

**Emergency Working Group-Falluja Crisis
Update Note
11 November 2004**

BECAUSE OF THE SECURITY ENVIRONMENT, INFORMATION ON THE IDENTITY AND LOCATION OF NGOS OPERATIONAL IN IRAQ IS CONFIDENTIAL AND WILL NOT BE INCLUDED IN THIS REPORT.

The Emergency Working Group (EWG) comprises humanitarian organizations UN; NGO; Red Cross/Crescent Organizations (RCO) and relevant IIG Ministries. The most recent meeting was an IIG emergency coordination meeting on Falluja, hosted by the Ministry of Displacement and Migration (MoDM) on 9 November. This meeting, which took place in Baghdad, was linked by teleconference to the EWG in Amman and UNAMI Baghdad. This note presents the main updates and recommendations from the last meeting to date, and subsequent information received. Comments highlighted in yellow indicate new information obtained.

Roles and responsibilities

The primary responsibility for the protection and welfare of the population (including meeting basic needs) rests with the IIG. The EWG seeks to support the IIG where gaps arise between the scale of urgent needs and IIG response capacity.

The EWG is unaware of any comprehensive (multi-sectoral) IIG response plan matching the scale of anticipated needs. Also, though the UN has contacted the MNFI requesting information on any humanitarian response plans or operations they may have, to date no such information has been forthcoming.

NUMBERS

Latest reported numbers (IOM 10 Nov.): Internally Displaced Persons from Falluja

Location	IDP Families Sept.	IDP Families Oct.	IDP Families 10 Nov.	IDPs 10 Nov. (family 6 pax)*
Habaniyah	650	750	2000	12000
Amiriyah	150	800	17000	102000
Karma	400	550	3600	21600
Saklawiyah	200	200	2000	12000
Nieamiyah	200	200	3000	18000
Haditha		100	500	3000
Aana		26	500	3000
Hit			500	3000
Rawa			500	3000
Baghdad			5000	30000
Total	1,600	2,929	35,600	207,600

** Please note these figures have been revised to reflect an average of 6 persons per family rather than the previous figures of 7 persons per family.*

The total population of Falluja (pre-crisis) is estimated at 300,000 persons. In addition to the identified 249,200 IDPs above, there are an estimated 35,000 IDPs in Baghdad and other areas, with the balance (approx. 50,000 persons) remaining in Falluja. Please note that the displacement figures above are preliminary estimates. The general profile of IDPs is reported as families.

INTERNATIONAL HUMANITARIAN LAW ISSUES

On 7 November the IIG and MNF-I forces sealed off both Falluja and Ramadi, restricting movement of men under 45yrs. There are reports of arbitrary detention. Only MOH registered ambulances will be allowed to pass through checkpoints. It has also been reported that the MNF-I will not allow access beyond MNF checkpoints for humanitarian convoys inside the city perimeters. **EWG calls on the MNF-I to facilitate the delivery of medical aid inside Falluja.** Increased efforts are being made to monitor human rights and the humanitarian situation in terms of access to essential services and protection of civilians since the declaration of a state of Emergency by the IIG on 7 November. These issues are being addressed by UNAMI and the OHCHR with the authorities.

It is reported that the water and electricity systems in Falluja have been cut off by the IIG/MNF-I. This action directly affects civilians (approximately 50,000 people inside Falluja) for whom water is a basic need and a fundamental human right. Reports indicate that the water treatment plant is under the control of the MNF-I and includes generators and fuel, so water supply can be pumped even if the city electricity grid is cut.

RCO reported difficulty transporting medical supplies into Iraq as several borders have been closed due to the declaration of Emergency Law. **The UNAMI Humanitarian and Programme Support Office has successfully negotiated with the IIG/MNF-I to facilitate the entry of 50,000 quadruple blood bags across the Jordanian border.**

NEEDS ASSESSMENTS

IOM NGO partners are active on the ground in the IDP destinations noted above, continuously monitoring the situation and conducting needs assessments. The vast majority of the IDPs noted in the table above have arrived in the past ten days, so needs assessment information below is preliminary.

NGOs noted that access rather than assessment capacity is the reason for delay in assessments of IDP locations. Access to Falluja is entirely restricted. Habaniyah has been identified as a priority area since it is difficult to reach as the route is insecure. Amiriyah is an industrial area and therefore lacks services such as public health centres and residential housing.

Little information is available on IDPs located in Amiriyah and Nieamiyah, although these two locations host the largest number of IDPs. Apart from the planned MoH health assessment of IDP locations, there is no information of any other IIG assessments at this time.

Please refer to the IRIN report dated 10 November on the ReliefWeb site for information regarding the medical needs in Fallujah according to the RCO assessments.

Humanitarian Response Activities:

- **Red Cross/Crescent Organisations are conducting needs assessments in Amiriyah and Nieamiyah.**

Shelter

Should be monitored but so far, IDPs are coping reasonably well. Many stay with relatives, either in the same house or in a building or tent adjacent. Others are making use of public buildings for shelter. There has been a request for 450 tents at Amiriyah, which is an industrial (rather than residential) zone – assessment ongoing. Habaniyah is a resort area with adequate shelter according to current reports.

RCO report on 9 November indicates that 2,000 – 3,000 families in Falluja are now without shelter, water or food. This number is likely to increase over the coming days.

It was reported that a Red Crescent National Society from the region has established two camps of 62 tents in locations near Saklawiyah and Habaniyah. There is general consensus in the humanitarian community that the establishment of IDP 'camps' should be avoided.

Recommendation: Advocate with IIG to ensure relief assistance available to civilians inside Iraq.
Follow-up: UNAMI/SRSG

Humanitarian Response Activities:

- RCO reports that a regional National Society plans to move 1000 family tents and 6000 blankets from regional stocks into Iraq.

Food

The Public Distribution System is the regular source of food rations, though the ability of the Public Distribution System (PDS) to respond is a concern. IDPs are likely cut off from food stocks in Falluja because the city is sealed and it would be too dangerous to enter. **MoT capacity to transport the food out of Falluja to the IDP locations remains uncertain. MoT recently reported that food distribution has stopped inside Falluja.** WFP reported that total food quantities required for the estimated IDP figures is approximately 4,200 metric tonnes (MT), equivalent to approximately 150 30MT trucks. This figure does not include any additional support to host families. In addition, the ration card system may not be flexible enough to respond to large-scale displacement.

One key consideration in food distribution is IDP access to cooking facilities, such as fuel and stoves. Availability of fuel in IDPs sites is unknown and must be assessed in order to determine the appropriate type of food to distribute. It may be necessary to augment PDS dry food rations with intermediate food items, in the event that fuel/stoves are not available to IDPs.

IOM and implementing partners continue to distribute intermediate food items (canned goods, etc.), although agency capacity to meet needs will become strained as the number of IDPs grows.

Options:

- Transport food out of Falluja to IDP locations (NB cost, access, security)
- Transport food from other MoT warehouses to IDP locations (NB cost)

Humanitarian Response Activities:

- Red Cross/Crescent Organisations have delivered three truckloads of non-food items (blankets and soap) and food items (i.e. dates, biscuits, bread, canned fish, canned beans, and water) to IDPs in the areas of Amiriyah and Habaniyah. One of the trucks was originally destined for Saklawiyah but was unable to access the area due to the conflict.

Water and Sanitation

As noted above, reports indicate that the water and electricity systems in Falluja have been cut off by the IIG/MNF-I.

The recent large-scale IDP influx will stretch water and sanitation facilities in host locations inside falluja, particularly in public buildings. **Assessments are ongoing in Amiriyah to define in more detail specific needs, but urgent assistance in this sector is likely.**

UNICEF reported that sanitation is a concern in Habaniya (assessments ongoing). Water supply does not meet IDP/host community demand. As a result, they are taking water from a nearby lake. UNICEF reported that lower water quality standards typically increase mortality by 10%. RCO/UNICEF plans to complete a sanitation assessment of IDP areas. **UNICEF emergency teams will design a module for latrines and baths to meet needs of IDPs having no access to such services.**

Agencies report healthy stocks and supply lines of jerry cans, chlorine tablets. NGOs are willing to conduct assessments/programmes in water and sanitation.

Humanitarian Response Activities:

- **UNICEF has completed an assessment in Amiriyah and reports that an influx of IDPs has created a shortage in water, which cannot be met by current production capacity. UNICEF is investigating the possibility of trucking water to the affected areas through the use of filling points in the surrounding area.**
- **UNICEF has pre-positioned water purification chemicals awaiting distribution to Habaniyah.**
- **The MoH will be sending health care teams to distribute water purification tablets and provide vaccinations and basic medical care to various IDP locations.**

Health

On 8 November, two primary health care centres were reported as functioning inside Falluja and that the MNF-I would exclude them from targeting. **However, on 9 November one of these was reported destroyed.** The Falluja General Hospital is reported as having been secured by the MNF-I. The MoH reports that the hospital is functional in terms of medical staff and supplies. However, the presence of MNF-I troops in the area around the hospital is likely to deter wounded and sick people from approaching the building. Reported incoming patient statistics seem low compared to the estimated population in Falluja and the intensity of the conflict. WHO/MoH in contact with DG of hospital, which requests quadruple type blood bags, otherwise hospital adequately stocked at the moment. Access by the population to health facilities in Falluja (through MNF-I) is a concern.

RCO reports a large shipment of medical supplies enroute from the Norwegian Red Cross Society. A noted above, under the Emergency Law there may be difficulties importing this shipment into Iraq.

Nazzal Hospital in Falluja reported destroyed but General Hospital still functional.

Primary health care (PHC) facilities are located near IDP locations, but capacity (i.e. supplies, staffing, etc) is likely overstretched and will need to be assessed in more detail which NGOs have agreed to do with local MoH staff. Amiriyah is an industrial zone and therefore may not have a functioning PHC to be confirmed. Urgent assessment required. Saklawiyah PHC – ICRC sources report increase from 75 to 400 cases per day. Reports of medical staff from other Governorates arriving to help out.

Humanitarian Response Activities:

- **WHO supplies of quadruple blood bags are enroute to MoH Baghdad for distribution.**

- The Directorate of Health in Ramadi has secured an ambulance and replacement health team to provide support and supplies to the overstretched staff of Falluja General Hospital.
- The MoH will be deploying a task force to assess the numbers and conditions of IDPs in Falluja and the surrounding areas.
- An international NGO has distributed drugs and medical equipment to the Falluja General Hospital and 20 health clinics in the surrounding areas (November 3).
- IOM implementing partners will distribute four emergency medical health kits to health clinics in Amiriyah, Habaniyah, Saklawiyah and Karma.

IOM/NGOs and the RCO have been implementing response programmes for the Falluja crisis directly at field level and will continue to do so, scaling up operations to meet the recent IDP movements. Assistance delivered to date includes Non-Food Items (hygiene products, bedding etc) and Intermediate Food Items (canned, powdered foods etc).

UN assistance includes WHO assistance through the Ministry of Health, UNHCR support to the Ministry of Displacement and Migration, and UNICEF supply water treatment and sewerage plants serving the city. UNICEF also has trucking capacity (contractor based).

The Red Cross Organizations are also very active. Assistance in and around Falluja has included:

- food parcels to vulnerable families (distributed through mosques) and IDPs
- medicine and medical supplies to hospitals
- an operating theatre 'kit' to the main hospital
- advanced first aid kits plus training in treating war wounded to Red Crescent volunteers.

Generally, agencies report their stocks and supplies of emergency items are good, and their principal concerns relate to security, access and IHL issues.

RECOMMENDATIONS

In addition to the sectoral action points above, the following recommendations arose from the meeting:

1. Advocate IIG/MNF-I (plus opposing forces) should resolve Falluja conflict peacefully. *Follow-up: UNAMI/SRSG.*
2. Advocate IIG/MNF-I responsibility to protect citizens, and address the humanitarian consequences of the Falluja offensive. *Follow-up: UNAMI/SRSG.*
3. Advocate IIG/MNF-I respect humanitarian and human rights principles and laws (access, humanitarian space etc). *Follow-up: UNAMI/SRSG.*
4. Advocate with the IIG to immediately reconnect electricity and water systems in Falluja. (Note that access to water is a basic need and that it can be reconnected immediately even if the city electrical supply remains cut).
5. Request information on IIG/MNF-I assessments, response capacity, and plans for humanitarian needs in and around Falluja (NB reciprocal information sharing would be highly restricted). *Follow-up: UNAMI/SRSG.*
6. Review and build UN/NGO/RCO emergency preparedness and response capacity. NB *Consolidated table of emergency stocks and locations in and around Iraq being compiled.* *Follow-up: UNAMI/EWG participants.*
7. Continue to assess needs, and respond where immediate unmet needs identified. *Follow-up: In the field: NGOs, RCO. Co-ordinate: Sectoral lead agency/EWG.*
8. Advocate IIG/MNF-I allow access of humanitarian actors into Falluja to provide needed assistance. *Follow-up: UNAMI.*

