ Ibid.

for insufficient waste collection was a lack of equipment, staff, and large waste containers.

In the majority of neighbourhoods, the solid waste collection services were reportedly provided by the municipality, for which residents did not have to pay, according to most community leaders and KIs with expert knowledge of waste collection in Mosul al-Salam (waste KIs). Waste KIs added that only shop owners had to pay for having waste collected. However, in the neighbourhoods of Shaymaa 1, Al-Sumir, Mithaq, and al-Salam, community leader KIs and CGD participants indicated that an NGO was providing the waste collection service. Waste KIs confirmed that there

were certain neighbourhoods where NGOs were collecting solid waste. In al-Qudus, Shaymaa 2, and East-Yaramja neighbourhoods, residents reported paying for private individuals to collect the waste.

In almost all neighbourhoods, regardless of who provided the service, waste was reportedly only collected from the main streets because the provider of the service lacked the capacity to collect waste from the entire neighbourhood. Most community leaders and waste KIs indicated that before June 2014 waste was collected from all streets in the neighbourhood. CGD participants and waste KIs stated that this caused problems

because there was a lack of large containers on the main roads that waste could be dumped into until pick up. Waste KIs added that out of 40 large waste containers that had been distributed in 2016, only 15 remained at the time of data collection, with the rest having been damaged or stolen.

In terms of frequency of waste collection, in 12 neighbourhoods waste was reportedly collected every day or every two to three days. However, in Intisar, Quds, Shaymaa 2, and West Yaramja neighbourhoods, waste was said to be collected once per week or less, due to the size of the neighbourhood or the lack of equipment. Notably, these are all peripheral neighbourhoods, which could mean that their distance from the centre was a further reason for the lower frequency of waste collection.

All but one community leader KIs reported that solid waste removal services in their neighbourhood were not sufficient to address the needs of the population, even in neighbourhoods with daily waste collection. Consequently, residents were

reportedly dumping or burning waste within or in close vicinity of the neighbourhood in open areas. Occasionally the municipality sent trucks to these open areas to clean the areas, according to waste KIs. Both waste KIs and community leaders reported solid waste to accumulate in the city.

Wastewater

Community leaders and CGD participants reported that all residents used private septic tanks to store wastewater and all households reportedly had access to wastewater removal services once the tank was full, provided by private companies. For emptying a septic tank, the price reportedly varied from 25,000 to 60,000 IQD (21 to 50 USD) for private companies.⁷⁶ Community leaders reported that all households in their neighbourhood could afford this service; even if the price was high for some households, they had to pay these expenses. Almost all community leader KIs suggested that the primary way to improve the waste situation in the city was the construction of a sewage system.

Table 4: Actors collecting solid waste, per neighbourhood, as reported by community leaders

Municipality	NGOs	Private actor
Nabi Yunus	Shaymaa-1	Al-Quds
Al-Wahda	Al-Sumir	Al-Shaymaa 2
Hureija 95	Al-Salam	East-Yaramja
West-Yaramja	Mithaq	
Filastin		
Al-Karama		
Intisar		
Saha		

Conclusion

As the context in Mosul al-Salam municipality has transitioned from an emergency to one of recovery and stabilization, the priority for the government and humanitarian community has shifted to the resumption of key public services to address the needs of the population. The recovery process that has started with the Government of Iraq, the UN, and different humanitarian organizations will require close coordination with multiple stakeholders, centred on the needs of the community.

This report, for which data was collected between 17 February and 9 April 2019, has synthesised multiple layers of data from community leaders, individuals with specialist knowledge in service provision, and resident households with the aim of informing evidence-based planning and prioritisation of needs. The findings aim to support actors implementing humanitarian and recovery interventions at the urban level in Mosul al-Salam, providing granular, location-specific information,

while informing planning and programming of the ACTED-led CRC in Mosul al-Salam.

The recent conflict caused significant urban destruction in Mosul city, and caused an important proportion of the population to displace. Residents of Mosul al-Salam municipality experienced that livelihoods opportunities were negatively affected by damage and destruction to the industrial area, which used to provide many jobs for city residents. In addition, daily labour opportunities were said to be limited and wages to have halved due to the lack of businesses restarting. As such, residents listed employment as their top priority need and many households reported facing financial barriers to accessing services such as healthcare or education.

In addition, the lack of medication in public healthcare facilities posed a barrier for residents to access healthcare and the quality of water was said to have declined due to a lack of maintenance

of the piped network. The supply of electricity in Mosul al-Salam was found to have been affected due to damage to the network in a number of neighbourhoods, while in others the provision was back up to pre-ISIL levels. The frequency of waste collection in parts of the city had reduced due to damaging and looting of equipment and lack of staff. Although the vast majority of school-aged children were attending school, households reported several barriers to accessing education, i.e. cost of education, overcrowded schools, distance to schools, and shortage of teachers and equipment.

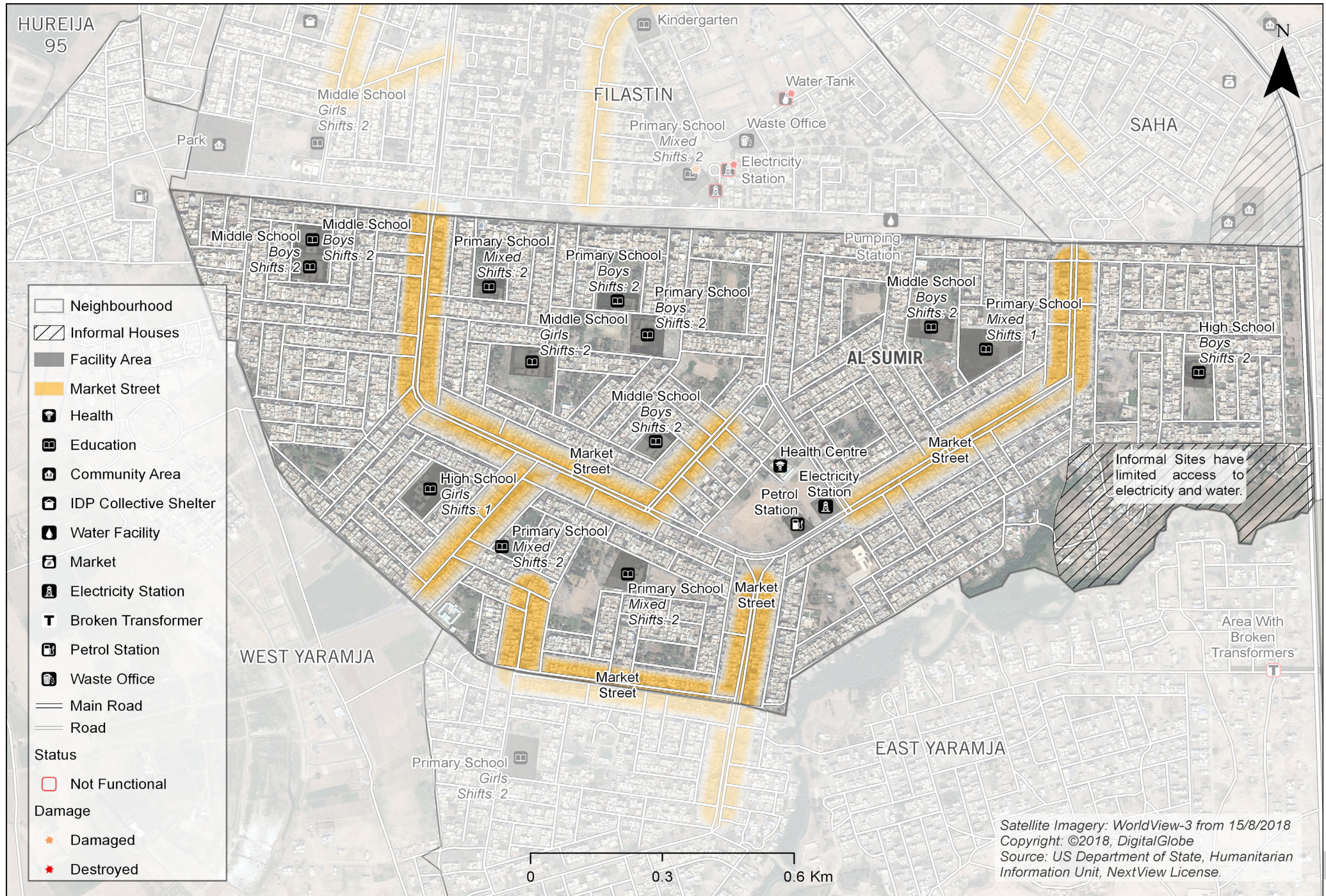
Quality and availability of basic services were found to be area- and neighbourhood specific, with higher need for improvements identified in the east and peripheral areas of Al-Salam municipality. While basic services and infrastructure have improved significantly in the two years since the city was retaken, and were in some cases back to pre-ISIL levels, households and KIs pointed out

that in many sectors improvements could be made to bring service provision in the city as a whole to pre-ISIL levels and to create a sustainable environment for households looking to rebuild their lives. The main reported obstacle to creating a sustainable environment for households was the economic vulnerability of households due to a lack of livelihood opportunities. This issue came back as a barrier in accessing all aforementioned services. Households and KIs stated that the high cost of education, healthcare, and basic services resulted in difficulties accessing these services. This indicates a prevalent need for livelihood specific interventions. Considering the large proportion of children and young adults, special consideration should be taken to target youth development, capacity building and child protection across all interventions.

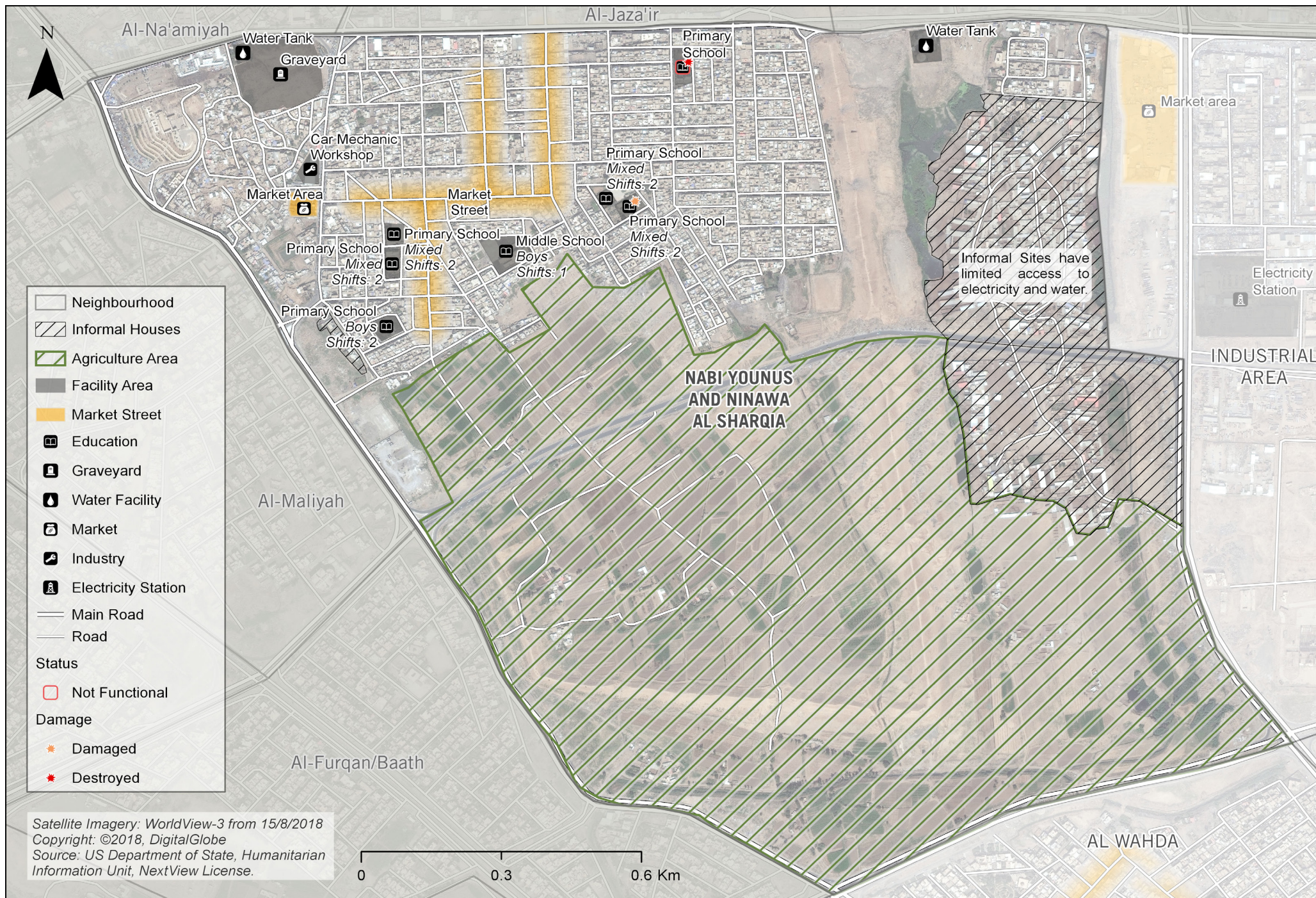
APPENDIX 1:

Mosul al-Salam neighbourhood maps

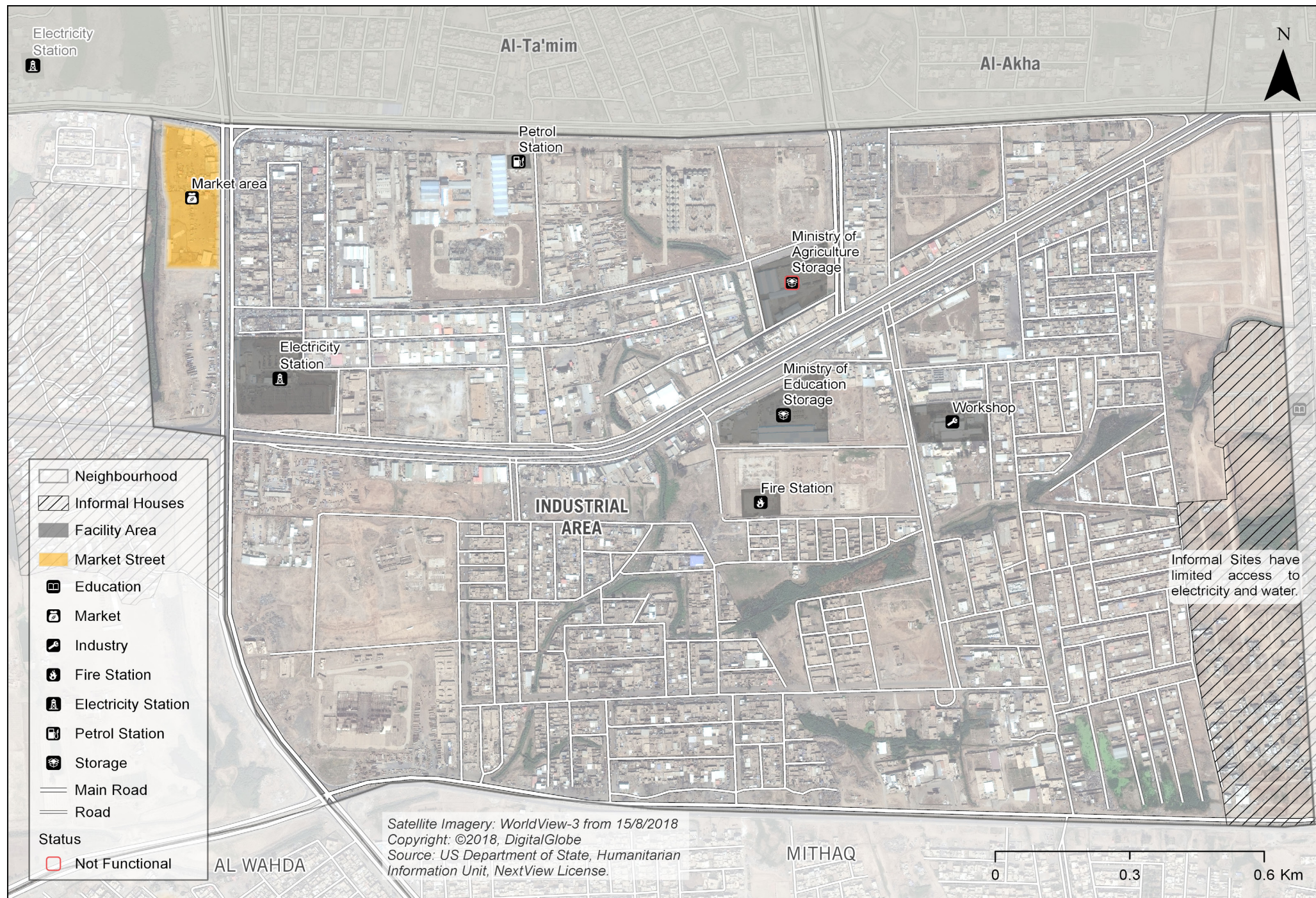
AL-SUMIR



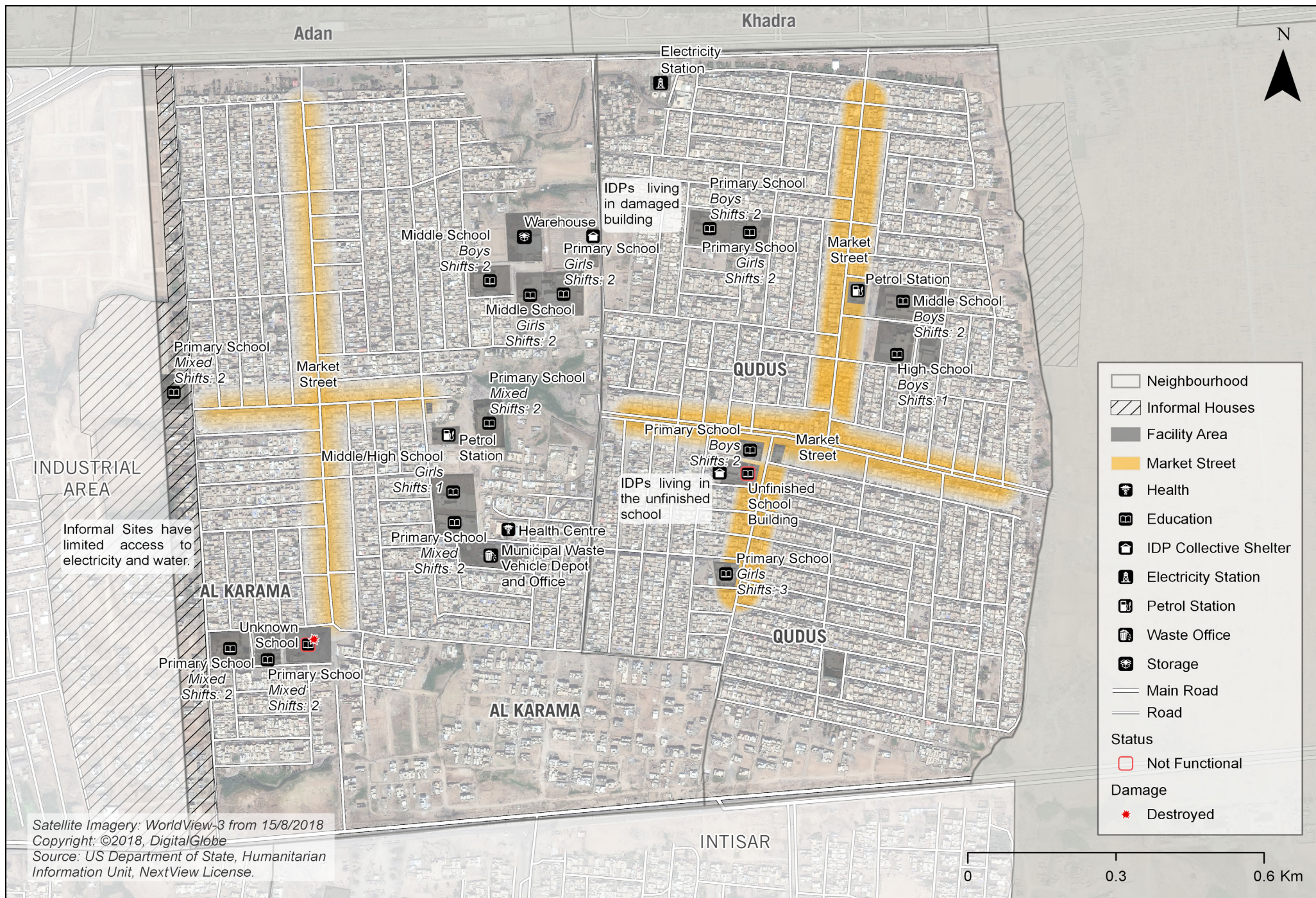
NABI YOUNUS & NINAWA AL SHARQIA



INDUSTRIAL AREA



QUDUS & AL KARAMA



This map illustrates the Al Wahda neighbourhood in Mosul, Iraq, and its surrounding areas. The map uses various colors and patterns to denote different types of land use and infrastructure. A legend on the left side provides a key for these symbols.

Legend:

- Neighbourhood:** Represented by a white outline.
- Informal Houses:** Represented by a diagonal line pattern.
- Agriculture Area:** Represented by a green diagonal line pattern.
- Facility Area:** Represented by a grey diagonal line pattern.
- Market Street:** Represented by a yellow line.
- Health:** Represented by a red cross icon.
- Education:** Represented by a book icon.
- Community Area:** Represented by a house icon.
- IDP Collective Shelter:** Represented by a tent icon.
- Water Facility:** Represented by a water drop icon.
- Market:** Represented by a shopping bag icon.
- Electricity Station:** Represented by a power plug icon.
- Petrol Station:** Represented by a gas pump icon.
- Waste Office:** Represented by a trash can icon.
- Main Road:** Represented by a thick grey line.
- Road:** Represented by a thin grey line.
- Status:**
 - Not Functional:** Represented by a red outline.
 - Destroyed:** Represented by a red star icon.

Map Labels:

- Neighbourhoods:** AL FURQAN/BAATH, NABI YOUNUS AND NINAWA AL SHARQIA, AL WAHDA, MITHAQ, FILASTIN, SAHA, WEST YARAMJA, HUREIJA 95.
- Streets:** Market Street.
- Facilities:** Petrol Station, High School, Primary School, Hospital, Rehabilitation Health Centre, Water Project, Water Tank, Waste Office, Kindergarten, Park, Middle School, IDP Collective Shelter, Electricity Station.
- Other:** Pumping Station & Water Office, Health Centre, Primary School Mixed Shifts: 2, Primary School Boys Shifts: 2, Primary School Girls Shifts: 2, High School Boys Shifts: 2, High School Girls Shifts: 2, Middle School Girls Shifts: 2, High School Boys Shifts: 2, High School Girls Shifts: 2, Middle School Girls Shifts: 2, High School Boys Shifts: 2, High School Girls Shifts: 2, Middle School Girls Shifts: 2.

Scale and Orientation:

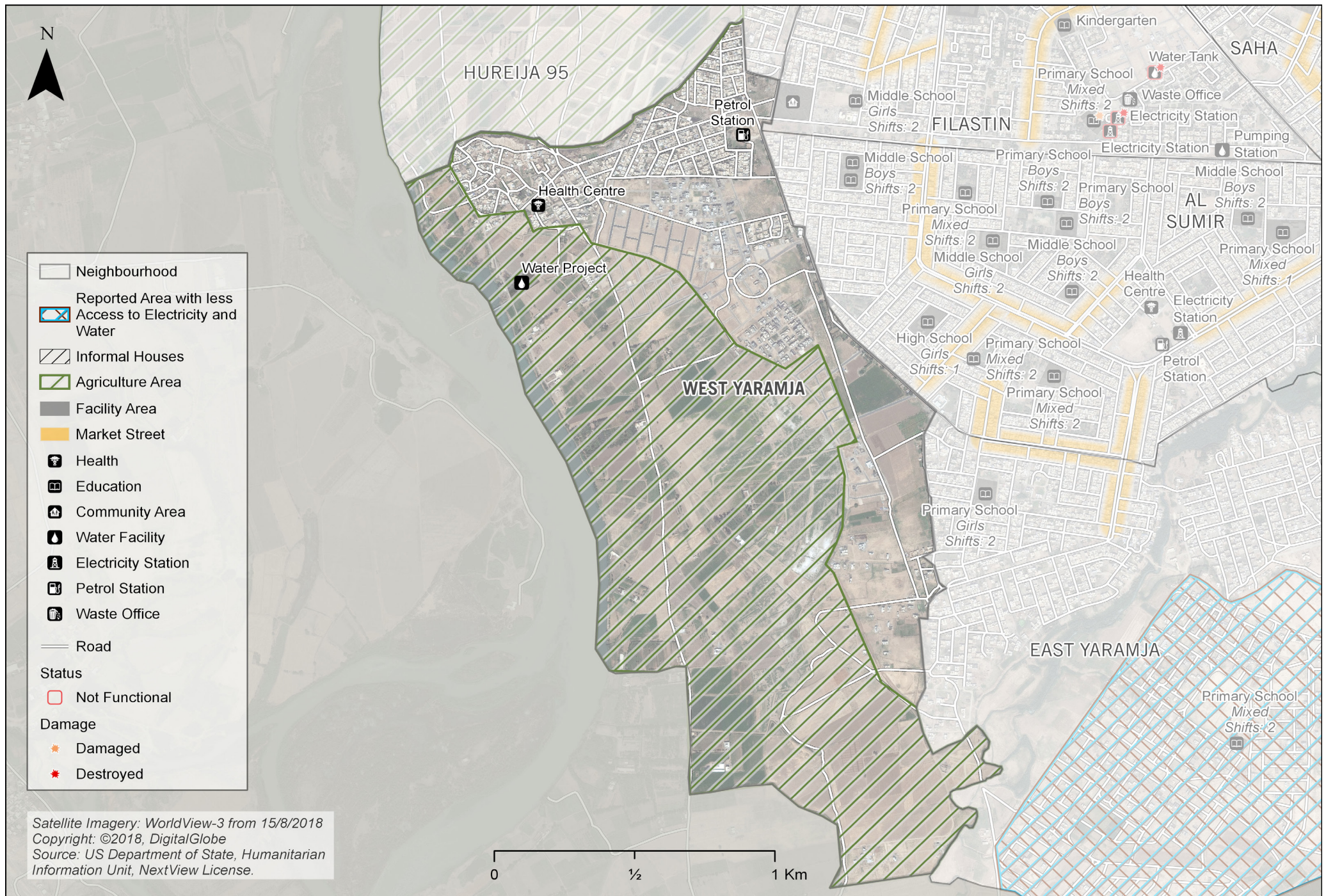
- Scale:** 0 to 1 Km.
- Orientation:** North arrow pointing up.

Source Information:

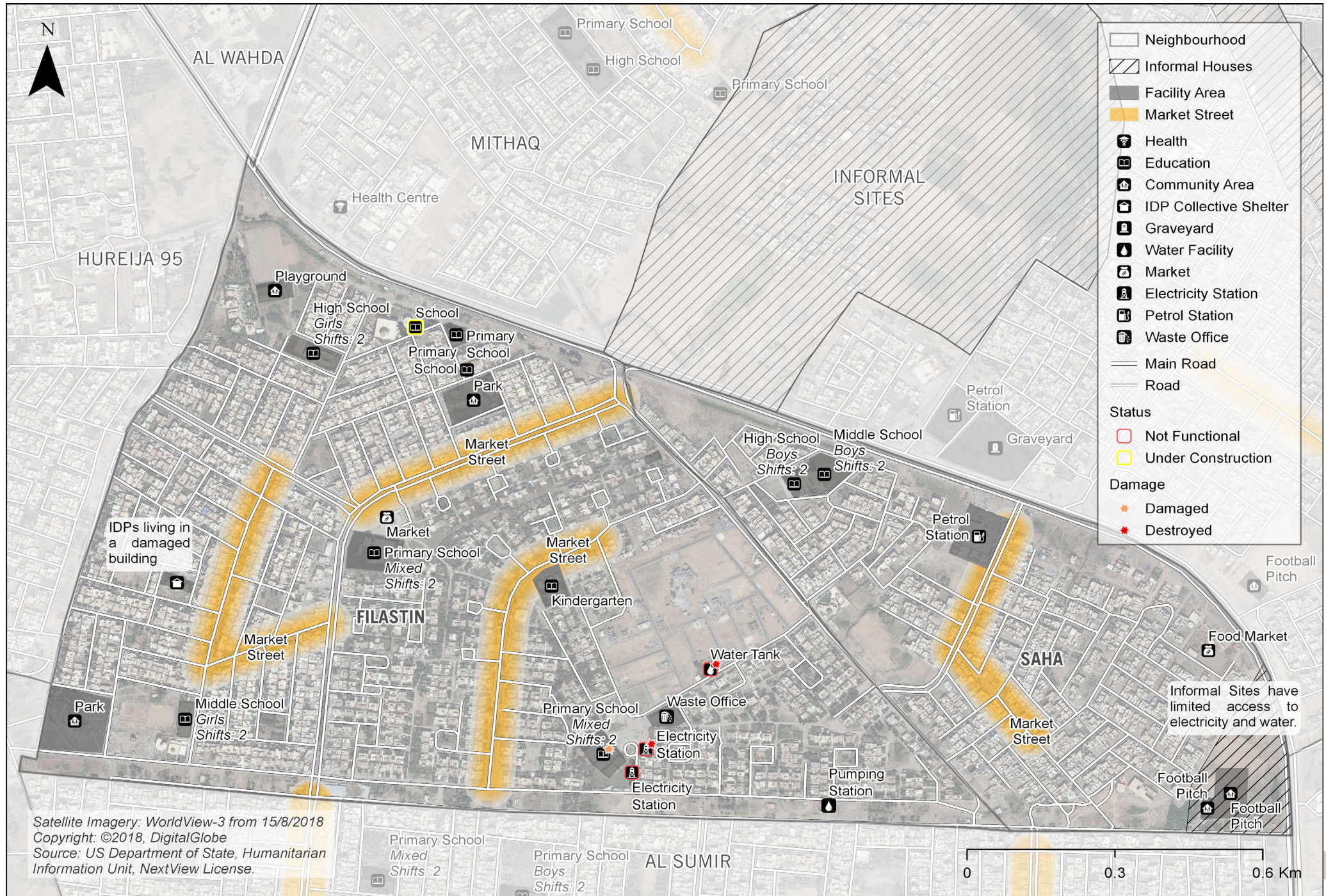
- Satellite Imagery: WorldView-3 from 15/8/2018
- Copyright: ©2018, DigitalGlobe
- Source: US Department of State, Humanitarian Information Unit, NextView License.

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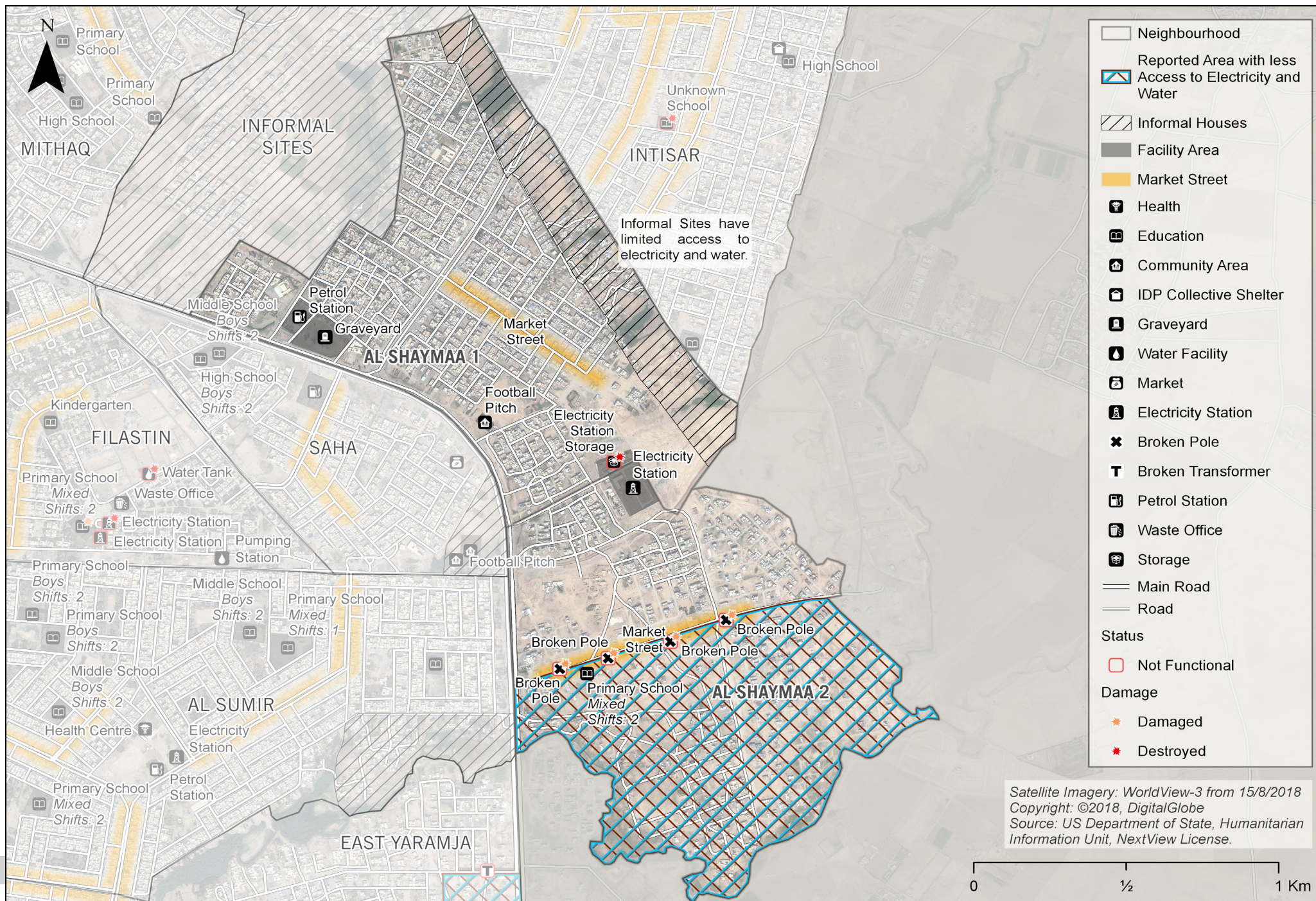
WEST YARAMJA



FILASTIN & SAHA



SHAYMAA 1 & 2



Satellite Imagery: WorldView-3 from 15/8/2018
Copyright: ©2018, DigitalGlobe
Source: US Department of State, Humanitarian
Information Unit, NextView License.

APPENDIX 2:

Sectoral Index of Needs – Indicators, weighting, and threshold per sector

Sector	HH level indicator	Threshold for need		Indicator Weight	Sectoral Threshold
		Yes, in need (1)	No, not in need (0)		
Education	% of HH with at least one child (aged 6-17) not attending formal education	at least one child not attending	All children attending OR no children in household	60	25
	% of HH with a functional primary and secondary school within 5km	Either primary or secondary school not within 5km	Both primary and secondary school within 5km	20	
	% of HH (with access to functional schools) who reported sufficient certified teachers	Insufficient teachers at both schools	Sufficient teachers at one or another	10	
	% of HH with at least one child aged 6-17 who dropped out after January 2014	At least one child dropped out after January 2014	No children dropped out after 2014	10	
Food Security	% of HH with "moderately insecure" or "severely insecure" food security status, using CARI Analysis (composite using food consumption score, food expenditure share, and coping strategies index)	3 or 4 (moderate or severe food insecurity)	1 or 2 (food secure, or marginally insecure)	100	N/A
Health	% HH with access to a functional health clinic within 5km	No access	Yes access	30	25
	% HH with access to a functional hospital within 10km	No access	Yes access	30	
	% of HH with all children vaccinated (measles, penta-3, and polio)	Not all children vaccinated	All children vaccinated	20	
	% of HH with members with chronic health conditions	Yes, at least one member with a chronic illness	No members with chronic illness	20	
Livelihoods	% of HH with debt value > 505,000 Iraqi dinar (IQD)	Above debt threshold	Below debt threshold	20	55
	% of HH taking on debt due to healthcare, food, education, or basic household expenditures	Basic needs not met	Basic needs met	20	
	% of HH with at least one adult (18+) unemployed and seeking work	Yes, unemployed adults seeking work	No unemployed adults seeking work	60	
Protection	% of HH with at least one child (6-17) outside of a learning environment (formal or non-formal)	at least one child not in learning environment	all children in learning environment	10	10
	% of HH reporting children with psychosocial distress	Yes	No	10	
	% of HH with single female-headed households	Yes	No	20	
	% of HH reporting missing documentation of any kind	Yes	No	20	
	% of HH reporting being at risk of eviction	Yes	No	20	
	% of HH with members disabled due to explosive hazards	Yes	No	20	
Shelter/NFIs	% needing basic NFI items	needs at least 3 of 7 items	needs 0-2 items	25	30
	% needing summer NFI items	needs at least 2 of 3 summer items	needs 0-1 items	15	
	% needing winter NFI item	needs heater	Does not need heater	10	
	% reporting at least 2 shelter improvements	2+ reported needs	0-1 need	45	
	% at risk of eviction	Yes	No	5	
WASH	% HH with less than 50 litres of water per person per day	Less than 50L/ppd	At least 50L/ppd	30	25
	% of HH who require water treatment prior to drinking	Yes, require treatment	No treatment required	15	
	% of HH without access to private latrines	No access	Access	20	
	% of HH without access to hygiene items OR unaware of appropriate hygiene promotion messages	Not aware or no access	Aware and has access	20	
	% of HH without access to waste collection or communal garbage bins	No access to either	Access to one or the other	15	