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ICRC activities in Iraq

ICRC presence

Since the first airstrikes over Baghdad on 20 March, the ICRC has remained present in the capital. The sub-delegation in Basra in the south of the country has also stayed open, run by national staff until 29 March, when it was reinforced by a team of 4 expatriates who had been withdrawn to Kuwait shortly before the start of the conflict. In the north of the country, a team of 4 expatriates is based in Arbil. The ICRC's offices in Sulaymaniyah, Dohuk and Diyana are staffed by national employees. In total, some 120 national staff are still working for the ICRC in Iraq, including 50 in Baghdad.

From 31 March until 6 April, a team of 15 delegates, including a doctor and 6 interpreters, from the Kuwait delegation, was based in Umm Qasr, in order to carry out a first round of visits to Iraqi prisoners of war (POWs).

An ICRC aircraft based in Kuwait since 24 March enables the ICRC to move people and equipment in the region.

As outlined in its Budget Extension Appeal for Iraq, launched on 20 March 2003, the ICRC is focusing on life-saving interventions in Iraq. So far, this has primarily involved making sure that wounded people are receiving the necessary medical care in hospitals; that the residents of major towns have access to clean drinking water; and that vulnerable displaced people, up to now almost exclusively in northern Iraq, receive the necessary assistance. Since 31 March, the ICRC has been visiting Iraqi POWs held in the south of Iraq.

General situation

A considerable intensification of the conflict over the past few days throughout the country, especially in the capital Baghdad, has led to a dramatic worsening of the situation in humanitarian terms.

Up until the end of last week, although bombing over the cities had been continuous during the daytime and overnight, the hospitals visited by the ICRC were seen to be coping. From 5 April, hospitals in Baghdad reported the presence of several hundred war-wounded patients with new casualties coming in all the time. The hospitals and their staff were clearly stretched to the limit. It was becoming increasingly difficult to know for certain which roads inside the capital were still practicable and safe. Meanwhile, over last weekend, traffic in town was reported to be frenetic, with entire families leaving their homes, heading for relatives' houses in other parts of the city considered to be safer.

As at 8 April, the situation in the city was extremely critical, with heavy fighting taking place in central areas. Hospitals were reported to be overwhelmed by the influx of war-wounded. There was news that a major raw water pumping station (Qanat) in the north of the city had stopped functioning.

In Basra, heavy fighting in and around the town means that, here too, the ICRC team has been moving round with great caution. There were reports on Saturday that, despite the tense situation, people were out and about, shops were open, and that fresh supplies of fruit and vegetables had been reaching the city.

In northern Iraq, the situation has been increasingly tense over the past days, with heavy bombardments south of Arbil and Dohuk. Military activity along the frontline dividing coalition forces and Kurdish factions on the one hand and Iraqi forces on the other has been increasing. Because of the lack of access, little is known to the ICRC about the situation in other cities. Telephone lines are no longer working, making it difficult to obtain reliable information on the situation in various parts of the country. News and worrying rumours coming in from various governorates can not be crosschecked.

The ICRC is particularly concerned about the medical and water situation in the southern towns of Baghdad governorate (Abu Ghraib, Mamudiyah), in the towns of Hilla and Kerbala further south, and in Al-Anbar governorate to the west of Baghdad. These areas, last visited by ICRC delegates on 1-3 April, can not be accessed by ICRC Baghdad at this stage. Worrying reports have been received that hospitals there have been having great difficulty in coping with the influx of injured patients, in particular since it is no longer possible to refer patients to hospitals in Baghdad for treatment and surgery due to military operations on the access roads.

ICRC assistance

➤ Baghdad

For the past three weeks, since the start of the air strikes over Baghdad, the ICRC team has been able to travel around the town each day, to assess the situation in hospitals and in water facilities after bombing during the night. Over the past two days, this work has continued; however it is significantly hampered by the extremely tense security situation, which has made it impossible to access some of the hospitals and water facilities usually visited.

Assistance for hospitals

From the start, the ICRC has focused on those facilities receiving war-wounded and other medical emergencies. It has also been supporting health centres, orphanages and centres for disabled children. On the whole, the various structures visited over the past weeks have been seen to be

coping. The ICRC has evaluated the needs and provided specific assistance: dressing kits, anaesthetic drugs, stretchers, trolleys, emergency sets, surgical equipment, blankets, first-aid kits, tents for first-aid posts.

Since the middle of last week, the flow of wounded patients to the hospitals has been increasing. Heavy artillery fire and military operations on the night of 4-5 April brought in a steady influx of war wounded at a rate of about 100 patients an hour to Al-Yarmouk hospital up to midday on 5 April. They were given first-aid emergency treatment and were subsequently transferred to other hospitals around town for further treatment and surgery if necessary. Due to the electricity cuts, all hospitals are now running key services using generators, which further complicates the management of a mass influx of war-wounded.

On 7 April, Al-Kindi hospital reported receiving war wounded at a rate of 10 per hour. The ICRC provided two tonnes of medical assistance, including different drugs for anaesthetics and a surgical kit for 100 war wounded requiring surgery. Dressing material and surgical tools were supplied to the director of another hospital who came to the ICRC office. On 8 April, Medical City Hospital Complex (650 beds) had neither power nor water, and only 6 out of 27 operating theatres could still be used. Surgical assistance was delivered, while ICRC engineers tried to re-establish the water supply.

All of the hospitals have been under great pressure, with medical staff working without respite. Doctors who have spontaneously offered their assistance are reinforcing medical teams in the emergency units. However, as the situation is becoming increasingly unpredictable, staff are finding it more and more difficult to come to work. The ICRC team likewise, as at 8 April, has been moving around in Baghdad with extreme caution.

Water supply for hospitals

Since the start of the conflict, the ICRC has carried out regular emergency engineering work in the hospitals and health care centres. This has included ongoing repair and maintenance on water and power systems, installing and connecting extra water storage tanks and overhauling or repairing back-up generators.

Given the reduced water supply from most of Baghdad's water treatment plants, and the low pressure of that water, hospitals are no longer permanently supplied with piped water and are in urgent need of stocks of supplementary water. The ICRC water line unit has continued producing one-litre bags of drinking water which have been delivered to different hospitals and institutions, including orphanages, at a rate of around 12,000 bags a day, as an emergency stock should the regular water supply fail. By 5 April, the water bags pre-positioned over previous days and weeks in the 5 main surgical hospitals had largely been used up. An additional 23,000 bags were delivered, plus 80m³ by water tanker. Four additional water storage bladder tanks were installed at three hospitals to serve emergency units and technical services (laundry, kitchen) and filled up by water trucks.

The emergency purification units and the compact water treatment unit installed by ICRC in previous weeks have been operating since last Thursday night to provide emergency water to the four hospitals of the Medical City Complex, as the nearby Wathba water treatment plant has been out of operation since then. Without the emergency operation of the ICRC units and the use of some of the 35,000 one-litre water bags pre-positioned in those hospitals, there would have been a serious hygiene problem in the sectors and units of the Medical City. Over the past few days, the ICRC has also been overhauling the sewage lifting pumps at Adnan surgical hospital in the Medical City.

Following the power breakdown in Baghdad on 3 April, the ICRC carried out emergency assessments in various parts of town to evaluate the impact on water production and supplies to hospitals. The ICRC received many reports of technical problems and responded to requests for service kits, spare parts and repairs. Repairs were carried out at two water treatment plants supplying water to Al Yarmouk surgical hospital.

Work on water treatment plants

The ICRC technical team has regularly carried out rapid assessments of water and sanitation facilities (water treatment plants, reservoir stations and sewage lifting stations). A number of these structures are only operating at minimum capacity owing to the intermittent power supply, and because many plant engineers and operators cannot get to work. Several sites have been inaccessible over the past two days due to the security situation. Nonetheless, ICRC technicians as well as companies contracted by the ICRC have managed to carry out repair and maintenance work on back-up generators in several sites, including the Hay Akad complex, which was restarted after a three-day interruption. Some 25,000 people in the Rashad area of Baghdad benefited from this work.

Since the start of the conflict, the ICRC has carried out emergency work on a number of water treatment plants, including Al-Karkh, which supplies 65% of the drinking water for the city's 5.2 million inhabitants. ICRC engineers and technicians have been striving to ensure that other water treatment plants are powered at least 6 hours per day with back-up generators. Regular discussions were held with the water authorities on how to operate water treatment works once the hostilities moved closer to the capital.

As at 8 April, the ICRC continued to transport supplementary drinking water to parts of Baghdad which are not, or are only partially, connected to the water distribution network. Each day, nine tanker trucks have been supplying dozens of water distribution tanks, especially in northern and central Baghdad, thus benefiting some 70,000 people in affected areas.

➤ Other towns in central Iraq

The ICRC is extremely concerned about the situation of the civilian population in other towns in central Iraq, particularly in Anbar governorate west of Baghdad (the towns of Ramadi and Faluja) and to the south (the towns of Mamudiyah, Nasiriyah, Najaf and Kerbala), which have been the scene of heavy fighting for nearly two weeks now. The ICRC now no longer has access to these towns, following the destruction of a major highway bridge linking the capital to the south on 3 April.

Access to drinking water

Of great concern is the question of access to drinking water for hospitalized patients and the civilian population as a whole. Disruption of power from the national electricity grid is reportedly significantly affecting water supplies in these towns.

Between 31 March and 2 April, following reports from different sources of critical water shortages in these areas, an ICRC medical doctor and water engineer travelled to the area west of Baghdad, and then to the south, for the first time since the start of the conflict. Rapid surveys indicated that major water treatment plants in Ramadi and Faluja (west of Baghdad) and Al-Hilla, Iskandariya and Mamudiyah (south of Baghdad) were at that time operating only at 40-50% of their normal capacity due to repeated power cuts after important electricity sub-stations were damaged during the hostilities. The ICRC provided technical assistance to secure the operation of back-up generators for the most important water treatment plants, to ensure that they could at least continue to operate at limited capacity. Three generators were supplied and installed, thus benefiting more than 60,000 people who had been without water supplies since 29 March.

Assistance for hospitals

Limited assistance was provided to the hospitals visited in these areas (surgical hospitals; the maternity and children's hospital), which, at that stage (2 April), seemed to be coping. The ICRC assisted them in their preparations for a possible breakdown in the power and water supply, by providing generator maintenance, supplying one-litre water bags and repairing the water compact unit. First-aid post kits, other medical equipment and blankets were supplied.

In Al-Hilla, 60 km south of Baghdad, the ICRC team visited the surgical hospital on 1 April, which was treating a large number of injured persons following heavy fighting and bombing over the previous 48 hours. The hospital and other medical facilities were having great difficulty in coping with this emergency. The ICRC immediately provided dressing materials for 100 war-wounded patients as well as IV fluid sets, body bags and blankets. Medical needs remained acute, and the ICRC planned to provide further emergency medical assistance as soon as possible.

However, the relief convoy intended for Al-Hilla was unable to leave Baghdad, following the destruction of a bridge on the main highway linking Baghdad to the south of the country. Since then, ICRC Baghdad is no longer able to assist victims in areas such as Al-Hilla, Kerbala, Nasiriyah and Najaf. Other roads are not considered safe.

This is particularly preoccupying as the ICRC has been receiving reports from different sources of severe water shortages in several governorates (Nainawa, Kerbala, Dia Qar, Wasit) due to failures of the national electricity grid, a reduction in the supply of raw water to the water treatment plants or hostilities on the ground. As a result, several urban centres such as Nasiriyah and possibly Najaf and Kerbala have most likely now been without water for many days.

➤ Southern Iraq

Support for health structures

Since the expatriate team returned to Basra on 29 March, the ICRC has regularly visited the three surgical reference hospitals, as well as first-aid posts throughout the city. Since 1 April, Iraqi Red Crescent Society volunteers have been present in the hospitals.

According to the ICRC's observations, over the past weekend the situation in the hospitals was under control, with sufficient supplies of most drugs. Medical staff appear to be well prepared for emergencies. However, some staff, in particular nurses, have not been at work over recent days because of the crisis. During the first three days of fighting around Basra, the hospitals reported receiving about 100 war wounded per day. In recent days, this number has stood at 15-25 war wounded per day.

Some surgical materials, especially catheters and anaesthetic materials, as well as blankets and sheets were in short supply and were brought in by the ICRC in a convoy from Kuwait on 4 April.

Clean water supplies for hospitals

The main problem is clean water supply, which has meant that hospitals have either not had enough water or have had to use untreated water. The ICRC, through public contractors, is trucking 10,000 litres of treated water per day per hospital. Supplementary water trucking continues with 4 ICRC tankers. The ICRC also plans to urgently install at each hospital large bladder tanks which were provided by UNICEF and brought in on the convoy from Kuwait.

The health delegate has been on the look-out for any signs of outbreaks of diarrhoea and similar diseases as a possible result of the insufficient water supply. Fortunately, there have been no indications of a public health crisis such as epidemics, although an increase in cases of diarrhoea has been noted.

Work on water treatment systems

The ICRC continues to carry out urgent work on water treatment systems in Basra. With local technicians, ICRC engineers have been working on Wafa' al-Qaed pumping station in the north of the city, which supplies several water treatment plants around the city and other areas south of Basra. It had stopped working on 22 March following the disruption of the power supply. After several ad hoc repairs which enabled the station to regain 40-50% of its capacity, by 2 April the six back-up generators providing power to the station had been connected and were functioning. This meant that water supply to other plants in and around Basra could be resumed.

Despite the progress made, the situation remains precarious since all water treatment plants and pumping stations now rely on back-up generators. These generators only provide a fraction of the normal power available to the water facilities and furthermore require continuous supervision to be operated and maintained, not to mention supplies of fuel and spare parts.

On 2 April, ICRC technicians and local engineers managed to re-operate two important water treatment plants, Shaebe and Al-Zubair. More than 80,000 beneficiaries who had been disconnected from water supplies since 22 March are now served again, including people in Safwan.

Meanwhile, the ICRC has hired five tanker trucks to provide drinking water to suburbs of Basra which are not connected to the water supply network.

ICRC delegates are in regular contact with different local officials in Basra. The authorities have granted the ICRC all necessary facilities to carry out its work. The ICRC hopes in the coming days to gain access to other medium-sized cities in the south, if the security situation permits.

➤ Northern Iraq

Assistance to hospitals

Over the past few days, military activity along the frontline dividing coalition forces and Kurdish factions on the one hand and Iraqi forces on the other has been increasing. Following shelling in Dohuk during the night of 5 to 6 April, ICRC staff visited Dohuk hospital and ascertained that 11 war wounded had been admitted overnight and were receiving treatment. For the time being, the hospital was reported to be coping.

Displaced persons

There has been some movement of Kurdish families leaving urban centres to seek shelter with relatives or in other pre-organized accommodation. At the same time, some have already begun returning, to escape the harsh weather conditions in the mountains; more are likely to do so as soon as the security situation improves. A second, more vulnerable group of internally displaced includes people who have fled government-controlled areas of Iraq and who receive less assistance and support from the local population. The local authorities have been registering IDPs of both categories and housing those without family in schools, mosques and vacant buildings.

The ICRC has continued to evaluate the situation of any new families arriving in the north, to see if they need specific assistance. On 4 April the ICRC provided assistance to 34 vulnerable displaced families (around 150 people) in Aqra, Dohuk governorate.

Meanwhile, a third group of displaced people has been identified, who fled following air bombardments and an offensive in the eastern part of Suleymaniyah governorate. On 26 March the authorities reported that about 2,000 families had fled areas near Halabja and Khurmal into Sayed Sadeq and Qaladiza. In Sulaymaniyah, the ICRC visited Shoraz hospital, which was looking after war wounded following fighting in the Khurmal area, and provided medical assistance (dressing materials, disinfectant, suture materials etc.).

ICRC preparedness and logistics

Before the outbreak of the war, the ICRC had built up substantial relief stocks in its warehouses in Iraq (in Baghdad, Arbil, Dohuk and Diyana), Iran (Kermanshah and Orumiyeh), Jordan and Kuwait and in Syria¹, so as to be able to bring assistance to those in need inside Iraq during an initial period of around one month. Thus, by the start of the conflict, the ICRC had sufficient food stocks in the region to feed up to 150,000 war-affected civilians in Iraq; to supply hospitals and other institutions with enough food for 5,000 people for one month; to provide surgical material for up to 7,000 seriously injured people; to furnish medical items for 180,000 people in need of primary health care; and to cover the shelter needs of 50,000 people. A capacity had also been built up to guarantee water supplies for up to 3 million members of the population, and 100,000 displaced persons if necessary.

As at 8 April, the ICRC was still primarily distributing assistance from its extensive stocks within Iraq, which have proved sufficient during the first 20 days of the conflict. On 4 April, in a first humanitarian cross-line operation, a convoy of two trucks left Kuwait for Basra, carrying medical supplies (i.v. fluid, suture materials and surgical equipment, for up to 100 hospitalized patients), water bladders and blankets for Iraqi hospitals and spare parts for repairs to water treatment plants. The convoy was organized with full cooperation by all parties.

¹ please refer to the ICRC Appeal of 20 March 2003 for details of the location of pre-positioned relief material and the corresponding number of potential beneficiaries

A first relief convoy from Orumiyeh, Iran, to Diyana in northern Iraq took place on 8 April, transporting two tonnes of medical supplies (one war-wounded kit). A small amount of urgently needed medical equipment had already been transported across the same border on 4 April.

At the same time, in an ongoing process, the ICRC is sending more stocks to the region, so as to be able to meet needs beyond the initial phase. As outlined in its Appeal, this means building up a capacity to provide basic food and non-food items to up to 500,000 war-affected civilians, and medical aid for up to 250,000 people.

ICRC protection

➤ Prisoners of war

From 31 March to 6 April, the ICRC saw and registered some 4,000 Iraqi prisoners held in a camp near Umm Qasr in southern Iraq, and in field hospitals and hospital ships in the area. The delegates were able to talk in private with the prisoners. Additional POWs continue to arrive in the camp, which now holds around 4,500 people. The findings and recommendations from this first round of visits were shared with the camp authorities in a final talk on 6 April. Further visits are planned.

The ICRC is working hard to gain access to Coalition POWs in Iraqi hands. Contacts with the Iraqi authorities have continued in this respect.

➤ Other people deprived of their freedom

In northern Iraq, the ICRC has resumed visits to people held by the Kurdish authorities. Since 27 March, it has visited 78 Iraqi nationals deprived of their liberty. The ICRC should have access to an additional 120 people in the coming days.

➤ Restoring family links

The ICRC has set up a centralized Tracing Agency Unit in Geneva charged with handling and recording all personal data concerning protected persons (including prisoners of war, civilian internees and military personnel reported 'missing in action') in this context. The unit has been operational since 31 March. It handles enquiries from individuals as well as National Societies regarding the re-establishment of family links, as well as personal data transmitted by the parties to the conflict.

The ICRC has also established a website in English and Arabic to help families trying to locate their relatives: <http://www.familylinks.icrc.org/gulf2003>.

Since the conflict has moved into the capital and telecommunications have been disconnected, many families have been trying desperately to send news abroad. Since 2 April, some 262 families have used the ICRC Baghdad delegation's satellite telephone to reach their relatives abroad and to give them news about their health and whereabouts.

Cooperation within the Red Cross / Red Crescent Movement

➤ Iraqi Red Crescent Society

The ICRC has been in regular contact with the IRCS over the past weeks in Baghdad, Basra and Arbil. Since telephone lines have been down, it has been difficult for the IRCS itself to keep in touch with its various branches around Iraq, to find out about conditions and activities there. The ICRC has been instrumental in transmitting news, for example between the IRCS branch in Arbil and its headquarters in Baghdad.

In Baghdad, the IRCS has set up 25 first-aid posts around the city. The posts are staffed 24 hours a day by two IRCS volunteers and, in some cases, a medical assistant from the Ministry of Health. They provide first aid and wound dressings and evacuate urgent cases to the nearest referral hospitals.

On 2 April, a major bombing raid on buildings opposite IRCS headquarters in Baghdad caused indirect damage to various IRCS buildings, including a maternity hospital, which had fortunately been evacuated a few days earlier. The Red Crescent's administrative headquarters are now operating out of Al Razi hospital.

In Basra, IRCS volunteers are active in the main hospitals.

➤ Assisting third-country nationals and/or refugees in neighbouring countries

Third-country nationals leaving Iraq for Jordan arrive at Al-Ruweishid camp, which is located in Jordan near the Iraqi border. It is managed by the Jordanian Red Crescent Society and the International Federation. The ICRC has an office there, to deal with tracing requests. ICRC satellite phones can be used to contact family members. By 7 April, 959 people had made 542 calls to their relatives. 265 people are currently reported to be in the camp; a total of 700 people have stayed there so far, en route to their countries of origin.

Abu Kamal camp, established in Syria by the Syrian Arab Red Crescent to accommodate third-country nationals fleeing Iraq, was evacuated on 6 April because of the threat to security caused by continued fighting on the other side of the border. Its 7 occupants are now being accommodated in a UNHCR camp (Al-Hol) some 220 kilometres further north. Since 31 March more than 185 third country nationals leaving Iraq have been sheltered in Abu Kamal camp for a night or two, en route to their countries of origin. Meanwhile, 17 people, including 13 Iraqis, arrived at another Syrian Red Crescent camp in Al-Tanf, some 240 kilometres south-west of Abu Kamal.

➤ Partner Red Cross and Red Crescent Societies

As lead agency for the Movement in countries affected by armed conflict, the ICRC constantly emphasizes the importance of a well-coordinated, complementary approach in the response to humanitarian needs in Iraq. To this effect, guidelines have been put in place which were sent to all components of the Movement on 20 March.

It is vital that any humanitarian aid deliveries to Iraq are carried out on the basis of previously identified operational needs, and following consultation with and agreement by the ICRC. In the case of donations to the IRCS, contributions are made in coordination with the ICRC and after previous agreement by the IRCS.

To reinforce this cooperation, a meeting with the Red Crescent Societies of the region was held in Abu Dhabi on 6 April. A further coordination meeting with other participating National Societies from around the world is planned for later in the month at ICRC headquarters in Geneva.

Numerous partner National Societies have already contributed significantly to ICRC relief supplies in and around Iraq, which are currently being distributed. A coordination cell set up at ICRC headquarters (rex_coord_cell.gva@icrc.org) regularly issues updated lists of goods ("mobilization tables") corresponding to identified needs in Iraq to all National Societies.

Many National Societies have expressed their readiness to provide staff and other support, as soon as the security situation in Iraq allows. The ICRC is committed to ensuring early involvement by partner National Societies in the operation, including in the assessment stage, once the situation on the ground permits. In the current, acute phase of hostilities, however, proper needs assessments are clearly not possible. The ICRC is currently not in a position to assume responsibility for the security of Movement actors in the field.

Coordination with other humanitarian actors

As always in complex emergencies, the ICRC is coordinating its activities with UN agencies as well as some major NGOs, to avoid duplication or gaps in the humanitarian response, while stressing the independence of the ICRC and the Red Cross/Red Crescent Movement as a whole from the UN system and other actors.

The UN Humanitarian Coordinator for Iraq is currently based at the UN Humanitarian Hub in Larnaka (Cyprus). The ICRC is also present in Larnaka, participating in a constant dialogue and appropriate coordination with the UN. Furthermore, both at the headquarters and the field levels, the ICRC continues to take part in various multilateral coordination meetings and phone conferences on relevant operational issues, and exchanges information on ongoing activities with organizations and bodies such as: UNHCR, UNICEF, IOM, IASC, OCHA, WHO, UNMAS, the Arab League, the Organization of the Islamic Conference and some NGOS.

Major developments:

UNHCR: The ICRC and UNHCR have outlined complementary and mutually supportive roles in responding to the needs of displaced persons seeking to cross the borders. A joint document has been signed which provides guidance to ICRC and UNHCR field personnel. The note is intended to:

- Clarify the interaction between the UNHCR and the components of the Red Cross and Red Crescent Movement, especially in the case of cross-border operations;
- Recommend the manner in which the two organizations can complement each other in their protection and assistance efforts;
- Rationalize efforts for the re-establishment of contact between separated family members and for child protection.

UNICEF: The ICRC has continued its bilateral coordination with UNICEF on issues such as Explosive Remnants of War (ERW) Awareness and procedures regarding separated and unaccompanied children.

IOM: Within the UN system, the overall responsibility for IDPs in Iraq lies with the UN Humanitarian Coordinator for Iraq. Under his authority and guidance, the IOM will provide registration, camp management and non-food items to groups that may be displaced in the centre and south of Iraq. IOM has also indicated its readiness to take up a lead role in coordinating return transportation. The ICRC has affirmed its mandate in contacts with IOM and UN agencies and expects the IOM and the UN to coordinate any activities for displaced people in Iraq very closely with it.