

WHEN WATER BECOMES A HEALTH RISK

RESEARCH SNAPSHOT | HAWIJA DISTRICT | DECEMBER 2025

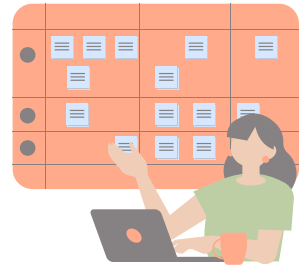


RESEARCH PURPOSE

Access to safe water, adequate sanitation, and basic hygiene services directly influences **health, well-being,** and **daily safety**. This research examines how WASH conditions shape community health outcomes in **Abassi sub-district, Hawija District**, generating evidence to guide practical action and investment.

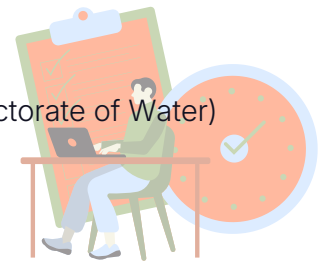
Aligned with:

- SDG 6 – Clean Water & Sanitation
- SDG 3 – Good Health & Well-Being
- World Vision Iraq's WASH Business Plan (2026-2030)



METHODOLOGY SNAPSHOT

- 200 Household Surveys
- 4 Key Informant Interviews (health care facility managers, Directorate of Health, Directorate of Water)
- 4 Focus Group Discussions (men, women, boys, girls)
- Direct Observations



KEY FINDINGS

UNSAFE AND INSUFFICIENT WATER SUPPLY

- **47%** rely on unsafe open water sources (mainly irrigation canals)
- Public water supply limited to 1–2 days/week
- 89% reported collecting water is unsafe due to contaminated environments



Water access remains inconsistent and often risky for households.

Extremely Poor Water Quality

- 100% reported that collected water is not clean for drinking
- Only 1% have access to safely managed drinking water.
- Storage containers frequently dirty or uncovered

Water safety is a widespread concern with direct implications for waterborne disease risk.

Inadequate Sanitation and Privacy

- **35%** use unimproved pit latrines
- **56%** use shared sanitation facilities
- School sanitation is inadequate, unsafe, and lacks privacy and accessibility

The lack of private, safe, and accessible sanitation highlights the need to prioritize it as a public health intervention, not only a household facility

WEAK HYGIENE CONDITIONS

- 25% lack handwashing facilities with soap and water
- 33% lack basic hygiene items
- A complete absence of hygiene promotion programs in the area



✓ **Hygiene practices are constrained by infrastructure and resource gaps.**

HIGH WASH-RELATED DISEASE BURDEN

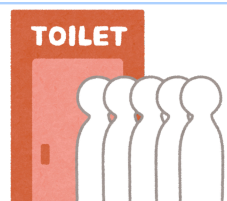
- 58% reported diarrhea in the past month
- 12% reported skin infections
- Health authorities confirmed increasing cases



✓ **Health patterns closely reflect WASH access conditions.**

GENDER AND DISABILITY EXCLUSION

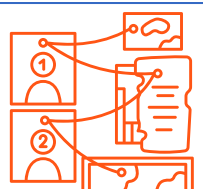
- 67% of households lack accessible latrines
- 99% of public places lack accessible WASH facilities
- Girls avoid school toilets due to lack of privacy



✓ **Women, children, elderly persons, and people with disabilities experience disproportionate challenges due to inaccessible and non-inclusive infrastructure.**

SERVICE & GOVERNANCE CONTEXT

- No water committees or tariff systems identified
- Limited coordination among relevant governmental departments
- No feedback or complaint mechanisms



✔ **Strengthening local management structures can support long-term sustainability and accountability of WASH services**

WHAT THE FINDINGS SHOW

WASH services in Abassi are closely linked with **community health risks, daily coping strategies, and service reliability needs.**

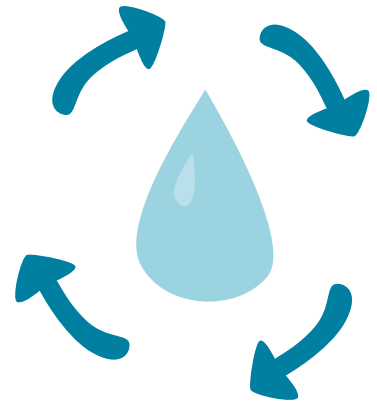
Findings highlight opportunities for coordinated, multi-stakeholder solutions that improve both infrastructure and health outcomes.



IMPACT ON COMMUNITIES

Inadequate WASH Services in Abassi are associated with:

- Increased child illness and missed school days
- Heightened protection risks for women and girls
- Increased household expenditure on water and health care
- Reduced dignity, safety, and well-being
- Increased vulnerability to future shocks



PRIORITY RESPONSE AREAS FOR WASH INVESTMENTS

Addressing identified WASH challenges requires:

- Rehabilitate and expand water supply networks
- Introduce household water treatment solutions and safe water handling practices
- Construction or rehabilitation of sanitation facilities in households, schools, and health facilities
- Implement hygiene behavior change programs
- Establish community feedback and water user committees



Shared Priority Areas for Action

Addressing the identified WASH and health challenges in Abassi sub-district requires coordinated engagement among sector authorities, development partners, and communities.

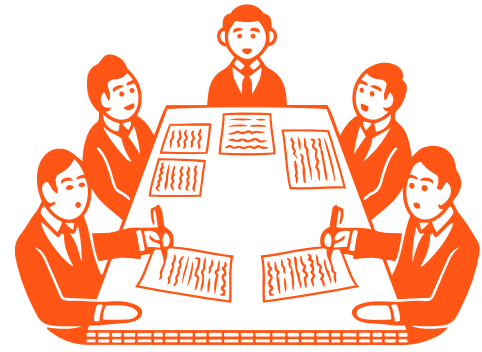


SHORT-TERM PRIORITIES (0-6 MONTHS)

- **World Vision Iraq & Directorate of Water:** Support household water treatment options
- **World Vision Iraq:** Implement hygiene promotion program in schools and communities
- **World Vision Iraq & Schools:** Restore and upgrade basic sanitation facilities

MEDIUM-TERM PRIORITIES (6-18 MONTHS)

- **World Vision Iraq & Directorate of Water:** Rehabilitate village water supply networks
- **World Vision Iraq & Communities:** Establish Water User Committees
- **World Vision Iraq & Local Authorities:** Construct inclusive sanitation facilities



LONG-TERM PRIORITIES (18+ MONTHS)

- **Directorate of Water & Development Partners:** Develop permanent water treatment solutions
- **World Vision Iraq & Directorate of Health:** Strengthen WASH-Health coordination
- **World Vision Iraq & Sector Stakeholders:** Conduct periodic WASH-Health assessments
- **World Vision Iraq & Directorate of Health and Directorate of Water:** Development and Implement of Water Safety Plan in the target area
- **Establish a robust water quality monitoring system to ensure safe and reliable drinking water & Directorate of Health and Directorate of Water:** Establish a robust water quality monitoring system
- **World Vision Iraq: Advocacy for the critical WASH needs identified in the target area**



WHY THIS RESEARCH MATTERS

This study provides actionable evidence to guide targeted WASH investments in one of Kirkuk's most underserved areas. It supports integrated programming, donor advocacy, and policy engagement while advancing progress toward SDG 6 and national WASH priorities.