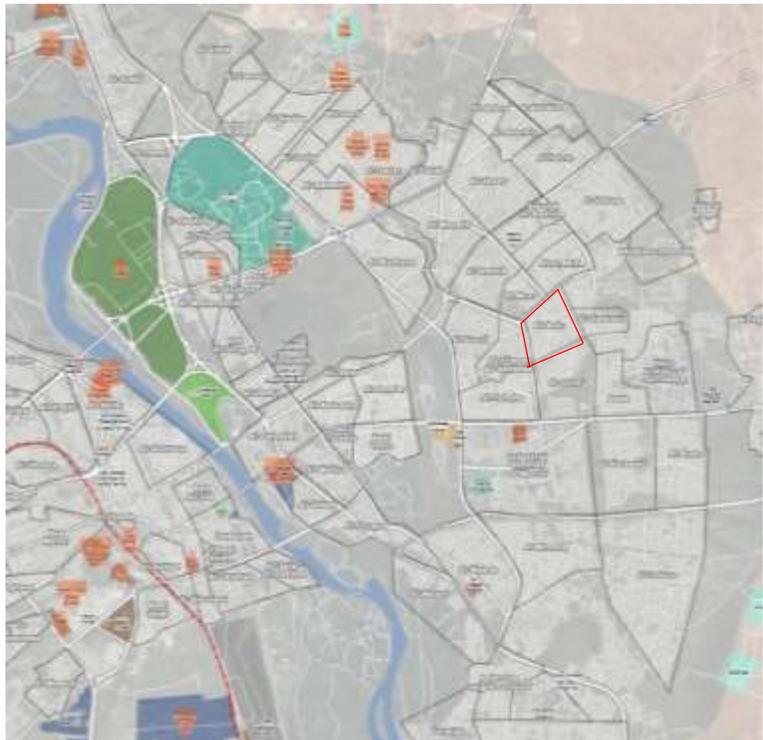


This report was written by ACTED's AME Unit to provide a snapshot of humanitarian needs and conditions in neighborhoods around Mosul. Data was collected via Key Informant and Observational tools on Feb 7<sup>th</sup>.

## Highlights

- Due to a lack of access to **cash**, purchasing power is extremely limited and as a result access to food, NFIs and medical supplies is severely restricted.
- Access to **medical care and services** in Al-Bakr is essentially non-existent, with informants stating this was the key priority within the neighborhood. Many residents are in need of assistance for injuries and wounds sustained during the fighting as well as during displacement.
- Psychosocial support is greatly needed for both adults and children throughout the community due to severe trauma sustained before and during the conflict.
- **WASH** needs within the neighborhood are also deemed critical, with no functioning water network, sewage system or solid waste system in place.
- Informants noted that the only assistance that had been received within Al-Bakr has been from the Red Crescent, which had provided food and water assistance.



**Map of Mosul City, Al-Bakr Neighborhood**

*Courtesy of REACH*

## Situation Overview

The city of Mosul in northern Iraq has been under ISIS control since June 2014, this period has been characterized by repression and human rights abuses. As the last remaining ISIS stronghold in Iraq, the battle to retake Mosul began in October 2016 and Iraqi Security Forces and their allies have now successfully regained control of the section of the city east of the Tigris River. While military operations to regain control of the western portion of the city continue, humanitarian space in the eastern part of Mosul city is now opening up and there is access to provide humanitarian relief. With much of the city's inhabitants having remained in the city during the battle or now returning, the provision of key services is vital to maintaining living standards, preventing the outbreak of disease and assisting on the path to recovery.

With active conflict only around 4km away, informants noted that there still is a fear of a resurgence of armed conflict within the neighborhood. However they did note that the neighborhood had been decontaminated for IEDs and UXOs.

**Local Leadership:** Within Al-Bakr, it was reported that the local leadership was set up by the local community, with a Mukhtar appointed by the community themselves. In addition to this Mukhtar, Religious leaders within this neighborhood play a role within local leadership. This local leadership structure was noted to be functional, representative and trusted.

### Demographics, Migration and Intentions

According to informants the neighborhood of Al Bakr is made up of around 32,000 residents, with the vast majority of residents (24,000) being returnees, who returned at the beginning of January 2017, from Shikhan in Ninewa governorate, 6,000 Host Community members, and around 2,000 new IDPs arriving from other areas of Mosul City, within the past month. All residents are noted as being Sunni Arab.

Returnees, who travelled from Shikhan, generally travelled by foot as a family, travelling with phones, ID documents and clothes which they still have. IDPs travelled from areas of Mosul travelling with the same items. The short and long term stay intentions for both the Host Community and Returnees is to stay in the neighborhood, as although they somewhat fear a resurgence of the conflict, they also feel relatively safe in their homes. Short term intentions of IDPs are to stay in Al Bakr, and then to return to their original neighborhoods after the conflict subsides.

## Humanitarian Needs

### Shelter

- Host Community members and returnees are residing in their own houses, which are noted to have received some damage. New IDPs are residing in rented houses, which they are sharing between 3 or 4 families.
- It was reported by informants that around 10% of houses/buildings in the neighborhood had been destroyed or badly damaged, with 80% having received minor damage, and only 10% sustaining no damage at all.

**90%**  
Buildings have either been destroyed or sustained damage (minor or severe)

### Early Recovery

- Based on informant’s reports and information, it can be noted nearly all buildings have broken windows, with over half having broken doors, plumbing damage, cracked walls and floors, and destroyed roofs.

### NFI Non-Food Items

- There is a lack of available and sufficient NFIs within the neighborhood such as cooking sets, cooking gas/kerosene, stoves, household items, clothes etc.
- There is a lack of available winterization NFIs such as heating fuel, blankets, insulation materials etc

- All families are reported to have access to fuel and/or kerosene, however due to high prices in shops and markets, the purchase of these remains limited or non-existent.



### Food Security

- Access to staple foods is very limited for all members of this neighborhood, even though a variety of shops and markets are open, due to the lack of money and cash amongst the population.
- Reports from the informants indicate that current food stocks in households will on average last about 3 days.

**3 days**  
Average length food stocks  
will last within households



### Health

- A significant portion of the population has been physically injured or wounded during the battle or during displacement/return, in addition to the prevalency of people suffering from trauma (signs of psychological distress)
- There is no access within Al-Bakr to health centers, doctors or medicines, with the hospital which existed sustaining heavy damage.



### Water, Sanitation & Hygiene

- There is only limited access to safe clean drinking water for those able to buy bottled water in the market. There is no functioning water system.
- There is no functioning sewage system or solid waste management system.
- There is some access to bathing facilities throughout, however there is insufficient access to basic hygiene products (soap, toothbrush, washing powder).
- A high prevalence of water borne diseases (e.g. diarrhea) was reported by informants.



### Protection

- Informants reported that there was evidence of unaccompanied and separated children within the neighborhood, with no access for children and youth to learn and play (CFS/YFS).
- Reports stated that there are a large number of children who are suffering from trauma (signs of psychological distress), with no access to psychological support.



### Emergency Telecommunications

- The electricity network is destroyed within this neighborhood, with community generators and limited household generators allowing for limited access to electricity.
- Functioning telecommunication services include access to the mobile phone network for all people, as well as radio, TV and the internet, when power is on.



## Livelihoods

- Residents have little or no access to cash or savings, with no access to formal or informal money transfer mechanisms.
- Purchasing power within the neighborhood was reported as being low/poor due to this lack of cash.
- There are a variety of shops and markets open (General grocers, Veg/Fruit stalls, Bakery, tailor etc), which are sufficient to meet the basic needs of the community, however due to a lack of cash and high prices, residents are unable to purchase what they need.
- Unemployment is extremely high throughout, around 70%, due to a lack of job opportunities. It was reported that the majority of residents were government employees but have not worked or received a salary in two years.
- Current coping strategies by residents, as well as future strategies include reducing food consumption, as well as borrowing food and money, from both friends and loans from banks.

70%

Unemployment rate within Al-Bakr