

HIGHLIGHTS

- The humanitarian situation in Iraq is deteriorating and growing more complex, as conflict protracts, coping capacities diminish, and funding falls short.
- Cholera has spread across the country, with over 1,600 confirmed cases and two deaths one month after the outbreak was declared.
- Military operations and insecurity trigger new displacement in Salah al-Din and Anbar governorates.



A displaced girl from Tikrit collects water at the Alexanzaneh IDP camp in Baghdad. Credit: UNICEF/Khuzai

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FIGURES

# of people in need	8.6m
# of people targeted for assistance	5.6m
# of internally displaced people	3.2m
# of people who live outside camps	2.9m
# of affected people in host communities	3.2m
# of Syrian refugees	0.25m

Source: HRP/HNO

Humanitarian Appeal

FUNDING

498 million

requested for July to December 2015 (US\$)

41% (\$204 million)

Funding against the July-December HRP

\$618 million

Total humanitarian funding received for Iraq in 2015

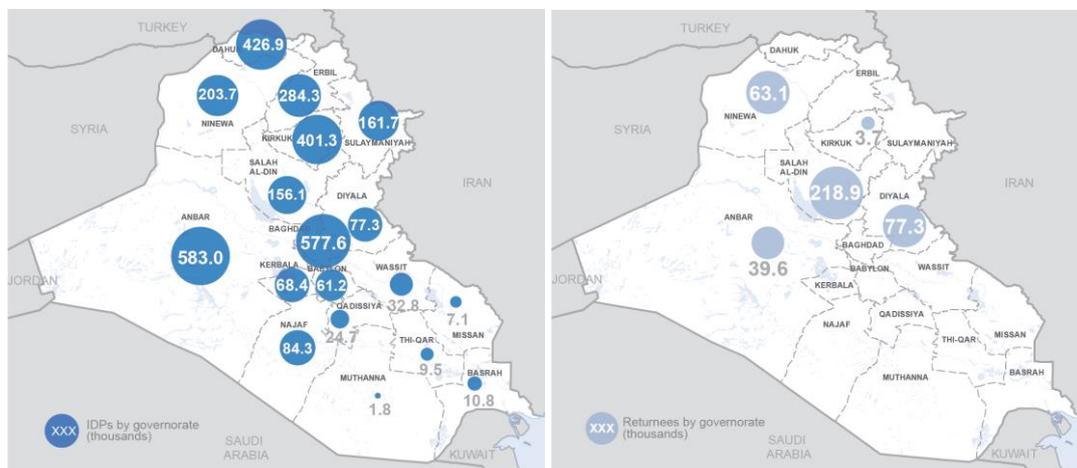
(reflects reported funding on FTS as of 19 October 2015)

Source: <http://fts.unocha.org>

Humanitarian conditions are worsening

More than 3.2 million people have fled their homes since January 2014

The humanitarian situation in Iraq is deteriorating and growing more complex, as conflict protracts, coping capacities diminish, and funding falls short. The number of Iraqis requiring humanitarian assistance has grown to over 8.6 million people. This includes over 3.2 million people who have fled their homes since January 2014. According to the most recent displacement tracking by the International Organization for Migration, there are now 3,206,736 internally displaced people (534,456 families) who have spread across 103 districts and 3,476 locations in Iraq. Of those who have been uprooted, about 87 per cent (nearly 2.8 million people) have fled Anbar, Ninewa and Salah al-Din governorates. Just over half a million people have fled insecurity in Anbar since 1 April 2015, following the Ramadi crisis. Close to 1.6 million people are currently displaced in Anbar, Baghdad and Dahuk governorates.



3.2 million people uprooted since January 2014.

400,000 people have returned to home areas. Source: IOM

Returns are taking place amidst new displacement

By the end of September, over 400,000 people were estimated to have returned to their home areas that have newly come under Government control. About 54 per cent of those returning have gone to Salah al-Din and 39 per cent to Tikrit district alone. Between 13 and 17 October, about 10,500 people returned to Salah al-Din while about 13,000 people returned to Diyala in the first two weeks of October, according to IOM's emergency tracking. However, many people returning have found communities destroyed by armed conflict and continue to require humanitarian support. At the beginning of October, due to alleged security and safety concerns, 800-1,000 houses and buildings in four villages (Tel-alward, Mansoriya, Kuaz and Gubaiba) in Kirkuk were destroyed.

CLUSTERS

Lead or co-lead organizations

CCCM	UNHCR NRC
Education	UNICEF Save the Children
Emergency livelihoods – social cohesion	UNDP DRC
ETC	WFP
Food security	WFP ACTED
Health	WHO IMC
Logistics	WFP
Protection	UNHCR DRC
- Child protection	UNICEF Save the Children
- GBV	UNFPA NRC
- Mine Action	UNMAS MAG
- HLP	UNHCR NRC
Shelter & NFI	UNHCR NRC
Water, sanitation & hygiene	UNICEF ACF
Coordination & Common Services	OCHA NCCI
Multi-purpose CASH	UNHCR Mercy Corps
RRM	UNICEF WFP

A cholera outbreak amidst a large-scale humanitarian emergency highlights the need for robust rapid response to control and prevent further spread to areas with a high concentration of displaced people.

About 20 per cent of displaced people live in critical shelter arrangements

Inadequate shelter remains a critical concern with 90 per cent of displaced people living outside camps. The number of people who live in critical shelter arrangements increased by about 5,500 people between late August and late September. This brings the people who live in informal settlements, religious buildings, schools, and unfinished and abandoned buildings to over 620,000 people. Many of the people who live in private settings such as rented houses, hotels, motels and with host families have been displaced for over a year and their coping capacity is diminishing.

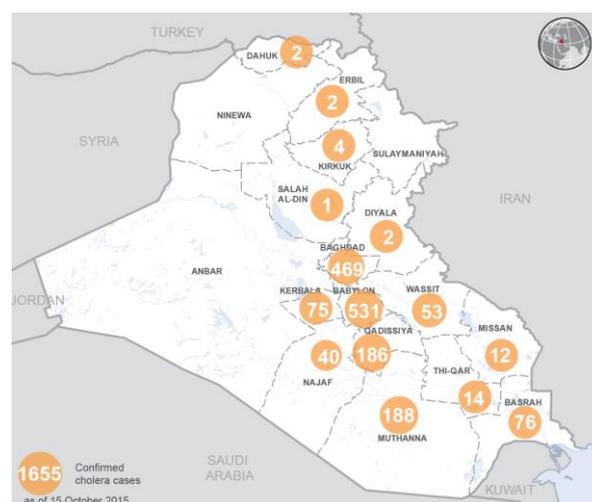
Shelter type	People	Percentage
Private settings	2,197,542	69
Critical shelter arrangements	622,002	20
Camps	271,116	8
Unknown	78,822	2

For more information on the latest displacement tracking in Iraq see: <http://bit.ly/VULVpg>

Emergency response to curb cholera outbreak

More than 1,600 cholera cases have been confirmed across the country

By 15 October, a month after the cholera outbreak was declared, the number of laboratory confirmed cholera cases has risen to over 1,600, according to the Ministry of Health and the World Health Organization (WHO). The most affected governorate to date is Babylon from where almost 40 per cent of the confirmed cases have been reported, followed by Baghdad, Muthanna and Qadissiya governorates. Two deaths have been confirmed; one in Baghdad and one in Babylon. Since 2 October, five cholera cases of Iraqi origin have been reported in Kuwait and one imported case in Bahrain since 8 October.



Cholera outbreak in Iraq. Source: MoH/WHO

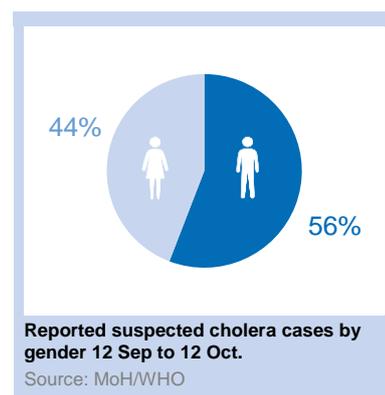
The main accelerators of the current outbreak are broken down water supply systems and the lack of sufficient chlorine in the country to provide clean water. A cholera outbreak amidst a large-scale humanitarian emergency highlights the need for robust rapid response to control and prevent further spread to areas with a high concentration of displaced people and refugees who are especially vulnerable to infectious diseases. Preventing further spread of the disease during the pilgrimage to Kerbala and Najaf governorates in late October is a priority.

Emergency response focuses on controlling the spread of the disease

The Ministry of Health is leading the emergency response to curb the outbreak with technical support from the Cholera Task Force, comprising WHO and the UN Children's Fund (UNICEF). The response focuses on supporting water, sanitation and hygiene activities through monitoring the water quality and ensuring access to safe water inside health facilities and waste management at cholera treatment centres. Health partners are also prioritising provision of emergency medical services to those affected by cholera by supporting decentralized treatment centres to ensure that women, men, girls and boys have access to cholera treatment in their communities, training of medical staff on cholera

Since the cholera outbreak was declared, 1 million aqua tabs for water purification have been distributed in addition to 1,000 water tanks, 50,000 jerry cans, 1,000 family water kits and 200,000 water bottles.

case management and availability of diarrheal disease kits. Since the outbreak was declared, 1 million aqua tabs for water purification have been distributed in addition to 1,000 water tanks, 50,000 jerry cans, 1,000 family water kits and 200,000 water bottles. Disease surveillance has also been stepped up with field investigation teams and health care providers deployed to affected areas. In addition to stock already dispatched, 15 new diarrhoeal disease kits have been delivered to the Ministry of Health, sufficient to treat 8,500 cases. OCHA is facilitating a rapid response grant through the Central Emergency Response Fund to meet a portion of urgent health and water, sanitation and hygiene needs in the response to the outbreak.



More than 5 million children have been reached by the vaccination teams.

Nationwide vaccination campaign to keep Iraq polio free

A week-long nationwide polio vaccination campaign targeting 5.9 million children under five was concluded on 11 October. The Ministry of Health, WHO, UNICEF and partners deployed nearly 13,000 two-person vaccination teams and 1,900 first line supervisors to support vaccination teams at grass roots levels. The campaign was also used to raise awareness on how to prevent cholera to people in high-risk areas. More than 5 million children were reached by the vaccination teams. However, about half a million children risk not being vaccinated due to security constraints in conflict affected areas, including in Ninewa, Anbar and parts of Kirkuk and Salah al-Din. Immunization programmes at sub-national level in insecure areas have also been impacted by disrupted primary health care services. The last polio case in Iraq was in April 2014. In May 2015 Iraq was removed from the list of polio infected countries, but it is still vulnerable to re-importation.

Insecurity and military operations continue

Access to safety a major concern for civilians fleeing attacks

A new camp for internally displaced people has opened in Ameriyat al Falluja providing shelter to 3,000 displaced Iraqis.

Iraqi security forces and its allies continue military operations to retake areas from the Islamic State of Iraq and the Levant (ISIL), in particular around Baiji in Salah al-Din and around Ramadi and Falluja in Anbar. Amidst unverified reports of an escalation of military operations there have been reports of civilians seeking to leave Ramadi and Falluja. However, access to safety for civilians in conflict areas remains a concern. In mid-October, the Bzeibiz bridge checkpoint between Anbar and Baghdad was intermittently closed for traffic. Within Anbar, about 80,000 people in Haditha remain under siege-like conditions with decreasing options for access to safety. In Anbar, partners continue to report difficulties to cross checkpoints, in particular from Kerbala towards Nukheib.



Displaced people arriving in Hajjaj in Salah al-Din in mid-October. Credit: Sorouh

In Ameriyat al Falluja, a new camp for internally displaced people has been opened about three kilometres from the Bzeibiz bridge. The camp can provide shelter to about 3,000 displaced Iraqis. Some 300 people moved into the camp on 19 October, with more expected in the coming days. The people arriving received mattresses, a stove, kitchen utensils, a water tank, an air cooler and other household items to help them settle in.

Military operations around Baiji in Salah al-Din since mid-October have reportedly triggered new displacement of thousands of people to Jareish, Al Mazra'a, Hajjaj and Abu Tu'ama, according to preliminary reports from the ground. Humanitarian partners have started delivering rapid response kits with ready-to-eat food, safe drinking water and

Humanitarian partners are delivering rapid response kits with ready-to-eat food, safe drinking water and hygiene kits to those newly displaced.

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hygiene kits to those newly displaced. Armed clashes in Hawija and Shirqat have also led to new displacement into Salah al-Din, including as far south as Samarra.

The UN Assistance Mission for Iraq on 1 October reported that at least 537 Iraqi civilians were killed and 925 civilians injured nationwide in September 2015. This includes civilian police and casualty figures from Anbar.

Demonstrations in Sulaymaniyah spark unrest

A series of demonstrations and protests in areas throughout Sulaymaniyah related to unpaid salaries and political tensions took place in the first weeks of October. Demonstrations turned violent causing civilian casualties.

Humanitarian contributions slow to materialise

Predictable and sustainable funding key to meet growing needs

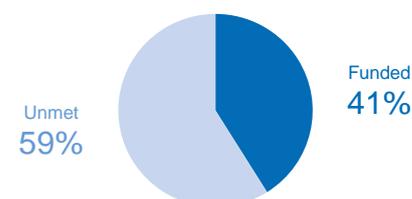
International assistance has alleviated the suffering of over 2 million Iraqis during the past year, with food, medical, shelter, water, and protection assistance, despite challenges posed by the fast pace and complexities of the crisis. However, while the funding situation has improved and donors have recently announced new pledges, funding is still short of growing needs and the funding is coming late in the year.

Overall global funding to Iraq in 2015 is US\$618 million, of which \$237 million has been received outside the UN and its partners' joint appeals. On 4 June, the Government of Iraq and the United Nations launched a revised and prioritized Iraq Humanitarian Response Plan seeking \$498 million to provide life-saving assistance and protection to 5.6 million people in need for the remainder of 2015. To date, 41 per cent of that amount has been received. The appeal that was presented in June was cut considerably, and difficult choices were made to ensure a rigorous prioritization of the most critical life-saving activities. The \$498 million requirement for six months is not commensurate with the overall humanitarian needs. In view of the shortfall, tens of programmes across nine sectors are at risk of closing in the next three months, including health and water and sanitation programmes. The World Food Programme's provision of food assistance risk being suspended in November, affecting 1.5 million people across the country.

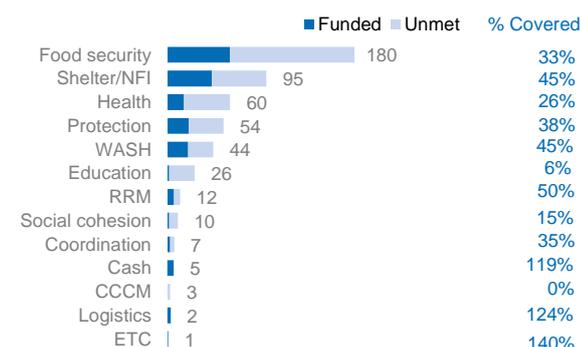
Iraq Humanitarian Response Plan

July - December 2015

US\$498 million requested



Funding by cluster/sector (in million US\$)



Funding figures are as of 19 October 2015. All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

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