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**Iraq: Revised Humanitarian Situation in Iraq-May 2004**

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A wide range of humanitarian activities and programming is continuing in Iraq that involves Iraqi authorities, local and international NGOs and UN agencies. During the reporting period, the situation was characterized by high levels of anti-Coalition activities in various urban areas of central and southern Iraq, in particular: Falluja, Baghdad, Najaf, Karbala, Amarra and Basra. In the North, reports of forced evictions of IDPs from public buildings and military facilities in Dyala governorate are cause for concern. Towards the end of the month, with a progressive stabilization of the situation in Falluja, the focus shifted towards cities in the South where humanitarian and other essential needs were reported to be on the increase, in particular for medicines, potable water and electricity. In Najaf, Missan, Thi-Qar and Basra governorates, prevailing insecurity on the roads resulted in momentary restrictions on movements of civilians, cargo trucks transporting food and other supplies, including for the re-supplying of PDS stocks. Kidnappings and threats to Iraqis and foreigners working with CF-affiliated contractors remains a high concern. This is having a negative impact on the implementation of humanitarian activities in the areas concerned.

General/salient features during May 2004

- Using UNHAS flight, WHO facilitated the delivery to Basrah of 4.5 tons of emergency drugs and medical supplies donated by Mercy Malaysia,
- The number of INGOs present in Baghdad is slowly increasing (approx. twenty),
- CF occupation of teaching hospital in Najaf continues,
- Use of indiscriminate excessive force, cluster bombs, etc. is reported,
- 17 projects under the UNDG Trust Fund, totaling 332 million USD, were approved during the reporting period. All projects are considered as having a humanitarian dimension/impact on the livelihoods of Iraqi civilians.
- UNAMI and humanitarian partners are engaged in a Contingency Planning formulation exercise focusing on post-30<sup>th</sup> June scenarios, and covering a six-month period. This will assist in assessing the potential and operational capacity of various UN agencies and NGOs to respond to sudden onset emergencies.
- Discussions in Amman between HACC's, Iraqi authorities and NGOs (18 May), and Inter-agency meeting on civil-military relations (19 May), highlighted the need for: increased humanitarian space and neutrality of national/international NGOs, respect for international human rights instruments, international conventions and codes of conduct, and a clear separation of roles and activities between military and civilians actors on the ground.

Situation Country-wide

**Food distribution:** WFP reports that, overall, distribution of food through the Public Distribution System (PDS) proceeded without major hindrances during May, although the quality and quantity of food rations is slowly decreasing in recent months. Buffer stocks of food in each of the distribution centers, sufficient to cover needs for one month, helped to prevent acute shortages of food in Falluja, Najaf and other affected locations. According to the Ministry of Trade, responsible for managing the PDS, truck drivers were unwilling to deliver food supplies during the period of fiercest fighting in Falluja and Najaf. While the stocks in Falluja were replenished as soon as the security situation improved, providing new stocks of food items to Najaf's proved more difficult. Re-

registration of PDS ration cards, especially important for IDPs and other populations on the move, proceeded also without major problems.

To alleviate malnutrition among most vulnerable groups of the Iraqi society and some of the school children, the UN Food Security Cluster in Amman is preparing for the implementation of safety net and school feeding activities. The UN Cluster on Agriculture, Water Resources and Environment is implementing a number of project in Iraq's rural areas addressing most pressing needs in the agriculture sector, which has not received major support from CPA or donor-funded project to-date. UN projects in Agriculture range from rehabilitation of water pumps and irrigation systems to support to cottage food-processing industries.

**Health situation:** Intensity of fighting in several locations in central and southern Iraq put a serious strain on local hospitals. While medical supplies, provided by the UN Health Cluster and the Iraqi Ministry of Health (MOH), including 54 emergency kits provided by UNICEF and four delivered by IOM, and supplemented by assistance from ICRC, IRCS and NGOs, were pre-positioned in all major locations, shortage of medical materials was noted during the initial phase of fighting in Falluja, as well as in some Primary Health Centers (PHCs) in Najaf and other locations. Those shortages were efficiently addressed by the MOH, UN and NGOs, although inadequate coordination between the MOH and the NGOs led to instances of over-supplying particular health care facilities, notably the general hospital in Falluja.

While the UN Health Cluster continued the steady delivery of essential drugs to support the MOH, a Ministry's decision to de-centralize the national drug distribution system caused deficiency of medicines and medical materials in many rural PHCs. Health services noted a steady seasonal increase in cases of water-borne diseases, especially among children.

Increase in intensity of fighting in many locations in center-south Iraq and use of improvised explosive devices (IEDs) in the whole country led to numerous civilian casualties. According to the MOH figures, fighting in Falluja alone left over 270 Iraqis dead and over 1,000 wounded, with scores of killed and wounded in other locations, particularly Najaf and Baghdad's Sadr City (ex-Saddam City). High rate of casualties and feeling of constant danger and uncertainty may have a negative impact on the Iraqi population at large.

The volatile security situation in Iraq hampers many of the usual health care activities. Preventive services, including immunization, continue to be affected due to insecurity, as mothers and care providers are reluctant to take their children for preventive services at health facilities. Outreach services were also hampered by lack of security. As a result, about one third of Iraq's population remains without access to specialized medical services. Transportation of medical goods and supplies to Baghdad and Governorate capitals is becoming increasingly difficult due to security incidents. Two MoH truckloads of drugs and medical supplies were targeted in Basrah, while increased number of attacks on truck convoys was noted in the highway between the Jordanian border and Baghdad.

**Water and Electricity:** Water and electricity supply has slightly deteriorated in the month of May. Despite statements by CPA and official Iraqi sources that the electricity is available up to 16 hours a day in most of Iraq, sources in Baghdad and other locations tend to indicate that it does not exceed 6-7 hours a day. Long blackouts occur in other parts of the country, with one in Najaf lasting even 36 hours. Availability of electricity is expected to decrease further in the summer, when excessive use of air conditioners will put further strain on Iraq's electricity system. Poor electricity supply is also crippling the water supply system, as many water purification plants and water pumping stations are not equipped with back-up generators. The UN has stepped in to relieve this situation by undertaking emergency repairs and increasing output capacity of four major power plants in Iraq, as well as by providing generators to major hospitals and water and sewage pumping stations.

**IDPs:** During May, the International Organisation for Migration (IOM) has pre-positioned Non-Food-Items inside Iraq with an implementing partner. This is designed to ensure that there is adequate regional coverage in terms of non-perishable Intermediate Food Stock, NFIs and medical supplies for the areas of the Upper and Lower South in case of further displacement. It is envisaged that stocks would meet the needs of at least 1000 families in cases of man-made or natural disasters.

## Areas of concern

### **North of Iraq – Dahuk, Erbil and Sulaymaniya Governorates**

Removal of the former regime erased the demarcation line between the Kurdish- and the GOI-controlled areas, allowing for the spontaneous return of tens of thousands of Kurdish IDPs into areas below the so-called “green line”: at least 7,250 families returned to the area of Kirkuk (Tameem Governorate), over 7,000 families to Makhmur district on the border of Tameem and Erbil Governorates and about 2,500 families returned to Mosul in Ninewa Governorate.<sup>1</sup> Unknown number of families returned to rural areas of Ninewa, Tameem, Salah Al-Din and Diyala Governorates, causing in many instances so-called “secondary displacement” of ethnic Arabs who had, voluntarily or otherwise, settled in the area in the past thirty years.

In May, several UN agencies reported that the “Kurdistan Regional Government” (KRG) decided to cancel the salaries of all IDP civil service employees, requesting them to seek job opportunities in Kirkuk. As a result, movements of Kurds from the North to and from Kirkuk have been observed, with IDPs reportedly looking for employment and accommodation.<sup>2</sup> The Kurdish authorities denied this information as a rumor.

UN’s official stance is that the provision of incentives to return without ensuring proper conditions (personal safety, shelter and services, employment, etc.) may lead to increased tensions in places of return. Inadequate assistance mechanisms put in place for returning Kurds will put a strain on equal access to humanitarian and legal assistance of all, affecting both Kurdish and Arab IDPs. This may lead to possible discriminatory practices against the Arab population and IDPs in Kirkuk and other areas.

In parallel, UNHCR continued the resettlement of Kurdish IDPs in the three Northern Governorates. A resettlement and reintegration program targeting over 3,000 IDPs and valued over USD 10 million is to be funded by the UNDG Iraq Trust Fund.

### **Ninewa and Tameem Governorates – Mosul and Kirkuk**

Low-level political and inter-communal violence continued in the month of May in the areas of Kurdish return in the North of Iraq, especially in Kirkuk. While the number of Kurdish returnees is steadily increasing, the Arab communities are unwilling to leave Kirkuk and Mosul, perceived by both communities as being of strategic importance in the political map of a future Iraq. Many of both Kurdish returnees and Arab IDPs in Kirkuk are reported to be living in poverty conditions, occupying looted public buildings or living in tents. Assistance to displaced Arab families is being provided by IOM and NGOs, notably World Vision and IRC (IOM’s implementing partners).

### **Diyala Governorate**

Diyala Governorate hosts some 54,000 Arab IDPs, displaced from the north of the province by returning Kurds. While most of the IDPs in the vicinity of Ba’aqubah found shelter with host families or in vacant public buildings, other live in abandoned military facilities in the desert. The latter population, already struggling with an insufficient water supply, may suffer from a water shortage in the coming summer months. Many of the urban-based IDPs are likely to face the fatigue of the host families and the local authorities, with the possibility of forced evictions from public buildings. The UN IDP and Refugee Cluster has repeatedly intervened with the Iraqi Authorities and CPA to adhere to human rights standards in forceful evictions of displaced persons in Diyala, Baghdad and other locations. In May, the UN IDP and Refugee Cluster facilitated contacts between the Iraqi Ministry of Displacement and Migration and NGOs concerned with continued evictions of IDPs from public buildings in Diyala.

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<sup>1</sup> These numbers are estimates. More accurate data will become available after the consolidation of UNHCR’s, IOM’s and UNOPS’ monitoring data.

<sup>2</sup> The Kurdish press (Hawalti newspaper, 23 May) also reported: “both of PUK and KDP are urging the IDPs to return back to their places of origin in Kirkuk and the former green line. In this respect, PUK is exercising a pressure on its members and cadres to return back to Kirkuk and would pay cash incentives to the beneficiaries. Meanwhile, KDP has decided to cut salaries of its cadres in case of not returning back to Kirkuk.”

While IDPs located in the Kurdish-controlled areas in the North of Diyala are not facing open discrimination, remoteness of IDP locations from the town severely hampers their access to health, education, and other services. Similar to other areas of Kurdish return, Arab IDP children are unable to attend schools due to Kurdish curriculum put in place.

## **Baghdad**

Two areas of Baghdad city, hosting some 25% of Iraq's population, are of concern to the humanitarian community. The Sadr City (formerly Saddam City), a Shi'ite suburb of Baghdad, has witnessed fierce clashes almost on a daily basis between the CF and Al-Mahdi militia, resulting in scores of killed and wounded. Poor sanitation and overpopulation contributed to a second outbreak of Hepatitis E this year, controlled by MOH and UN Health Cluster by means of water chlorination and health education.

Western sectors of Baghdad hosted a considerable number of IDPs from Falluja, estimated at least at 40,000 persons. During the Falluja emergency, displaced civilians were hosted with relatives or in community shelters and received assistance from mosques, Islamic community, IRCS and international NGOs (Premiere Urgence, INTERSOS, Un Ponte Per). UNICEF and IOM, through their implementing partners, provided tankered water to IDP families in Baghdad. The service was subsequently extended to Falluja and its vicinity.

## **Anbar Governorate – Falluja, Ramadi and Al-Qaim**

Cessation of major hostilities in-and-around Falluja, and the lifting of the city's siege, relieved the dire humanitarian condition of the local population, particularly acute in the last days of April. In the first days of May health services returned to pre-siege levels: the number of war-wounded treated in local primary health centers decreased, with an increase in admission of normal cases, such as diarrhoeal diseases and respiratory tract infections. Until mid-May, the Coalition Forces withdrew troops from the vicinity of Falluja's general hospital, which allowed the local population to access the facility (during the siege, the local population was separated from Falluja's main hospital by CF troops, resulting in many war wounded being treated in homes or primary health centers). However, the hospital building and three primary health centers in the center of the town are reported to have sustained damage during the fighting.

The civilian population has been able to access the markets and purchase fresh food, in short supply during the city's siege. One of the primary concerns of civilians is water supply (as the city's system has been damaged during the fighting), while frequent blackouts render the water pumps and purification plants inoperable. The UN Water and Sanitation Cluster has initiated emergency repairs of the water supply system and provision of back-up generators for the water supply installations, supplemented by a health education campaign implemented by the UN Health Cluster. Many residents of Falluja and IDPs located in the vicinity of the city rely on water trucking, implemented by UNICEF and IOM through its implementing partners. The Education and Culture Cluster is planning to facilitate the quick return of children to schools by provision of education kits, cash and other assistance. In the wake of use of cluster bombs and alleged use of landmines by the CF in Falluja and its vicinity, ICRC and the Iraqi Red Crescent Society undertook a mine risk education campaign.

Since the cessation of hostilities, humanitarian organizations and relief supplies are able to reach the city unhindered, although the security risk involving traveling to the Anbar governorate continues to be very high. During the month on May, the NGO community provided food and medical supplies to the city population. According to IRC, poor coordination between the MOH and NGOs resulted in excessive quantities of medical materials delivered to local hospitals. Some of the medical supplies were found later being sold in the local markets.

Fighting in April displaced up to 40-50% of Falluja's population of 250,000. Return of IDPs started few days after cessation of hostilities and continued steadily during the month. IDPs displaced in many areas around the city have returned to Falluja in the first days of May, while the return of other groups was hindered by sporadic clashes between the CF and anti-Coalition Forces. As of 20 May 2004, at least 35,000 IDPs returned to Falluja. Return of other IDPs may be slowed down

by significant damage to the residential quarters – reports estimate that at least 10% of houses were destroyed in Falluja.

Returnees' needs represent a major concern for the humanitarian community at large: many IDPs lack proper housing and reside temporarily with host families. Most of the returning families are in need of water and fresh food assistance. CPA has promised compensation for houses destroyed or damaged during the recent fighting but indicated that the review of claims will likely be lengthy. International NGOs argue that the occupying power has the primary responsibility to meet the needs of the local population and to address the material damage inflicted during the siege of the city.

Little or no information is available on the humanitarian situation in two other areas of clashes between CF and Anti-Coalition Forces in Anbar Governorate – Ramadi and Al-Qaim. Both locations are inaccessible to UN national staff operating from Baghdad. UNAMI is identifying reliable sources of information in those two locations.

### **Karbala Governorate**

Low-intensity conflict between the CF and Anti-Coalition Forces continued during the month of May in Karbala, resulting in a number of casualties among Iraqi insurgents. Although significant quantities of medical supplies were pre-positioned in Karbala, including ten emergency kits provided by UNICEF, shortages of medical materials needed for war wounds (dressing materials, blood group, HIV and hepatitis kits) surfaced by the end of May. These are being addressed by the UN Health Cluster, which has initiated a large-scale procurement initiated and provided the MOH with first truckload of urgent supplies on 26 May 2004.

Karbala's General Hospital has been also temporarily occupied by the CF, claiming that anti-CF fighters used the hospital building as a shelter during attacks on CF troops. The situation in the city remains unstable, with short periods of calm and steady return to normalcy interrupted by outburst of fighting in city's center.

### **Najaf Governorate – Najaf and Kut**

Najaf and the nearby city of Kut constitute the main zones of confrontation between CF and anti-Coalition Forces in the month of May. Daily, intensive clashes both in the outskirts and in the center of Najaf, sometimes spreading also to Kut, resulted in high number of killed and wounded. While sizable quantities of medical supplies, including 14 UNICEF emergency kits, were prepositioned in the city before the clashes erupted, the humanitarian community continues to be concerned with access to medical services and availability of operation theatres in particular.

The neutrality of Najaf's two main hospitals: the general hospital, where 80% of city's operation theaters are located, and the adjacent teaching hospital, has been violated by both CF and Muqtada Al-Sadr's combatants during the fighting in April. Najaf's general hospital was occupied by the CF for several weeks in April and surrounded by CF checkpoints until mid-May. The hospital is now closed as its sewage system has been rendered inoperable during the fighting. The nearby Najaf's teaching hospital has been surrounded by the CF for most of the month. Its current availability to general public is unclear. One of the sources reports that the facility has been approached by a growing number of patients, despite of its limited capacity.

Unavailability of two hospitals to the general public, which add up to more than two-thirds of hospitals beds in Najaf, is a serious issue of humanitarian concern. Continued appeals by the SRSG a.i. of UNAMI, NGOs and the humanitarian community to respect the neutrality of the two facilities and surrounding zones remained unanswered. With Najaf's main hospital closed and the second largest hospital unavailable to the public, the city's health care facilities were limited to one maternity hospital with one ad-hoc general department and several PHCs located in the center of the city.

Supply of both fresh and rationed food has steadily deteriorated during the month of May. Already PDS food rations distributed by the end of April lacked several key components, such as rice, sugar and flour. Since then, PDS warehouses in Najaf have only some of the food basket items

available and were not fully restocked as the truck drivers tasked with delivering food supplies quoted increasing fighting in the city as a reason against traveling to Najaf. WFP has intervened with the MOT and is identifying alternative routes to deliver PDS stocks to the city through one of the nearby governorates. Disruptions in availability of fresh food were also reported in Najaf, caused by rumors of CF snipers positioned in the center of the city, overlooking the main market, and the destruction of the main vegetable wholesale site in an aerial attack on 22 May.

Water continues to be a major problem in Najaf, caused by damage to the water supply network sustained during the recent fighting and frequent electricity cuts. The electricity situation deteriorated further when some of generating and transmission units were damaged during the fighting, which rendered the water pumps inoperable during long blackouts reaching up to over 20 hours a day. Tankering of water to Najaf became increasingly difficult due to intensity of fighting. The UN Health Cluster, in cooperation with MOH, is undertaking measures to prevent the spread of water-borne diseases.

Humanitarian situation in Kufa is difficult to assess due to lack of significant presence of the humanitarian organizations in the city. Intensity of fighting, particularly in the last ten days of May when the CF continuously probed the defense of Anti-Coalition Forces, is most likely to have resulted in similar damage to water and electricity networks as in Najaf. Kufa's only hospital is reported to have a limited to deal with the number of killed and wounded. Urgent cases are referred to hospitals in Najaf or to ones in Hilla, some 60kms north of Kufa.

Clashes in-and-around Najaf and Kufa resulted in significant displacement of civilian population, although the size has not been assessed to-date. In the first days of May, the majority of the population of Kufa was reported to have left the city for nearby Najaf and more distant cities of Hilla and Karbala. Despite the considerable numbers involved, the movements are not reported to be *en masse*. The majority of IDP families found refuge in area between Hilla and Karbala in the North and Kufa and Najaf in the South. Some of those displaced, predominantly men, are reported to be returning home to protect their properties.

The primary needs of the IDPs (water, food and non-food items) were addressed predominantly by host families, local communities and mosques, with only limited assistance provided by few international NGOs operating in the area. The UN IDP and Refugee Cluster, as well as a number of international NGOs (including ACTED and Premiere Urgence) pre-positioned substantial stocks of non-food items in several locations throughout Southern Iraq.

### **Missan and Thi Qar Governorates – Amarra and Nassiriya**

Since March, the humanitarian situation in the two Governorates were shaped by series of local floods caused by high level of water in Euphrates and Tigris. The situation was further aggravated by poor state of dams and embankments, many of which collapsed under the pressure of raising waters. The floods forced some 4,000 local residents into displacement. In Missan Governorate, the IDP situation was worsened with tribal confrontations, which prevented movement of some of IDPs' groups and hinder delivery of humanitarian assistance

Amarra and the entire Missan Governorate saw a rapid deterioration in the security situation during the month of May, with almost daily attacks on CF, resulting in a temporary suspension of CF activities in the rural areas of the Governorate. Some of the violence was also targeted against humanitarian NGOs: two NGO vehicles were attacked and an NGO office was looted on 03 May, resulting in the suspension of NGOs' activities in the province. The working conditions for humanitarian organizations have not improved since with reports of intimidation and threats against national humanitarian workers.

Although the UN IDP and Refugee Cluster did not confirm information of large-scale displacement as a result of the fighting between the CF and Anti-Coalition Forces in Amarra, individual groups of IDPs sought shelter in Basra during the first days of May. Low-scale relief operations continued in rural areas of the Governorate targeting civilians affected by the March floods. NGOs working in the area identified sewage, solid waste management and water distribution as issues of particular concern, underlining that water shortage could easily affect public order.

### **Basra Governorate**

Similar to other major urban centers in the South of Iraq, the situation in Basra remained tense and unstable during the month of May. As a direct result of the warning issued by the At-Taff Martyrs Brigades, an hitherto unknown group and aired by Al-Jazeera Television on 10 May 2004, NGOs operating in the South of Iraq kept a low profile and limited travel of staff to an absolute minimum. Many rural areas of Basrah Governorate remained off-limits for the humanitarian activities due to ongoing confrontations between the local tribes.

The UN Water and Sanitation Cluster, USAID and NGOs are involved in a number of un-coordinated efforts to improve Basra's sewage system, including dredging canals, repairing main sewage pumps and lines and cleaning out sewers. Similar to other areas of Iraq, the quality of water has deteriorated seasonally in May, resulting in increased number of water-borne diseases. The UN Health Cluster dispatched promptly purification tablets, which brought the outburst of diarrheal diseases to a halt.

The UN Health Cluster used Basra's airport to transport with two UNHAS flights 4.5 tons of urgently needed medical supplies, supplemented with delivery of dressings, medicines and IV fluids transported by road from Kuwait.