Initial Rapid Needs Assessment for the Fallujah Response

Khaldiya, Habbaniyah Tourist City and Ameriyat Al Fallujah

18th-19th June 2016
Fallujah was the first city to fall to the ISIS in January 2014. It has been subject to sporadic bombardment over the last two years. Following the recapture of Ramadi in January 2016, the Iraqi Security Forces and allied non-state armed groups began the encirclement of Fallujah, with coalition air support. With reports of reduced access to food and medicine the humanitarian situation in Fallujah deteriorated between February and May with worrying levels of hunger being reported by various actors. On the 22nd of May Operation ‘Breaking Terrorism’ was announced, which culminated in a ground assault on Fallujah city. Consistent displacement has been recorded from the outlying areas surrounding Fallujah from the outset of the operation, with IDPs being almost entirely directed towards camps in Khaldiya, Habbaniyah Tourist City and Ameriyat Al Fallujah. On the 16th of June local officials reported a dramatic increase in population flows out of Fallujah, with civilians being permitted to cross the two western bridges out of the city centre.

Displaced populations, already having had limited supplies of food, have subsequently had to walk up to 40km to reach safety. Interviews with camp managers, local authorities, NGOs and beneficiaries all reinforce that humanitarian assistance has been ad hoc and unpredictable in all three IDP camps, with those local partners providing assistance on the ground being increasingly overstretched.

In the latter stages of the military operation the rapid movement of tens of thousands of IDPs, many of whom have been displaced multiple times, has produced uncertainty over the number of displaced in total and within camps. This has been compounded by the realization that the population estimate for the Fallujah pocket had been too conservative. By the 16th of June, an estimated 53 000 IDPs had been displaced, many of which have been displaced multiple times in and around Fallujah. By the evening of the 16th initial reports from local authorities indicated upwards of an additional 60 000 IDPs were leaving Fallujah, with both western bridges reported as being open for civilian traffic.

While more civilians are likely to remain in Fallujah, local authorities estimate 23 000 families (138 000) individuals may be affected, with some estimates reaching 150 000. The detention of adult males has been a noted hallmark of the displacement, with upwards of 15 000 undergoing screening in the Al Amriya factory (Military Industrial Programme), of which 4000 have been released and 1500 sent on for further interrogation. Local authorities in Ameriyat Al Fallujah stated that the age-range for screening was 18-56; the IDP camps have a noticeable absence of adult men below the age of 60.

In the absence of a damage or explosive remnant of war assessment of Fallujah and the battle ongoing, it is difficult to predict how long the displacement will continue for. The assessment team spoke to a number of IDPs from Fallujah, none displayed visible signs of starvation or severe malnutrition, however there has been no sampling conducted and a nutritional assessment is urgently needed. Many stated that food had been in increasingly short supply, with

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**Displaced population:**

Current estimates of more than 85 000 but potentially upwards of 150 000 people affected.

**Key Priorities**

As identified by camp management and local authorities:

**Khaldiya**

1) Drinking water
2) Health care provision
3) Food
4) Latrines

**Habbaniyah Tourist City**

1) Latrines
2) Cooking facilities
3) Drinking water
4) Bedding

**Ameriyat Al Fallujah**

1) Shelter
2) Drinking Water
3) Latrines
4) Food
bread being made from birdseed and people eating a single meal a day. One family described themselves and neighbours existing on dates and yoghurt for a number of weeks. A few families mentioned having allowed ISIS fighters to marry a daughter in return for food. Some parts of Fallujah had been without any access to water from the 2nd of June. There was clearly access to medical care, but some informants reported an absence of anesthetics with surgeries being performed without them. A number of civilians described family members being killed, either being shot or encountering IEDs, while fleeing Fallujah. Prior attempts had reportedly led to punitive action, in two cases, the burning of their motor vehicles. Several families described being evacuated by the Iraqi Army, while several more claimed that ISIS had allowed them to leave the city, in some cases informing them they should leave using loudhailers, and opened the bridges on the 16th of June.

On the 18th and 19th of June a humanitarian assessment team visited the IDP camps at Khaldiya, Habbaniyah Tourist City and Ameriyat Al Fallujah. All three camps have previous caseloads from Ramadi, Heet and Fallujah, but the assessment team only targeted new arrivals from Fallujah during the mission.

The assessment team also visited the Al Salam checkpoint briefly; the Iraqi Army stated that they had processed more than 22 000 individuals over the last seven days. At the time of the visit there were no more IDPs waiting for transfer with the last bus having left shortly before.

**Humanitarian Access**

- Access to Khaldiya, Habbaniyah Tourist City and Ameriyat Al Fallujah is currently either via Bzebiz bridge, a pontoon bridge with limited capacity to support heavy tonnage, or through the Musayib in Hilla, a considerable detour which involved passing through checkpoints under the authority of Government-aligned non-state armed groups.
- The majority of both routes are paved, other than a 20km section northwest of Ameriyat Al Fallujah, which is corrugated.
- Passage through checkpoints was arranged through the National Operations Centre. The mission experienced no significant delays at checkpoints and a deconfliction notification was submitted to the CJTF-Operation Inherent Resolve.
- The capture of Fallujah may open up the possibility of accessing eastern Anbar on highway 10 directly from Baghdad. In the short term local authorities in Ameriyat Al Fallujah suggested an alternative route from Abu Graib –Zaydan – Al Naz – Ameriyat Al Fallujah, crossing over the Euphrates on a concrete weir.
- There are unconfirmed reports that the Anaz bridge has been reopened for humanitarian use.

**Findings**

**Khaldiya**

The mission visited camp 3, the more developed of the new camps, as well as camps 4, and 5, all designated for recently displayed populations from Fallujah. Local authorities and partners reported
that 1300 families arrived from Fallujah to Khaldiya between the 16th and 18th of June, bringing the camps total population to 3000 families. Local authorities expect a new influx of IDPs shortly.

10 new camps are being built, each with 250 tents, currently 5 of the camps are in varying stages of construction, all with IDP families already living in them. The camps are already over-crowded, often with 2 or 3 families per tent. The municipality are awaiting more tents from the MoDM.

Food: In camp 3 IRR has been distributed, not clear whether there is full coverage. The IRR are intended for 3 days but IDP families report making them last for 7 days. There has been ad hoc and occasional provision of food from local authorities and private donors, which may be related to Ramadan. The mission spoke to a local sheik who was delivering meat stew, bread and rice to the new arrivals on the day of the visit. There is a need for more kitchens sets for the families, with very limited coverage currently. Danish Refugee Council sent 282 cooking sets and ICRC are distributing 3600 kerosene stoves across Anbar. Local vendors are however available and IDPs are procuring from them.

Families in camps 4 and 5 reportedly received no food assistance, including IRRs. A large number of IDPs reported not having their Public Distribution System cards.

Priority Actions: Planned Response:
- Afkar plans a distribution of 300 stoves, it is unclear who will provide the fuel.

Health: No mobile teams are present in camps 3, 4 or 5 at Khaldiya. Three ambulances are in the area, however only 1 is shared between the camp and Falahat. The assessment team recorded cases of scabies and leishmaniasis alongside chronic illnesses. No vaccination programmes have occurred in these camps, and no reproductive health care services are available. Any illnesses are referred to medical facilities in the town of Khaldiya, which has one hospital, Rasheed, which is private and a 15-minute drive away, and a UNFPA supported delivery room. Another UNFPA-supported RH clinic operates in the central camp. There has been no follow up for antenatal care, either in Fallujah or in the Khaldiya camps.

Priority Actions:
- Primary health care consultations for communicable diseases and non-communicable diseases through a mobile clinic response.
- A catch-up vaccination campaign (UNICEF/DoH).
- Ambulance for referrals.
- Pharmaceutical supply of medications for common morbidities including scabies, leishmaniasis, chronic illnesses and pediatric doses.
- Addressing mental health needs and linkages with psychosocial support.
- Assess infant and young child feeding practices for children under the age of six months.

Planned Response:
- UNFPA to establish a mobile reproductive health team by 27 June. The team will provide antenatal care and refer and transfer cases to the delivery room.
- Re-orient existing mobile teams that are working in Khalidiya towards camps 1-5 for the newly displaced population.
- Requested MSF-France to send a mobile team to this location. They will assess the location first.

**Shelter and NFI:** Camp 3 consisted of 250 tents from Pakistan, housing 350 families. Camp 4 and 5 consists of Turkish tents, (plastic tents with limited ventilation). Camps 4 and 5 are also overcrowded with 2-3 families per tent. There is also a Container Site, built by the MODM and the Saudi government placed some containers there and have done basic foundations (cinder blocks). We were informed that this camp is intended for older arrivals.

There has been an NFI distribution in Camp 3; the team saw NFIs in tents with 463 NFI kits and 500 dignity kits being distributed. There is also coverage from a local organisation (Kamel Mashira) that distributed summer NFI kits (based on the IOM list). Camp 4 and 5 have had no distribution.

**Priority Actions:**
- Tents and NFIs urgently needed.

**Planned Response:**
- Distribution of 1,000 NFI kits, including cooking stoves, for new arrivals. DRC to distribute 282 cooking stoves.

**WASH:** The municipality is providing 25 litres of washing water and UNICEF is providing 7 litres of drinking water per person per day. There remains a serious shortage of washing and especially water for drinking and cooking. Families have no jerry cans with some having been provided with buckets. The local authorities have hired a contractor to build 6 WASH units per camp, (one for females with four latrines and three showers and one for males with three latrines and two showers), however the construction is proceeding slowly. A few emergency latrines have been installed by UNICEF, but they are not enough; in total there are only 40 latrines available for all the camps.

**Priority Actions:**
- Camp needs to be connected to the water project 2 km away.
- UNICEF needs to install two Reverse Osmosis units for the five camps to purify drinking and washing water.
- UNICEF and UNHCR started working on the establishment of two new camps each with 255 tents, whereas RIRP is constructing the latrines.
- UNICEF through its water-trucking supplier will increase the rate of washing water.

**Planned Response:**
- UNICEF though its IPs & WSC9 will install water distribution points and connect them with water projects through a trunk line, after which all the sanitation units will be connected through interior water networks, this will phase out the Water Trucking (hopefully within one month).
- UNICEF will keep installing RO units to meet the rate of 10 litre per person per day.
- UNICEF WASH Service centre (WSC9) will keep on O & M for WASH facilities, hygiene promotion and water quality monitoring, while the local Municipality will carry out garbage collection.

**CCCM:** There is camp management in place, the assessment team
met with MODM representatives who will provide a list of volunteer camp managers. Managers arrived about 7 days ago, but need training; it was agreed to have the training in Erbil. The municipality is requesting 12 250kva generators, to be able to provide electricity to all the camps.

**Priority Actions:**
- Lighting for the camps

**Planned Response:**
- Identification and training of camp managers.

**Protection:** There is no perceived danger from war-related activities and there are no guards or police, so personal security, especially for women, is weak or non-existent. Screening by the Iraqi Army was not viewed as abusive by IDPs interviewed in Khaldiya. Some women were married to ISIS fighters and are having problems registering their families. The unfinished latrines mean that women have to go into the desert alone, which makes them vulnerable to gender-based violence. The camp is unfenced and has no lighting. In one case reported to the team a woman was asked to leave her 25 year old daughter for marriage to an ISIS fighter in order to leave Fallujah. UNFPA psychosocial team on the ground.

500 dignity kits were distributed.

**Priority Actions:**
- UNFPA to establish a women safe space in the camp by 27 June.

**Habbaniyah Tourist City**

The team met the Deputy Governor and the overall manager of the HTC complex. During our visit there was a limited distribution by the Sunni Endowment of mattresses and NFI items. The Deputy Governor said of the 4000 families that arrived in HTC, 60% had arrived in the last 48 hrs. There is an urgent need for emergency shelter and 1000 more tents, (HCR are bringing in 500 tomorrow). IDPs have reoccupied the school and a mosque; reportedly 1000 individuals are in these locations. The team checked the status of the condemned hotel, but it appeared unoccupied with the entrance welded shut and padlocked. Similarly to Khaldiya, very few men were seen other than the elderly. The Deputy Governor stated that very few IDPs arriving from Fallujah had identity documents, and for the men who underwent screening, the military retained many of their identity documents.

**Food:** There was no systematic food distribution reported in the Al Tahir and Saudi Arabia camps that the team visited, however IRR had been received in parts of the camp. Vendors were selling food in the camps. Cooking facilities are available. Further reports of families selling daughters into marriage in return for food while in Fallujah.

**Priority Actions:**
- Mobile clinics are operating, but there are conflicting reports on which locations are being serviced. A Primary Health Clinic and a vaccination campaign are top priorities. A health survey of incoming populations is needed. There is a reproductive health clinic adjacent to the new camp, run by UNFPA and UIMS. An UNFPA-supported delivery room exists inside HTC.
### Priority Actions:
- Primary health care consultations for communicable diseases and non-communicable diseases through a mobile clinic response.
- Catch-up vaccination campaign (UNICEF/DoH)
- Pharmaceutical supply of medications for common morbidities including scabies, leishmaniasis, chronic illnesses and pediatric doses.
- Addressing mental health needs and linkages with psychosocial support.
- Support UIMS/WHO static clinic in setting up oral rehydration point.
- Assess infant and young child feeding practices for children under the age of six months.

### Shelter and NFI:
The Al Tahrir camp has 250 tents and electricity, but some tents are housing up to 3 families. There are good camp foundations with cement slabs, but a further 1000 tents are required at the camp. IDPs were seen having to erect their own tents. The Saudi Arabia camp has 300 tents, which arrived 2 days ago; no other assistance has been provided as yet. There is a reported 1000 families living in the school and mosques around the Habaniyah Tourist city site; the mission visited the school and verified its occupation. The condemned hotel appeared vacant and its entrance was welded shut.

Allegations of tents being sold were made by IDPs who claimed it cost 150 000 dinar per tent and that tents when returned by IDPs leaving the camp were not redistributed, but sold.

IOM distributed NFIs 5 days ago, but no NFI distributed to date for new Fallujah arrivals at Habbaniyah Tourist City other than a limited distribution from the Sunni Endowment who distributed mattresses and some other NFI items while the team was on the ground.

### Priority Actions:
- Emergency Shelter (tents) and NFI kits.

### Planned Response:
- Distribution of CRIs, including cooking stoves. UNHCR plans to distribute 1,000 kits of CRIs.
- UNICEF and UNHCR will extend Tahrir 1 and Tahrir 2 camps with 150 tents and a new camp with 256 tents is planned.

### WASH:
RIRP is providing washing water and UNICEF drinking water, with the Sunni Endowment also distributing drinking water. In the short term no partners are currently able to provide sufficient latrines and showers for more than 2500 families who have arrived. Hygiene promotion is still a challenge, with not enough clean water to cook with. The decline in the water level in Lake Habaniyah has resulted in polluted water; however, advocacy with the Minister of Water has led to an increased flow in the lake, resulting in improved water quality.

### Priority Actions:
- The installation of new RO units to reach 1-5 m3/hr that produces 10 litre per person per day of clean water.
- Hygiene promotion and water quality monitoring, while the local municipality carries out garbage collection.
- Installation of new latrines in Al Tahir and Saudi Arabia camps.

### Planned Response:
- ICRC will install 2 reverse osmosis stations within 10 days.
- RIRP is planning to install an additional 7 RO units of 1m3.
- UIMS & UNICEF are installing 10 emergency prefab latrines.

**CCCM:** There is a need to map and name the camps, which are growing rapidly and without proper planning. Asmul camp, which was visited, had a camp manager, but there was a need to address allegations of unfair distributions and provide training.

**Priority Actions:**
- Mapping of response, camp management, lighting and site preparation for new camp.

**Planned Response:**
- Site preparation for new camp. Identification and training of camp managers.

**Protection:** 500 dignity kits were distributed to the newly arrived IDPs. The team received information of a pregnant woman reportedly being shot and killed by ISIS while trying to flee Fallujah. UNFPA psychosocial team on the ground.

**Priority Actions:**

**Planned Response:**
- UNFPA to establish women safe space by June 27th.

**Ameriyat Al Fallujah**

At Ameriyat Al Fallujah both in the camps, and in the town, the Mayor stated that there were approximately 2000 families without shelter, a further 2000 were being accommodated by other IDP families in their tents, and 5000 were being hosted by the local community, and were not receiving assistance. He stated that this was unsustainable and appealed for the international community to support IED/UXO surveying in recaptured areas and lobby for returns as soon as possible. New arrivals were staying in existing sectors of the camp, intermingled with older caseloads, as well as seeking shelter in mosques and rub-halls across the camp. Some IDPs reported that they had received no assistance as they were not issued tents and assistance was provided based on tents. The assessment interviewed a number of new arrivals, but there was no centralised location where they were being sent, caseload specific information was difficult to ascertain. The assessment team visited two UNHCR rub-halls where more than 200 families were sheltering during the day and sleeping in the open at night.

The assessment team also visited Ihsan Al Fallujah camp, near the Dary PHC, towards Bzebiz bridge. The camp consists of 295 Saudi Arabian tents hosting 337 families. A number of the families arrived from the Khaldiya camp by private transport. Camp management are registering arrivals. There are no mobile clinics, and referrals are made to the Ameriyat Al Fallujah hospital, although the Dary PHC is 1.5 km away; it may not have capacity to support the caseload. No vaccination programmes have reached the camp. The local authorities oppose the location of the camp and want it re-sited nearer to Ameriyat Al Fallujah; as a result they will not allow the installation of additional latrines. There has been both an RRM and NFI distribution in the camp, including both dignity and cooking kits.

**Food:** NRC distributed IRRs, but there is not full coverage for the population. Families are stretching the 3 day ration for 7 days.
Newly arrived families are reporting ad hoc food distributions by private donors with a single meal being provided a day. The assessment team witnessed IDPs fighting over pieces of bread.

**Priority Actions:**

**Planned Response:**

**Health:** There are 3 mobile clinics and one UNFPA/UIMS reproductive health mobile team, but improvements are required in the supply chain. One clinic reported treating 200 patients in 8 hours, (or 40 seconds per patient). The UNFPA/UIMS delivery rooms were overcrowded with most of the patients being from Fallujah. The distribution of mobile teams also needs to be reassessed, and a team sent to the UNHCR rub-halls. There are no reports of vaccinations having been carried out for the arriving IDP caseload.

**Priority Actions:**

- A nutritional assessment is urgently needed.
- Primary health care consultations for communicable diseases and non-communicable diseases through a mobile clinic response.
- Catch-up vaccination campaign (UNICEF/DoH).
- Pharmaceutical supply of medications for common morbidities including scabies, leishmaniasis, chronic illnesses and pediatric doses.
- Addressing mental health needs and linkages with psychosocial support.
- Support UIMS/WHO static clinic in setting up oral rehydration point.
- Assess infant and young child feeding practices for children under the age of 6 months.

**Planned Response:**

- Coordination of mobile team response to concentrate on new caseload IDPs especially those that are taking shelter in the rub halls at the entrance of the camp, two mosques and other locations where new arrivals are gathered.
- Tentative start date for the Dary 2 PHC is 01 July – coordinate with WHO ensure that the project is on target so that there will be two functional PHCs in the complex.
- IMC has re-directed their ECHO funds to support health service delivery in Ameriyat al-Fallujah – on location today to finalize recruitment for community outreach teams.

**Shelter and NFI:** The assessment team was informed most newly arrived families were sleeping in the open and using the mosques, rub-hall and unfinished caravans as shelter during the day. Block 13 alone had 400 families from Garma and Fallujah sleeping in the open. There did not appear to be a system in place for distribution shelter.

There was an NFI distribution in block 14 on the 17th of June, including for new arrived families from Fallujah, in which 463 NFI kits were distributed.

**Priority Actions:**

- Emergency Shelter (tents) and NFIs for new arrivals.

**Planned Response:**

- IOM, NRC, DRC and UNHCR planning distribution of NFIs. IOM plan to distribute 500 NFI kits for sector 13 Ameriyat Al Fallujah, NRC planning to distribute 600 NFI kits in sector 18 Ameriyat Al Fallujah on 20th June 2016.
**WASH:** Water for washing is almost covered for the whole camp, but there are still large gaps in the drinking water supply, and IDPs are getting drinking water from an uncertain source. UNICEF reached an agreement a pipeline to the local water plant, work will begin this week and it will take approximately a month before the first phase of the system is fully installed in the camp. Some IDPs reported no RRM being delivered unless they had been allocated a tent, others indicated no NFI’s were distributed without an allocated tent; those sleeping in the open were receiving 20-30 litres of washing water per day from a local contractor. The UNHCR rub halls urgently require latrines, as there is open defecation at the site. In other areas of the camp UNICEF and NRC have installed new units, so far an additional 18 latrines and 9 showers have been installed.

**Priority Actions:**
- More emergency latrines and water tanks with an immediate focus on the UNHCR rub halls.
- At Al-Ehsan camp speak with authorities about the installation of emergency latrines and tanks being halted.

**Planned Response:**
- RIRP and UNICEF have agreed with the local authority to connect the camp with the main raw water trunk line, the project will be implemented by RIRP and has three phases:
  - Phase one: construct the delivery pipe and collection tanks with capacity of 270 m3 / within three weeks.
  - Phase two: construct the camp water network with elevated tanks/within 6 weeks.
  - Phase three; Connect the interior WASH facilities with the elevated tanks.
- RIRP is planning to install an additional 8 RO units of 1m3 within AAF camps
- UNICEF WASH Service center (WSC8) will continue operations and maintenance for WASH facilities, hygiene promotion and water quality monitoring, while garbage collection is carried out by the local municipality

**CCCM:** Camp management appeared to be a serious issue, with a failure to absorb arriving caseloads, repeated allegations that distributions were not reaching those sleeping in the open and an uncoordinated approach to expanding shelter for incoming IDPs. The assessment team spoke to the manager of the Al Nahat camp, who informed us that he uses his own judgement about who should receive assistance; he also appeared to be running the only shop in his camp. In most cases assistance was not based on registration.

**Priority Actions:** Mapping of response and services, camp management.

**Planned Response:** Site planning and identification and capacity building for camp managers.

**Protection:** A UNFPA Women’s Community Center is functional and there is a psychosocial team on the ground. 1,881 dignity kits were distributed. However, conditions at the Al Amiriya screening facility were reported to be deteriorating due to overcrowding and ad hoc provision of water and food.
The team consisted of Themba Linden (OCHA); Cornelius Weira, Shelter/NFI (IOM); Ali Auob, WASH (UNICEF); Ahmed Malah, GBV/Protection (UNFPA); Dr. Thamir Al-Hilfi, Health (WHO); Ianthe Andrea King, Health (IMC); Maria De Sojo, Food, (WFP); John Young, CCCM, (UNHCR); Emad Izaqeebih, Security, (WHO); Leon Brooks, Security (WFP) and Courage Awitter, Security, (UNICEF). An SSI security team led by Thomas Higgins supported the mission.

The mission visited Khaldiya IDP camp, (38SLB6132990811), Habbaniyah Tourist City (38SLB6736879155), Al Salam Checkpoint (38SLB7792784661), Ameriyat Al Fallujah camp (38SLB9179067385) and Ihsan Al Falluja camp (38SMB0774866751).