

UNICEF HUMANITARIAN ACTION UPDATE

IRAQ

11 JUNE 2008

AFTER SEVEN WEEKS OF HEAVY FIGHTING, CHILDREN OF SADR CITY BEGIN TO RESUME THEIR NORMAL LIVES

- Over 1.25 million children have been affected by protracted and intense conflict in central Baghdad
- Hundreds of civilians were reported killed as a result of heavy shelling and street fighting
- Severely limited movement for the community has led to shortages of food, water and medical supplies
- UNICEF workers have been working with local partners to access those in need, but security and access remain a serious concerns



1. ISSUES FOR CHILDREN

The month of May was dominated by the continuation of the conflict in Sadr City, Baghdad, between the Sadrist militia and Gol / MNF-I forces. The Shia-dominant zone occupying the northeast of Baghdad is home to over 2.5 million Iraqis, half of them children. After seven weeks of heavy fighting, a ceasefire was formalized on 12 May. However, throughout the month the situation remained volatile and unpredictable, and sporadic fighting continued several days into the ceasefire. A long-term political solution to the crisis remains a serious challenge.

Priority concerns for children caught in this conflict related primarily to periodic and total lack of freedom of movement for civilians due to heavy shelling and street fighting, and lack of humanitarian access to affected communities by UNICEF and other actors. This in turn led to shortages of water, food and medical supplies. Direct strikes on municipal water infrastructure, health facilities (including a major hospital) and at least 29 schools compounds the potential for longer-term impact of this conflict on essential social services for children. The psychological impact on children will be an issue requiring urgent attention once access is more predictable.

At the peak of the conflict in early May:

- Over 160,000 people were acutely affected and unable to access water, food and essential services.
- An unknown number of improvised explosive devices (IED) were planted and while many have been cleared, the risk of unexploded remnants of war on children remains real.
- Five of the 15 Primary Health Centres (PHC) in Sadr City remained closed due to the inability of staff to report for duty, and the same PHCs are in locations often too dangerous for patients to access.
- 26 schools were closed (out of a total of 270) and were functioning well below normal capacity. Exams in the 26 closed schools were postponed until further notice.
- At least two education facilities, as well as an office of the Directorate of Education (DoE), have been occupied or otherwise used by military forces, and an unconfirmed number of schools are believed to still house unused ordnance.
- The call to action by Al-Sadr is believed to have resulted in several hundred new recruits to JAM, with unconfirmed reports that children are included in this number. Other anecdotal reports suggest that youths were attracted by large cash incentives paid by militia to become involved in the planting and detonating of IEDs.

Other humanitarian issues:

Friday 9 May saw the launch of the long-anticipated Operation Lion's Roar in Mosul. The military operation, lead by ISF, planned to target al-Qaeda operatives in the governorate. As promised, the operation relied on "surgical strikes" to locations known to shelter terrorist elements, and the absence of large-scale conflict thankfully resulted in no significant humanitarian consequences, although school examinations have been postponed to June as a precaution. A curfew imposed at the outset of the operation had raised concerns about allowing civilians access to essential services, but by mid-May this had been progressively relaxed.

A measles outbreak continued in early May in five governorates. The number of confirmed measles cases since the beginning of 2008 has reached 1,012 (compared to 676 in April), the majority in Anbar, Salah al-Din, Ninewa and Kirkuk. From a peak of 185 new cases in week 11, only 33 cases were reported by week 20, indicating that the UNICEF/WHO mop-up operations may have succeeded in controlling the outbreak.

Acute Watery Diarrhoea (AWD) is a serious public health risk during Iraq's summer months. Outbreaks of diarrhoea diseases including cholera are likely due to debilitated water supply networks and failing sanitation infrastructure. This year there may be greater than normal outbreaks of diarrhoeal disease, possibly of epidemic proportions, including a second wave of cholera following on from summer 2007. Since the beginning of the year 203,570 AWD cases were reported, although none of the 98,609 stool samples tested positive for cholera.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

To date, UNICEF has responded to the immediate needs of over 12,000 families and 3,000 individuals in the provision of safe water, hygiene materials and emergency health supplies in Sadr City. UNICEF remains able to respond to the emergency needs of a further 20,000 families if needed.

UNICEF humanitarian action in May centred on Sadr City, and in that location included:

- Water tankering operations serving over 12,000 families daily, as well as three major hospitals and other health facilities.
- Distribution of one-month's supply of water purification tablets (WPT) to 1,300 families through a door-to-door distribution.
- 1.2 million WPTs were released to the 12 functioning Sadr City PHCs, and a further 1.8 million WPTs were pre-positioned with the Ministry of Health (MoH) as contingency.
- Medical / surgical supplies for trauma / wound management were provided in two distributions to the Directorate of Health (DoH) in Sadr City and to medical facilities directly. At all times, UNICEF-procured supplies supporting emergency medical care for 3,000 people were pre-positioned at three major hospitals.
- Mine risk education (MRE) materials were released to the DoH for distribution to people living in areas most affected by shelling and IEDs.
- UNICEF and partners have completed an initial assessment of damage to the education sector to better understand needs relating not only to physical rehabilitation but also what support could be offered in the psychosocial sector, including the creation of Child Friendly Spaces. A response plan will be in place by early June.

Additional supplies are pre-positioned in accessible locations in Baghdad, and replenishment of pipeline is ongoing. Advocacy to key duty bearers on the reported recruitment of children by JAM remains an urgent priority but extremely challenging in the absence of reliable information.

As mentioned, the major constraint was the high level of insecurity in target areas. Over the course of the month, access to affected areas gradually improved and by month end most areas had relatively good access, although the former combat zone in Baghdad remains heavily militarized. Basra, however, had a far more accelerated return to peace, and is now enjoying security comparable to prior to this recent conflict.

All UNICEF responses are in full collaboration with the Government of Iraq, other UN agencies, and NGO partners.

In anticipation of possible future violence, UNICEF has pre-positioned various medical supplies including gauze, bandages, cannulas, surgical gloves, cotton, bed sheets, plastic drawsheets, paraffin, disinfectants and basic health kits for up to 100,000 patients.

In terms of water and sanitation, sufficient first aid kits, ORS, water purification tablets, therapeutic food and various non-food items are in stock to serve some 250,000 beneficiaries, with other items in the pipeline.

By end May, the decentralization of emergency supply to the warehouses of the four key NGO focal points had commenced and should be completed by mid June. These INGO partners are engaged with UNICEF Iraq to undertake comprehensive humanitarian assessment and response across the country, targeting 120,000 families. The total PCA value for these four partners is in excess of US\$ 24 million over a 12-month period, and represents the primary response mechanism for UNICEF Iraq's humanitarian action.

3. FUNDING REQUIREMENTS AND RECEIPTS

As outlined in the CAP 2008, UNICEF Iraq requires US\$ 36.8 million to respond to immediate humanitarian needs in Iraq in 2008.

Table 1: Funds Received Against CAP as of 1 June 2008

UNICEF Iraq Humanitarian Funding Received by Sector (CAP 2008)				
Sector	Requirements (US\$)	Received (US\$)	Shortfall (US\$)	% Shortfall
Health & Nutrition	9,513,682	2,732,050	6,781,632	71.3%
WASH	13,868,996	3,278,460	10,590,536	76.4%
Education	8,740,356	2,732,050	6,008,306	68.7%
Protection	4,708,158	2,185,640	2,522,518	53.6%
TOTAL*	36,831,192	10,928,200	25,902,992	70.3%

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

It should be noted that in addition to the contributions recorded in this funding table, the Government of Denmark has made a contribution of US\$ 1,369,830 for education programming. However, as these activities are not humanitarian in nature they are not recorded against the CAP.

Significant contributions have also been pledged by OFDA (US\$ 16 million) and the Netherlands (US\$ 6 million). Once these contributions have been received, they will be recorded against the CAP. UNICEF wishes to express its gratitude to the donors that have already extended their support to Iraq.

Table 2: Funding Priorities as of 1 June 2008

UNICEF Iraq Humanitarian Funding Priorities (CAP 2008)		
Sector	Beneficiaries	Requirements (US\$)
WASH	549,801	10,590,536
Education	103,113	6,008,306
TOTAL PRIORITY NEEDS*		16,598,842

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

Further information on Iraq's emergency programme can be obtained from:

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