

## **Rapid Needs Assessment Report**

*21<sup>st</sup> to 26<sup>th</sup> of September 2014*

«Assessing Iraqis Internal Displaced Persons’  
(IDPs) basic needs in Suleymaniah  
Governorate »



*Shelter Box tents, Kulajo - Suleymaniah Governorate*

Direction de l’action d’urgence  
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## I. Context

A limited number of Non Governmental Organisations (NGOs) and humanitarian partners have been reported working in the Suleymaniah Governorate because of the lower number of IDPs and refugees settled in the governorate in comparison with the Erbil and Dohuk governorates. Majority of IDPs settled in Souleymaniah are coming from Anbar (Central Iraq) and the surroundings conflict affected areas of Baghdad (heart of conflict);

Nevertheless, Souleymaniah Governorate. still remains a strategic area for the provision of humanitarian assistance on the basis of the following assumptions:

- In the hypothesis of a potential increase of the conflict intensity in the Central and Southern Iraqi provinces, Souleymaniah will be the closest and safest entry point for the IDPs towards Kurdish Region of Iraq (KRI);
- Cholera endemic area: frequent alerts on cholera (last one reported in 2012). People living in collective shelter and unfinished building and amongst them children will be particularly vulnerable to the epidemic in case of resurgence. Potential higher negative impact to be taken into consideration in the case of a rapidly further increase of the IDPs population in the governorate.

## II. Mapping of assessed area





### III. Areas targeted

Prioritization	Location	Distance from Suleymaniah City	# of HH Approx.	# of people Approx.
East				
2	Chamchamal	40 min	2 000	12 000
	Gorgayi Camp (Chamchamal)		100	600
South				
3	Kalar	3h30	600	3 600
1	Kulajo	4h / 4h30	2 000	12 000

### IV. Methodology & limitations

One Handicap International (HI) team, composed by the head of mission and two technical advisors (one specialized in physical rehabilitation and the other one in basic needs) led a primary diagnostic - from the 21<sup>st</sup> to the 26<sup>th</sup> - in the Governorate of Suleymaniyah in September 2014.

HI decided to target this area according the following reasons:

- numerous NGOs are implementing programs in Erbil and Dohuk Governorates since 2013 in response to Syrian and Iraqi crisis;
- fewer information are available on the humanitarian situation in the Suleymaniah Governorate.

Through this assessment first priorities of Handicap International were:

- To assess the current situation in Souleymaniah through a quick diagnostic ;
- To identify what key actors are implementing (or are planning to implement) programs with IDPs in Souleymaniah;
- To identify remaining remaining needs with a particular focus on basic needs *in* and *out* of existing IDPs camps

In order to get this information, the assessment team made (1) field visits, mostly outside IDPs camps in order to identify needs coverage and gaps and (2) has compiled primary and secondary data from several sources: reports, cluster notes, mapping of field actors (NGPs, UN agencies, authorities, community key resources). Out of collected data, primary analysis was made, enabling H.I to prioritize needs and to adjust its action plan.

H.I team decided to not focus on IDPs and refugees settled in camps. Indeed, regarding existing response mechanisms in terms of camp management and increase of coordination dynamics in Suleymaniah Governorate, H.I assumed that the most urgent needs (Shelters, NFIs, Food distribution, WASH) will be soon covered by actors, even if specific gaps remain there.

Thus, through this assessment, H.I aimed to identify the most vulnerable population, not yet included into NGOs assessment nor humanitarian interventions at the moment of the visit. **The more people are scattered and are living in remote and/or disputed areas, and hidden within urban areas, the more they are vulnerable (less access to services and humanitarian assistance)**



Inside those vulnerable households, HI has specific concern and attention for people with specific needs: people with functional limitation (physical, sensorial or mental) related to a disability, an injury, pregnancy or age.

**Limits:**

Since this methodology is not based on representative sample nor questionnaires, this analysis remains based on technical and field experience of H.I teams and available information. This report is a rapid diagnostic giving global overview of IDPs' situation living in targeted areas at the moment of the assessment.

However, considering current response plans of other actors, priority needs identified through this assessment might remain – at least - the same at a short term issue (1-2 months).

## V. Agenda

	Sunday 21st	Monday 22nd	Tuesday 23th	Wednesday 24th	Thursday 25th
<i>Morning</i>	<u>Travel</u> : Erbil – Suleymaniah  <u>Meetings</u> : ➤ Directory of Health (DoH)	<u>Visits</u> : ➤ KORD Suly ➤ TCRC  <u>Meeting</u> : ➤ MSF Holland	<u>Meetings</u> : ➤ Asayish (authorizations) ➤ Biladi NGO ➤ Local NGO - Disabilities	<u>Meetings/visits</u> : _ REACH Initiative _ TCRC Kalar _ KORD Kalar	IDPs sites / camps in Chamchamal
<i>Afternoon</i>	<u>Meetings</u> : ➤ World Health Organisation (WHO) ➤ Information point from ROZH Society ➤ Save The Children Kurdistan ➤ IRC	<u>Travel</u> : Suleymaniah – Kalar	<u>Visits</u> : ➤ IDPs sites/camp around Khanaqeen ➤ EMERGENCY	<u>Visit</u> : <u>Kulajo Village (IDPs' sites)</u>  Come back to Suleymaniah	



## I. Basic Needs - Findings

Following methodology described previously and situation of assessed areas, Handicap International established its intervention priorities according to identified needs (existing and forecasted) as well as identified presence of actors implementing or planning to implement emergency programs.

### 1. PRIORITY #1 : Kulajo (Kalar District)

Kulajo town is located at only 15km from Jawlala, under Islamic State (IS) control since more than one month. The area is under the Iraqi administrative management, even if the majority of the population is Kurdish (disputed area under administrative management of Iraqi Government with the settlement of a relevant Kurdish population that claims the property of the land). Located on one of the main axe from Central and South Iraq to KRI, local authorities are preparing themselves to host increasing number of IDPs on coming weeks and months, whether those IDPs will remain in Kulajo or just pass by.

- IDPs population: approx. 2000 Households (HH) – 12,000 individuals (source : mayor of Kulajo)
- Key support for the humanitarian assistance: (1) the mayor and (2) the Department of Health (DoH) of Kalar, by giving a special permit to authorize Handicap International (HI) activities consequently to the lack of support from the Central Gvt.

### Findings

- Settlement: IDPs scattered in unfinished buildings, schools, churches, mosques, etc.
- The IDPs living in Kulajo school have been re-allocated from the 1<sup>st</sup> of October, in a transitory camp;
- This transitory camp, at the date of the rapid assessment, was organized with 85 family tents (6 people maximum in each tent– model dome tents from Shelter box) donated by UNHCR. Only few families received Households Essential Items (HEI) Kits (blanket, mattresses, cooking set) from International Organization of Migration (IOM) when they were in the school, and there is no (HEI)/Shelters stock available for covering expected more arrivals (no contingency plan). Other IDPs households living in Kulajo community were not supported by humanitarian assistance.
- In terms of WASH, only 5 portable pre-fabricated latrines donated by UNICEF with 2 plastic water tank of almost 10,000 liters (drinkable water). The site is located just in front of the Mayor office. Not fences, not other services provided or planned to be opened.
- NGOs presence/ Humanitarian partners: as previously mentioned, one shot support given by IOM for HEI's kits as well as food rations by World Food Program (WFP) in July 2014. They covered the summarization, hygiene and basic<sup>1</sup> needs of almost only 600 HH out of the approx. 2000 HH living in the area ➔ the shortage in available support has created dangerous social tensions between the people, with negative consequences on the local authorities;
- The Primary Health Center (PHC) in Kulajo is severally impacted by the current conflict ➔ significant gaps in medical supplies because of the interruption supply chain from Dyjala has since IS occupation of the surroundings areas;

<sup>1</sup> IOM distributed blankets, plastic mat, cleaning powder, gas cooker, fan, mattresses, pillows, plastic cabinet, sanitary pad, towels, soap bars, and cool box.



- Through Rapid Response Mechanism (RRM - led by the UNICEF) and other funds, ACTED is planning to distribute shelter, winterization and hygiene kits in Kulajo. However, contents of kits, number of HH targeted and areas of intervention are not defined yet.
- HI is actively involved into coordination mechanism in order to integrate its response in the global response plan with the other stakeholders.
- Clothes were distributed too through *Save The Children Kurdistan* in Kulajo at the end of September.

**GAPS – Basic Needs.**

Gaps have been identified in all basic needs sectors. WASH and Food needs are planned to be covered or already covered through RRM Mechanism and other agencies at camp and community level, so remaining gaps forecast in terms of HEI will be as follow:

- Shelters: (1) contingency stock of tents in order to face the growing number of IDPs living in the transitory camps located in front of the city hall, (2) insulation kits to enable families to face the winter season;
- Winter clothes (partially covered by Save the Children Kurdistan)
- Heating source – kerosene preferred;
- Blankets & Mattresses ;
- Cooking sets;
- Diapers for children.



**Kulajo, Old Barn** – One household of 6 peoples with one child under 5 living in since 1 month.



**Kulajo, Unfinished building** – 6 households living on two floors, with people over 60, children under 5 and People With Disability.





## **2. PRIORITY #2 : Kalar town (Kalar district)**

Handicap International has regular working relationship with local NGOs in Kalar (KORD<sup>2</sup>, TCRC<sup>3</sup>, ROZH Society<sup>4</sup>, etc.). In Kalar, IDPs are scattered into the urban areas and in particular within unfinished buildings. IDPs' locations are not clearly mapped. The most vulnerable remain 'hidden' into urban areas. Local NGO are supporting IDPs since the first wave of displacement and have good network within the city, enabling to identify people. However financial limitations are impacting on their capacities on the field.

- IDPs population: approx. 600 HH – 3,600 individuals (source: local NGO).

### **Findings**

- As far as known by Handicap International and its local partners, there is no plan to build an IDPs camp around Kalar. No alternative solution for the moment for household currently living in unfinished buildings;
- No International NGO are implementing activities in Kalar. However REACH Initiatives' team doing regular assessment on the area. In addition, considering security concerns, EMERGENCY<sup>5</sup> and MSF Holland are based (office, guesthouse for security reason, but no activities) in Kalar for outreach activities in the surroundings areas.
- Bilady local NGO capitalizing on context evolution, data and IDPs' information;
- WASH: Kalar is under water shortage most of the year. Authorities are concerned about the increasing pressure on local resources and the impact of water shortage on both local and IDPs' communities. This represents an high risk of potential social tensions between IDPs and host communities;
- Save the Children Kurdistan has done a one shot distribution of HEI (clothes and boots for children) targeting only children under 15. They already put in place a database with information on vulnerable households and people with specific needs<sup>6</sup>.

### **GAPS – Basic Needs**

Gaps have been also identified in all basic needs sectors. WASH and Food needs are planned to be covered or already covered through RRM Mechanism and other agencies at camp and community level, so remaining gaps forecast in terms of HEI will be as follow:

- Winter clothes (partially covered by Save the Children Kurdistan)
- Heating source – kerosene preferred;
- Blankets & Mattresses ;
- Cooking sets;
- Shelters: insulation kits to enable families to face the winter season;
- Diapers for children.

<sup>2</sup> KORD: Kurdistan Organization for Rehabilitation of the Disabled.

<sup>3</sup> TCRC : Teaching Children Rehabilitation Center

<sup>4</sup> ROZH Society: Association of people with disabilities.

<sup>5</sup> International NGO providing medical and surgical treatments to victims of war, landmines and poverty.

<sup>6</sup> By specific needs, Save the Children Kurdistan means mainly people with disabilities (physical, sensorial, mental/intellectual)



### **3. PRIORITY #3 : Chamchamal**

The majority of the people are settled in the urban areas (unfinished buildings and schools). However two sites already exist and could become permanent: Gorgayi Camp (mostly yazidis) in caravans/containers and another one (dedicated to Arab IDPs).

Local authorities are very much concerned about potential tensions between communities. In fact, during Saddam Hussein regime massacres took places in the area and this souvenir is still present. Under the municipality request, UNHCR has finalized a negotiation with the Government for building an IDPs camp, only for Arabic ethnic group, in the area between Chamchamal and Kirkuk (Banykakari camp). During next month the camp should be ready to host the people.

- IDPs population: approx. 2,100 HH – 12,600 individuals (source: mayo of Chamchamal).

#### Findings

- 3 types of IDPs /Refugees in the areas:
  - a) Sunni communities present in Chamchamal since 2013 – 108 HH
  - b) Syrian refugees in the urban areas, 255 HH;
  - c) IDPs from Kirkuk and IS conflict affected areas (also people coming from Central Iraq) 2000 HH.
- The Yazidi (208 HH included in the 2000 HH previously mentioned) have been re-allocated in a camp outside the town (Gorgayi) built by a private donation. The camp is exclusively reserved to the Yazidi and other IDPs that are occupying the school buildings. The schools will be evacuated during next week for the starting of the school year. In the camp there are dozen containers, toilets, 1 water tank and electricity 24/24. New containers will be provided in the coming weeks to host the new comers.
- IOM provided in September 2014 one shot support by the distribution of blankets, mattresses, cooking stoves and kitchen sets. However they reached to cover only a small percentage of the total displaced population creating tensions within the IDPs community (500 HH out of approx. 2000 HH);
- The water trucking is provided by the local municipality.

#### GAPS – Basic Needs

- In Gorgayi Camp (Chamchamal):
  - Showers;
  - Heating system;
  - Gas bottles for cooking purpose;
  - Additional water tank - not sufficient to cover the needs ;
  - Soil is not adapted for the raining season.
  - Any primary health service is available in the camp site. Considering the distance from the town, people are moving to the PHCCs and hospitals by private cars and for the emergency cases the Mayor is providing the ambulance service.





## II. Targeting beneficiaries - Recommendations

Since its creation in 1982, Handicap International has implemented emergency and development projects in more than 60 countries. Providing an emergency response to natural disasters or major conflicts is an integral part of the association's mandate. To focus only on specific needs' coverage during emergency phase do not make sense without assisting the most vulnerable households in parallel. Thus, coverage of minimal humanitarian standards in terms of basic needs (shelters, NFIs, Food, WASH, etc.) remains essential for Handicap International during Emergency Response Phases.

Since **the most vulnerable** households are often hidden and forgotten, H.I already uses in Erbil and Dohuk Governorates "Disability and Vulnerability Focal Point (DVFP) mechanism" to better identify household in urgent needs, and quickly respond to their specific and basic needs.

The DVFP mechanism is an integrated approach based on multi-sectorial and holistic approach. It includes an identification-assessment-referral system and direct services as household essential items, physical rehabilitation provision, psychosocial support, and safety information related to the risks of awareness on conventional weapons risks, etc. and other if needed upon needs and gaps identified. All those components are complementary to each other.

**In Suleymaniah Governorate, regarding current operational capacities of Handicap International and urgent needs identified, HI response will first of all focus on covering basic needs of vulnerable households in which people with specific needs are living (approx.. 500 HH in Kulajo). However, regarding level of needs' coverage by other actors and available funds in Suleymaniyah Governorate, H.I will consider widening its target and increase the number of beneficiaries to other vulnerable households, and not only with people with specific needs.**



### Rapid Assessment Outputs - HEI priority list

Regarding findings of the diagnostic done by Handicap International, priorities were made by the organization according to following :

- Winter season coming ;
- IDPs' assumed capacities to face winter and coldness;
- Planned responses by humanitarian actors and UN agencies;
- Identified gaps (see above);
- Priorities defined by the national Shelter/NFIs cluster.

The HEIs list (by priorities) has been defined for households located in unfinished buildings and communities. Regarding current H.I financial capacities, one intervention is already planned in the area (Kulajo), with 2 different items prioritize and targeting 500 HH:

- 1) **Heater (kerosene).** Regarding the potential rapid and strong increase of oil prices in the local market (because of the current crisis and interruption of the country supply chain) to distribute electric heater in addition would have been interesting. The Government is providing stock of economic oil for Kurdish resident households. Need of Advocacy at UNHCR level to support an eventual special distribution of kerosene stock tanks to the IDPs population. The kerosene warming system is preferred by the people, in particularly by families leaving in unfinished building because of heater stronger capacities.
- 2) **Blankets**— in accordance with OCHA standards 1 Iraqi family= 6 people

However, according to needs identified, HI should cover 2,000 HH with heater and blankets, but also with additional basic items which remain necessary (additional funding required):

- 3) **Shelter insulation kits**
- 4) **Cookers** (4 gas) with 1 bottle of gas with along with adequate PVC tube for to ensuring the connection from outside (to avoid gas intoxication). Until now, only small bottle of gas have been distributed without the PVC connection and the IDPs have several concerns in terms of safety for indoor use.
- 5) **Plastic carpets.** Those available are second hands quality donated by the hosting communities ;
- 6) **Diapers** for children (preferred acceptance study to be led on the reusable diapers ones);
- 7) **Cooking sets** plus plastic baskets/family water storage.

Special WASH intervention in Chamchamal camps should be added:

- a) Water tanks (metal type) ;
- b) Adapted individual showers (there are no shower in Gorgayi camp in Chamchamal and Kulajo e.g and no separated toilets, which lead to Protection and SGBV concerns).



### III. Conclusion

At the writing time of this report, H.I is still receiving additional inputs about humanitarian situation and actors' plan:

- Coordination with National Shelter/NFI Cluster in Erbil
- Coordination with Shelter/NFI Cluster in Suleymaniah
- Participation to the Join Assessment Mission in Khanaqin with UN Agencies and other INGOs on the 13<sup>th</sup> of October 2014.
- Bilateral coordination between HI and local and international NGOs implementing activities in the areas mentioned above.

These inputs still confirm the relevance of HI's implementation strategy despite the beginning of a humanitarian mobilization for winter concerns. However, HI considers that the winterization plan is already late regarding time needed for implementing adapted response (assessment, coordination, identification of beneficiaries, supply and distribution process)

In addition, at the moment of reporting, no actor is planning to distribute heating sources and other qualitative items to help households to face the winter season in this area (Kulajo).

**Following outputs of this diagnostic, H.I will prioritize coverage of basic needs related to winter seasons in Kulajo.**

The initial strategy following current HI operational capacities is to target the most vulnerable people through a DVFP approach.

**Thus, this strategy remains dynamic since H.I has capacities to increase its responses according to available funds, and could evolve to a wider coverage of needs.**