

# IRAQ

## Displacement in KR-I



### Crisis overview

Some 250,000 Syrian refugees are registered in the Kurdistan Region of Iraq (KR-I), most having fled armed conflict in Syria in 2012 and 2014 (UNHCR 03/08/2016; UNHCR 30/06/2016). 90% are Syrian Kurds (FMR 09/2014). In 2014 and 2015, Iraqi IDPs fleeing Islamic State (IS) increased the population of KR-I by more than 30% in just two years (ERC/ESO/UNHCR/JIPS 04/2016; IOM 03/2016; IOM 22/06/2016) As of early August, KR-I hosts 955,200 IDPs, 28% of the total displaced in Iraq (UNHCR 03/08/2016; IOM 22/07/2016; IOM 02/07/2016).

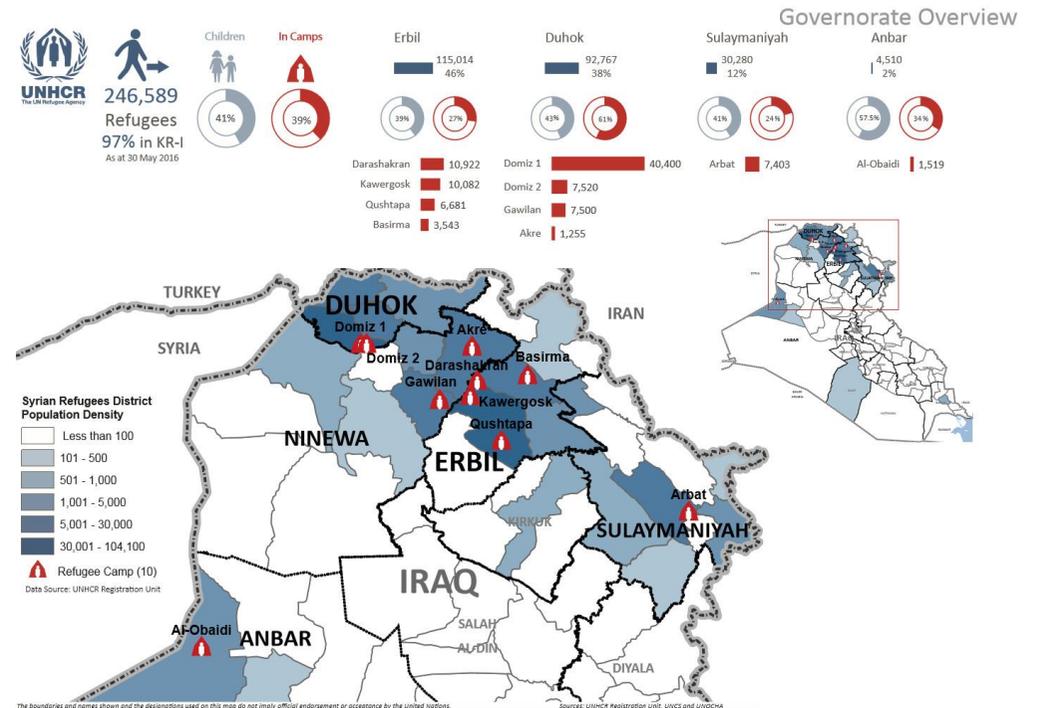
Over 34,000 people from Makhmur district, south of Mosul, where fighting between IS and Iraqi Security Forces (ISF) has been fierce since March, have fled to Debaga, in the Erbil governorate of KR-I (UNHCR 23/08/2016; UNICEF 09/08/2016; OCHA 19/06/2016). More displacement is expected in the coming months as ISF move closer to Mosul's urban centre, held by IS: the UN's worst-case scenario sees over one million people displaced from Mosul city along with 830,000 from the corridor to the city's south (Reuters 20/07/2016).

Struggling with its own economic and political crisis, the resilience of host communities in the KR-I is being tested by the existing caseload, and the KRG has said it will not allow any more IDPs to enter its cities, instead containing newly displaced populations at camps along its borders (ERC/ESO/UNHCR/JIPS 04/2016; World Bank 05/2016).

### Key findings

<b>Impact of Mosul offensive</b>	Mass displacement of over one million people from Mosul city and surrounding areas will likely overwhelm camp-based response preparations, due to lack of funding, access and the sheer size and rapidity of the influx.
<b>Displaced-host community relations</b>	New influx of urban IDPs to KR-I cities will likely exacerbate existing social tensions between IDPs, refugees, and host communities.
<b>Health and psychosocial needs</b>	Access to adequate healthcare is increasingly a priority for displaced populations in KR-I. Already strained access to services would likely worsen with a large new influx of IDPs. Mental health is a major concern in Iraq, particularly among displaced populations.

### Syrian refugees in Iraq



Source: UNHCR 22/06/2016. (For larger map of IDP locations in KR-I, see last page.)

### Limitations of this report

The present document has synthesised the main assessment findings with relevant secondary data, including media reports and reports from agencies operating on the ground. Data in places dates to 2014 and 2015, and the situation on the ground is likely to have evolved since then. Where possible, latest assessment findings have been used. Further urban profiling assessments are expected in the coming weeks, but have not been incorporated into this study.

## Impact of Mosul offensive on KR-I

Islamic State's (IS) capture of Mosul in mid-2014 triggered a wave of displacement, with over 600,000 people fleeing the area, many of them to (KR-I). Since 2014, military operations to recapture Mosul from IS have slowly gained momentum. By early 2016, Peshmerga forces were within 15km of Mosul's northern outskirts, cutting off the city from three sides (Reuters 24/03/2016). Iraqi Security Forces (ISF) began massing near Makhmur, 60km south of Mosul in early 2016, officially launching their offensive in March. After slow progress through villages, the ISF had captured Qayyara air base by July, a launchpad from which to push into Mosul's urban centre (Washington Post 28/04/2016; Reuters 24/03/2016; Rudaw 16/02/2016). On 23 August, ISF began an operation to take the town of Qayyara (AFP 23/08/2016).

The military offensive on Mosul and consequent displacement has particularly intensified since mid-2016 as ISF have moved north from Anbar governorate after successfully retaking 70% of the territory held by IS there, including key cities of Ramadi, Heet, and Falluja (ISHM 11/08/2016; The New Arab 08/08/2016). Between March and August, 48,000 people have been displaced due to operations in Mosul's surrounding areas (UNHCR 23/08/2016). Further operations to take Mosul are expected to displace over one million people, many of whom could flee towards KR-I, particularly nearby Erbil governorate (OCHA 20/07/2016).<sup>1</sup>

### Displacement to KR-I

Over 34,000 IDPs have arrived in Debaga, Erbil governorate, since fighting intensified south of Mosul in March (UNHCR 23/08/2016). Displacement facilities have struggled to accommodate the influx. Half the newly displaced population is living in sub-standard conditions, including in an overcrowded reception centre, mosques, schools, and the city hall (ECHO 23/08/2016). Initially, Debaga served only as a transit point for many IDPs awaiting sponsorship to enter governorates. However, as of August, sponsorship programmes – which allow IDPs to join relatives in other governorates – have been suspended due to allegations of corruption in the processing of applications. Newly arrived IDPs have also been reported in Kirkuk governorate – large parts of which are under the control of Peshmerga forces and claimed by Kurds (UNHCR 23/08/2016; UNHCR 04/08/2016; Iraq Security and Humanitarian Monitor 28/07/2017).

<sup>1</sup> Other displacement is also expected to result from Iraqi Security Forces (ISF) operations in the Mosul corridor, including from Mosul towards Syria, and from Shirqat in Salah al Din towards Tikrit, where some 90,000 newly displaced have already moved since June (ECHO 11/08/2016).

As conflict moves closer to more densely populated areas around Mosul, displacement is expected to grow, to over one million people. Displacement from Mosul city itself is expected along four main corridors: northwest, towards Zummar, west, towards Talafar, south towards Tikrit and Baiji, and east towards Erbil and the KR-I (OCHA 20/07/2016).

### Expected humanitarian needs

Contingency planning has been ongoing throughout 2016 and although preparations are underway, recent experience of mass displacement in Iraq and to the KR-I indicates that humanitarian needs are likely to be high.<sup>2</sup> As major funding gaps and access constraints continue to limit humanitarian response capacities, it is likely that needs will rapidly escalate and potentially overwhelm the response (Al Jazeera 16/04/2016).

KRG has said it will refuse entry of further IDPs to urban areas, instead establishing new displacement camps on its borders to control the population movement. Further camp space is planned in Debaga, but not yet ready due to construction and authorisation delays. Camps to the north of Mosul are planned, but it is already recognised they will be insufficient and out-of-camp assistance is already being planned (UNHCR 04/08/2016). The Iraqi Ministry of Migration and Displacement has allocated 280 million USD for the construction of new camps, but there are concerns funding will be insufficient (NRT 16/07/2016; IRIN 28/06/2016; Iraq Security and Humanitarian Monitor 28/07/2017).

Other emergency response mechanisms are being prepared, including a rapid response mechanism (RRM), pre-positioned WASH supplies and ready-to-eat food rations, mobile health clinics and medical supplies (RRM Iraq, accessed 03/08/2016; OCHA 20/07/2016). However, despite these plans, lack of funding, access and lessons from previous displacement response efforts in Iraq suggest that it is highly likely severe humanitarian consequences will nonetheless be felt across multiple sectors.

### Priority sectoral concerns

**Protection:** Recent reports that IS detained some 2,000 civilians trying to escape Hawija are an indication that protection concerns will be extremely high for IDPs trying to escape

<sup>2</sup> Although most contingency planning for the Mosul corridor rests on the assumption that ISF will consolidate their gains in Anbar, facilitating the IDP returns there and reducing the humanitarian burden, a potential reversal of ISF's recent gains in Anbar remains a real possibility, which would substantially impact on both military and humanitarian operations around Mosul. The scope of this briefing note, however, is limited to the direct potential impact of military operations around Mosul on the KR-I, with particular regard to host community-displaced tensions and health and psychosocial needs.

IS-controlled areas in and around Mosul (AFP 05/08/2016; Iraqi Observatory for Human Rights 04/08/2016).

Those who do escape will likely face further protection threats, including arbitrary detention, confinement and discrimination, at screening checkpoints (OCHA 20/07/2016). The initial displacement of 1,900 IDPs from IS-controlled areas of Makhmur district in March overwhelmed Peshmerga screening capacities (Al-Jazeera 16/04/2016). Lessons from Falluja indicate that screening processes are rife with human rights abuse and protection concerns, including physical abuse, forced confessions of cooperation with IS, and summary executions (UN News Centre 07/06/2016). Documentation and ID cards have posed protection problems for IDPs in the past, which are likely to be faced again.

Mosul residents and as well as senior Ninewa political leaders have expressed concern regarding the participation of Shia militias (PMF) in the liberation of the city, citing past reports of abuses in Sunni cities retaken from Islamic State, such as looting in Tikrit in 2015 and reports of torture, revenge killings and kidnappings in Falluja (Reuters 08/08/2016).

**Shelter and NFIs:** Sites are being prepared. Materials for shelter construction and repair and basic household supplies are being pre-positioned in priority locations (OCHA 20/07/2016). However, it is likely these efforts will be outpaced and outsized by the flow of arrivals. Unless funding increases rapidly, camp set-up will be hampered by funding constraints, leading to a lack of shelter in harsh desert conditions, and as winter sets in (IRIN 28/06/2016). IDPs could remain displaced for multiple months: returns in Anbar governorate have been limited due to lack of electricity, water, services and security, and particularly the presence of IEDs and booby traps, which take a long time to clear given Iraq's limited mine-clearance capacities (Iraq Security and Humanitarian Monitor 28/07/2017).

**Food security and nutrition:** If areas in Mosul's urban centre come under siege, inhabitants will begin to face severe food shortages and malnutrition concerns will rise (OCHA 20/07/2016). The military operation in Falluja resulted in a temporary siege, which put approximately 50,000 individuals in extreme food insecurity and left 85,000 IDPs particularly vulnerable to malnutrition (HRW 07/04/2016).

**Health:** Iraqi officials have stated they are prepared for the health consequences of Mosul's displacement crisis, however the ongoing crisis has driven medicine shortages and depleted health facilities across Iraq and in KR-I (Rudaw 01/08/2016). Civilians in Mosul have been faced with limited medicine supplies and healthcare provision for two years, leaving them vulnerable to disease outbreaks in overcrowded IDP camps. While humanitarian actors have responded to displacement surges in Ramadi and Falluja with mobile clinics and vaccination campaigns, health risks will nevertheless be elevated (WHO 06/2016)

**Psychosocial problems** can be expected on a wide scale due to family separations, disruption of social networks, destruction of livelihoods or property, and sexual exploitation. Overcrowding and lack of privacy in camps, or anxiety due to a lack of information about food or NFI distributions also tend to trigger psychosocial support needs. Grief, non-pathological distress, alcohol or substance abuse, depression and anxiety disorders, including PTSD, are examples of major emergency-induced psychological problems (WHO 07/2013). Providing psychosocial support and rapidly identifying other possible emerging needs will pose a challenge to protecting and treating the displaced (OCHA 20/07/2016).

## Displaced–host community relations

Although KRG's policy regarding the current wave of Mosul displacement is to prevent further urban displacement by establishing camps at the borders to KR-I, namely at Debaga, it is likely that camp facilities will become overwhelmed, triggering another wave of displacement towards KR-I's major centres, where job opportunities, services and relatives of many of the displaced are located (Al Jazeera 16/04/2016; Rudaw 26/07/2016; NRT 16/07/2016; Brookings 28/05/2015). The arrival of new IDPs into KR-I will likely complicate challenges faced by existing IDPs, Syrian refugees and host communities, as well as exacerbate existing social tensions between these groups.

## Urban displacement

The growth in urban displacement in KR-I cities and towns comes at a period of substantial urban and social transformation in the region. Economic growth and a population boom spurred a frenzy of residential and commercial construction over the past decade (FMR 09/2014). In recent years, however, growth has slowed, almost in sync with the influx of displaced populations, making it difficult to dissociate them from the broader economic downturn. The sharp fall in global crude oil prices in mid-2014 along with a dispute with Baghdad over budget transfers have severely dented KRG's public finances. Conflicts in Iraq, Syria, and Turkey have disrupted trade. Foreign investment, which boomed during the 2000s, has dropped off. Public services have been cut, and the payment of public sector employees' salaries has become sporadic (ERC/ESO/UNHCR/JIPS 04/2016; World Bank 05/2016). As the region's population continues to grow, its capacity to cope is rapidly shrinking. This has led local communities to scapegoat newcomers as the source of their economic woes (ERC/ESO/UNHCR/JIPS 04/2016).

97% of the 249,000 Syrian refugees in Iraq live in the KR-I. Although some 39% of Syrian refugees live in 10 camps, 61% live in non-camp settings, where the potential for tensions with host communities is highest (UNHCR 30/06/2016; ERC/ESO/UNHCR/JIPS 30/04/2016).

As refugees enter their fifth year of displacement, and IDPs their third, the displaced continue to express optimism that they will be able to return home once hostilities cease. However, costs of transport, lack of stability in areas of origin, property reclamation disputes and damaged infrastructure present real barriers to any return in the near to mid-term (ERC/ESO/UNHCR/JIPS 04/2016). With existing displaced populations expected to remain, the arrival of new IDPs is expected to complicate existing relationships.

### Syrian refugee–host community relations

Overall, social tensions between Syrian refugees, 90% of whom are Syrian Kurds, and their Iraqi Kurd host communities, are relatively minor (FMR 09/2014). However, Syrian perceptions of host communities can vary. Competition for jobs is a potential source of tension, and although Syrian refugees represent a much smaller population than Iraqi IDPs, profiling of the refugee population, especially in Erbil, has found that many Syrians are young males, often seeking jobs in the cities to support their families based elsewhere in KR-I and in Syria. As many as 80% of Syrian males of working age may be employed, usually on informal contracts with little job security and frequent wage and workplace discrimination. They report being mistreated, paid low wages, and experiencing negative attitudes towards them (ERC/ESO/UNHCR/JIPS 04/2016).

Demand for health and education services is also often perceived as a source of tension between refugees and host communities. With primary school enrolment at 64%, attendance rates among Syrian children are twice as low as those of host community children. Moreover, only 22% of Syrian females are enrolled in high school, almost four times less than host community rates (ERC/ESO/UNHCR/JIPS 04/2016; REACH 09/2014).

Housing is another potential source of discrimination, with displaced populations often blamed for significant rent increases in areas where Syrians and IDPs have settled (FMR 09/2014; Rudaw 06/06/2016). Most Syrians have weak tenure security, leaving them vulnerable to exploitation and eviction. 86% of Syrians in Erbil governorate do not have a formal rental contract. 8% of refugees have been evicted in the past 12 months in Erbil, compared to 3% of host communities (ERC/ESO/UNHCR/JIPS 04/2016).

### IDP-host community relations

Many of the IDPs arriving in KR-I in 2014 were members of Iraq's religious minorities, especially Christians from the Ninewa plains and Yazidis from Sinjar (Refugees International 29/10/2014). While these groups were initially welcomed, resistance has been growing, due to deep-seated historical grievances between Kurdish and Arab Iraqis. Concerns have increased that the arrival of Arab Iraqi IDPs in KR-I could progressively exacerbate underlying tensions. While assessments in March 2015 found host community perceptions towards the IDP population overall to be mostly neutral in KR-I, social tensions have been worsening as the crisis is dragging on (REACH 03/2015; ERC/ESO/UNHCR/JIPS 04/2016).

**Security:** According to IOM, 36% of IDPs have experienced a security incident while being displaced (IOM 04/05/2016). IDPs report concerns about their acceptance by host communities, including the Kurdish police (ERC/ESO/UNHCR/JIPS 04/2016). Host communities have suggested stricter segregation of IDPs (REACH 06/2016). There are reports of resistance from local authorities to the granting of IDP travel documents, needed to pass between checkpoints (ERC/ESO/UNHCR/JIPS 04/2016).

**Culture:** In some cases, Arab IDPs have settled in urban areas of KR-I already home to Iraqi Arabs, such as Khabat in Erbil, reducing the potential for tensions. However, in mixed settings, cultural differences between IDP and host communities have been highlighted as source of strain. Spaces for social interaction are limited. Host communities interact with the displaced in shops, schools or health facilities out of necessity, but rarely go beyond these settings. Language is regularly emphasised as a major source of contention, as Kurds criticise Arabs' reluctance to learn or speak Kurdish, and Arabs expect Kurds to communicate with them in Arabic (ERC/ESO/UNHCR/JIPS 04/2016).

**Livelihoods:** Kurds report being aggrieved that some Arab IDPs still receive salary payments from Baghdad, while the Kurdish government has struggled to pay its own public sector employees regular salaries for over two years. Targeting of displaced populations in preference to host communities by humanitarian actors exacerbates the perception of injustice (ERC/ESO/UNHCR/JIPS 04/2016).

Host communities also tend to view increased job competition due to the arrival of IDPs negatively. Perceived labour market competition is highest in areas hosting large concentrations of displaced populations (REACH 03/2015). Host communities have proposed quotas for the businesses IDPs can own or participate in (ERC/ESO/UNHCR/JIPS 04/2016).

However, profiling findings indicate that IDPs are more likely to have fled Erbil because of proximity and family connections, rather than to seek economic opportunities, meaning that perceived competition for jobs may be overstated. Further, whereas Syrian refugees have flocked to economic centres, IDPs are spread more widely throughout the

governorate, especially in neighbourhoods where housing is more available and affordable – which tend to be more peripheral and lack services (ERC/ESO/UNHCR/JIPS 04/2016).

**Cost of living:** The influx of displaced populations is also commonly associated with increased living costs (REACH 03/2015). Average rents have indeed increased by 19% in the last three years, in part because of increased demand, but also due to broader economic pressures which have slowed supply of new residential housing (ERC/ESO/UNHCR/JIPS 04/2016). Up to 80% of the displaced report difficulties paying rent, compared to 50% of host communities. Two out of three IDP families share a house/apartment with another family (ERC/ESO/UNHCR/JIPS 04/2016)

**Public services:** Overcrowding and deterioration of public services are a source of tension. IDP families have moved into peripheral suburbs where housing is affordable, but services are poor, adding strain to already limited health and education facilities and infrastructure. Some schools are running up to three sessions per day, to accommodate both Kurdish and Arabic curricula (ERC/ESO/UNHCR/JIPS 04/2016). When IDPs first arrived in large numbers in 2014, they took emergency shelter in classrooms, delaying the start of the school year by six months (ECHO 2014). As classrooms are filling up, teachers are falling in number. Intermittent payment of salaries over the past two years due to the KRG's budgetary crisis has driven many to seek work in other sectors (ERC/ESO/UNHCR/JIPS 04/2016).

Similarly, despite being free of charge to all in KR-I, limitations on access to healthcare are reported in peripheral areas of Erbil city, due to the lack of facilities in these areas and overcrowding (ERC/ESO/UNHCR/JIPS 04/2016).

## Intra-displaced relations

Most reporting on IDP–host community relations focuses on Kurd–Arab tension. However, some 11% of the IDPs fled due to direct threats, which indicates they likely belong to persecuted minorities of northern Iraq, such as Christian and Yazidi communities (IOM DTM Cycle II 04/05/2016). There are anecdotal reports of tensions between Christian, Yazidi, and Arab IDPs, as well as between these groups and Kurdish hosts.

## Health and psychosocial needs

As conflicts in both Syria and Iraq drag on, and the strain of displacement and KR-I's economic crisis take their toll, one of the main consequences felt by refugees, IDPs, and host communities is on their health and psychosocial wellbeing. Among both refugee and IDP camps, the leading causes of morbidity are reported as acute respiratory infections

(particularly in the winter), and acute diarrhoea and skin diseases, which are more prevalent in the summer (WHO 10/07/2016). For both refugees and IDPs, who have suffered traumatic displacement, as well as many host communities, recurrent crises are taking a heavy toll on mental health (The New Arab 18/06/2016).

Despite improvements since the 1990s, KR-I's health system still faced a number of challenges before the crisis, including lack of physicians at primary health centres, variable quality and availability of care, poor distribution of health professionals, and lack of health information systems (RAND 2014). Since 2014, displacement and economic crisis have exacerbated these challenges. Although access to public healthcare is still free of charge to all in KR-I, limited resources and high demand have stretched the system's ability to support populations in need.

## Syrian refugees

**Access to healthcare:** Syrians use both public and private healthcare services, but survey results indicate that around half of Syrians face some form of difficulty or restriction in accessing care. Levels of access to reproductive care have been found to be relatively high, with only 10% of women reporting no use of or access to prenatal care (REACH 04/2015).

Low immunisation rates for polio and measles among Syrian refugees contrast with high rates overall across the KR-I. As of early 2015, refugee immunisation rates were found to be particularly low in Sulaymaniyah, where less than half of children under five were vaccinated (REACH 04/2015). 24% of refugee children under five in camps were reported not to have received polio vaccinations, an alarming rate considering polio outbreaks occurred in Syria and Iraq in 2014 (REACH 03/2015). Vaccination campaigns in 2015 are likely to have improved the situation, but risk of outbreaks remain high.

**Burden of disease:** Acute respiratory infections, acute diarrhoea and skin diseases are the most common health issues among Syrian refugees in camps. Data on health issues out of camps is lacking (WHO 10/07/2016). Most commonly reported health problems among Syrian refugee children under five in both camps and non-camp settings is diarrhoea, indicating poor hygiene practices, and likely contaminated food and water sources. Respiratory problems accounted for another 35% of child illnesses, and 55% of illnesses overall. 5% of Syrians of all age groups reported chronic illness, with asthma more prevalent among children, while diabetes, cardiovascular and blood pressure problems more common among adults (REACH 04/2015)

**Psychosocial health:** Assessments of Syrian refugees' mental health have consistently found high psychosocial needs, having been exposed to war and trauma, including

torture, kidnapping, rape and sexual violence, death, violence, and destruction. In 2014, uncertainty about the future was also reported as a major source of mental health issues among Syrian refugees (FMR 09/2014). As of April 2016, mental trauma continued to affect large numbers of Syrians. (Brookings 25/04/2016). In KR-I, at least 1.3% of Syrian refugees in Dahuk governorate have reported psychological distress. Among children under five, 3% in Dahuk, 2% in Erbil, and 25% in Sulaymaniyah reported suffering psychological distress (REACH 04/2015).

## IDPs

**Access to healthcare:** IDPs in KR-I increasingly list access to healthcare among their priority needs as the crisis protracts, compared to 2014, when short-term NFI, shelter and winterisation needs were prioritised. Countrywide data shows the percentage of households across Iraq listing healthcare as a priority need increased from 25% in 2015 to 39% in 2016. In all KR-I governorates, a large proportion of households prioritised access to medical care: Erbil (46%), Sulaymaniyah (36%), Dahuk (51%). Moreover, despite availability of public services, IDPs increasingly report cost as a barrier to accessing healthcare and medicines as their financial situation deteriorates (REACH 06/2016).

**Burden of disease.** Like Syrian refugees, the most commonly reported illnesses among IDPs in camps are acute respiratory infections, acute diarrhoea, and skin diseases (WHO 10/07/2016). Lack of WASH facilities in IDP camps also give rise to health concerns. 29% of IDPs in camps across Iraq reported lacking daily access to safe drinking water. 12% of IDPs in camps in Sulaymaniyah, and 6% in Erbil, reported having no access to adequate and private latrines (REACH 06/2016).

**Psychosocial health:** Many IDPs in Iraq have witnessed brutal violence, human rights abuses and death, and experienced trauma, which drives severe psychosocial needs (The New Arab 18/06/2016). Growing reliance on negative coping mechanisms also impacts psychosocial health. The percentage of IDPs across Iraq taking on debt to meet basic needs, particularly food needs, has grown to 30%. Most do not have a regular source of income, relying on uncertain seasonal work and short-term employment (REACH 06/2016).

**Minority groups,** including Yazidis and Christians – many of whom have been displaced to KR-I, have suffered discrimination and persecution, which likely negatively affects mental health among their communities (The New Arab 18/06/2016).

## Host communities

**Access to healthcare** is free for all residents in KR-I, including refugees and IDPs. Immunisation coverage among children under five is generally high among host

communities, with some variation between areas (lowest in Erbil, highest in Dahuk). Access to prenatal care was reported to be high at 90%, while postnatal care was accessible to 73% of lactating and pregnant women (REACH 03/2015). Health partners, however, remain concerned that the heavy strain displaced populations put on the health system could negative impact on health outcomes for host communities (WHO 18/06/2015).

**Health and psychosocial issues:** Systematic assessment of host communities' humanitarian needs, including health and psychosocial needs, is lacking in KR-I. However, after decades of conflict and cumulative hardships, Iraqis, including both Arab and Kurdish host communities, face a high mental health burden. Some estimates indicate one in five Iraqis suffer from mental illness, making concerns over host community psychosocial health as important as those of newly displaced populations (The New Arab 18/06/2016).

### About this report

This report is based on an analysis of secondary data available to ACAPS in early August 2016. It focuses specifically on the impact of the Mosul offensive on KR-I, particularly in terms of social tensions, and health and psychosocial needs of population groups in the KR-I. For more information on the humanitarian crisis in Iraq, including a baseline country profile, weekly updates and analysis, and further resources, please refer to: <http://www.acaps.org/country/iraq>.

ACAPS welcomes all information that could complement this report. For additional information, comments or questions please contact us at: [info@acaps.org](mailto:info@acaps.org).

