

Explosive hazards: another fear for the population in Mosul

On the 10th of July 2017, Iraqi Prime Minister Al-Abadi announced the liberation of Mosul.

The capture of the city by the ISIS group in June 2014 and the subsequent military operations to retake the city resulted in the displacement of around one million people and littered the city with Improvised Explosive Devices (IEDs), in particular those that are victim activated and Explosive Remnants of War (ERW).

The widespread presence of Explosive Hazards (EH) in areas previously under ISIS-control, notably in Mosul District¹, is a major protection concern; resulting in severe injuries, disabilities and death; preventing access to land and livelihood opportunities; and severely impeding humanitarian operations, stabilisation and reconstruction efforts.

Returns to Mosul started in November 2016 when military operations to retake the city and its surroundings began, intensifying from July 2017 after the city was retaken from ISIS.

As of 15 May 2018, 811 134 individuals have returned to Mosul District. However, a survey carried out by REACH between 12 December 2017 and 14 January 2018, revealed that 57% of Internally Displaced People (IDPs) originally from Ninewa were not planning to return to their area of origin. Among them, 22% cited the presence of victim activated IEDs and ERW as the main reason for not planning to return².

Although largely undocumented, the level of contamination by EH and the number of related casualties in Mosul District is known to be of unprecedented scale.

This paper draws on data gathered by Handicap International (HI) on explosive hazard incidents and related casualties that happened after Mosul was retaken, and demonstrates the dire need for scaling-up humanitarian mine action, specifically risk education, technical and non-technical survey, hazard marking, clearance, and victim assistance activities in Iraq.



1. IOM Displacement Tracking Matrix, Returnee Master List, 15 May 2018

2. EACH, CCCM cluster, Iraq: Camps Intentions Survey Round 2 National Level, January 2018

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Unprecedented level of contamination

The level of explosive hazard contamination in Mosul is reported by UNMAS to be of “previously unseen magnitude”³. The high failure rate of ISIS improvised munitions, in addition to the failure rate of those fired by Iraqi and Coalition forces, estimated at around 10%, have invariably led to extensive and volatile ERW contamination⁴. During their retreat, ISIS also laid a huge number of predominantly victim activated IEDs in heavily populated areas. Victim activated IEDs with multiple explosive charges were placed purposefully in public and private infrastructures – including in houses, hospitals, schools and playgrounds – targeting returnees and undermining the Government of Iraq’s stabilisation efforts in Mosul. UNMAS reported that in the al-Shifa hospital alone (west Mosul), around 1 500 explosive items were discovered and rendered safe⁵.

It is currently impossible to establish the actual extent of contamination, with the presence of IEDs and ERW in rubble from collapsed buildings, constantly moved during the reconstruction process, rendering any assessment inaccurate. Therefore, declaring an area “free from explosive hazard” not only proves to be impossible but also potentially harmful for the population⁶. UN Habitat and UN Environment estimate that there is about 8 million tons of conflict debris in Mosul, which are highly contaminated with hazardous materials⁷. As the population sifts through the removed piles of debris looking for materials⁷ to rebuild their homes, the risk of incidents is further increased.

From the start of the operation to retake Mosul and its corridor on 17 October 2016 until 30 September 2017, iMMAP recorded 2 867 explosive hazards incidents and 1 717 airstrikes. Around 62% of the explosive hazards incidents were caused by IEDs⁸.

A continuous threat

There is currently no reliable and accurate data about the number of EH incidents and related casualties in Mosul. In previous years, the security situation and the lack of access to ISIS-controlled areas prevented the collection of casualty data, and patient records were lost and/or destroyed as a result of the conflict. Whilst hospitals and mine action operators now collect some information on casualties, the information is neither homogenous nor centralised, and remains largely unavailable. The Directorate for Mine Action (DMA)⁹ has recently conducted surveys on casualties of explosive hazard incidents in Anbar and Salahadin Governorates, with a planned survey in Ninewa expected to provide a better picture on the

numbers of persons who were injured as a result of explosive hazards in Mosul District.

In the absence of reliable data, Handicap International has tried to assess the extent of the contamination threat in Mosul District and its impact on the population. The information presented only intends to provide an indication of the impact of explosive hazards, with the number of incidents and casualties expected to be much higher. The information should not be understood as an accurate overview of the situation, and has been gathered from different sources and datasets, each facing limitations and likely to overlap.

3. UNMAS, press release « Commencement of the explosive hazards clearance activities in Mosul’s Old City” <https://reliefweb.int/report/iraq/commencement-explosive-hazards-clearance-activities-mosul-s-old-city>

4. Thomas Gibbons-Neff and Louisa Loveluck, “It could take more than a decade to clear Mosul of explosives, U.S. officials say,” The Washington Post, July 13, 2017 https://www.washingtonpost.com/news/checkpoint/wp/2017/07/13/it-could-take-more-than-a-decade-to-clear-mosul-of-unexploded-munitions-and-booby-traps/?noredirect=on&utm_term=.52f1fa79bc8d

5. UNAMI/OHCHR Report on the Protection of Civilians in the context of the Ninewa Operations and the retaking of Mosul City, 17 October 2016 – 10 July 2017

6. The only exception is when an area is cleared and then secured.

7. Multi-stakeholder city-wide debris management master plan initiated in UN Environment and UN-Habitat 2-day workshop in Mosul <https://reliefweb.int/report/iraq/multi-stakeholder-city-wide-debris-management-master-plan-initiated-un-environment-and>

8. iMMAP, Mosul Humanitarian Response: Explosive Incidents Snapshot, October 2017 <http://immap.org/sites/default/files/2018-02/Mosul%20Humanitarian%20Response%20Explosive%20Incidents%20%28Oct.%202016%20to%20Sept.%202017%29.pdf>

9. Mine action in Iraq is managed at the national level by the Directorate for Mine Action (DMA), and at the regional level for the Kurdistan Region of Iraq, by the Iraqi Kurdistan Mine Action Authority (IKMAA), based in Erbil and under the Office of the Prime Minister of the Kurdistan Region of Iraq.

EXPLOSIVE HAZARDS INCIDENTS AND CASUALTIES SINCE MOSUL WAS RETAKEN (JULY 10, 2017)

127 EH incidents, resulting in 186 casualties in Mosul District from 10 July 2017 to 15 April 2018 were compiled in HI's internal security monitoring database. (Data collected by HI from various sources). Amongst these, 83 caused civilian casualties. This number is likely to be much higher, as some incidents were reported with an unknown number of injured/dead:

Type of weapon	N of incident	N of injured	N of death
IEDs ¹⁰	76	101	70
ERW	3	7	2
Mine	4	6	0
Total	83	114	72

Mines Advisory Group recorded 21 EH incidents and 100 casualties from 10 July 2017 to beginning of May in Mosul District. (Data from MAG accident and victim database, consolidated with victim report forms by MAG teams and partners). 98 of these EH victims were civilians and 10 were killed. At least 28% of the victims were children. None of the victims had received risk education and only one of them reported knowing that the area was dangerous.

IMMAP recorded 144 EH incidents in Mosul District from 10 July 2017 to 18 April 2018. (Data from iMMAP security incidents tracking system); information gathered from various sources and cross-checked by iMMAP as best possible.

The **DMA** recorded 39 persons injured by EH from 10 July 2017 to 9 April 2018 in Mosul District. (Data from DMA database)

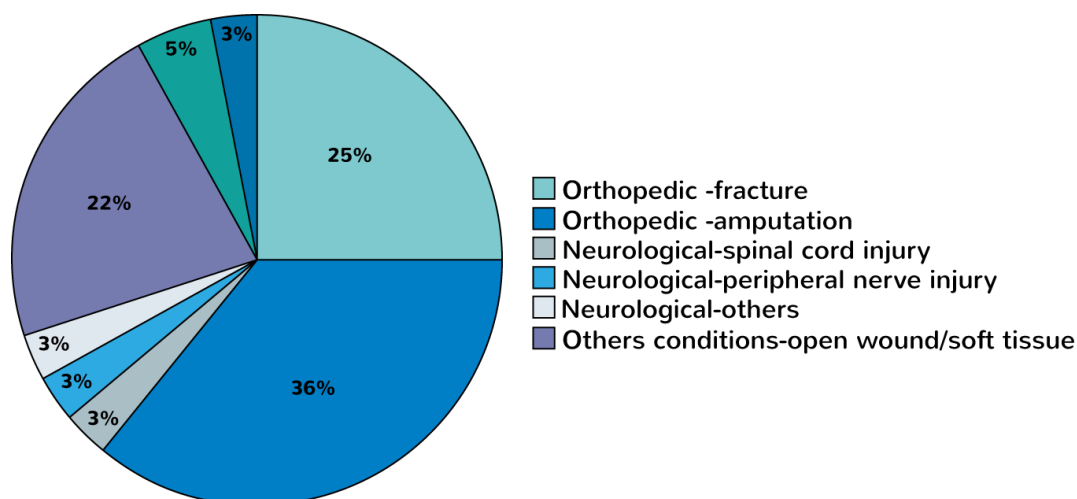
10. Victim activated IEDs.

Injuries caused by explosive hazards

Since early 2017, HI has provided rehabilitation services in the Comprehensive Post-operative Care Centre and Al-Muharebeen Primary Healthcare Centre in East Mosul; Qayyarah Field Hospital; and in IDPs camps to the east and south of Mosul city. Out of the 1 225

beneficiaries of rehabilitation services from 10 July 2017 to 15 March 2018, 421 (34%) presented conflict-related injuries¹¹, and among them 361 (86%) of injuries were caused by explosive weapons – 33% of those were children¹².

Table 4 : Injuries caused by IED/ERW/Mine since 10 July 2017



Long lasting consequences: need for scaling up mine action activities

Clearing Mosul from explosive hazards will be the work of years, if not decades. The extensive scale of EH contamination seriously undermines stabilisation efforts and impedes access to basic services and livelihood opportunities. Mitigating the risks posed by explosive hazards is an essential precursor to a number of stabilisation and reconstruction activities.

In light of widespread contamination by EH and the large number of casualties, there is an acute need to scale up mine action activities, including victim assistance in Iraq; encompassing not only clearance of explosive hazards, but also contamination survey, hazard area marking, risk education and victim assistance, which

are essential pillars of mine action. These activities contribute to reducing the threat posed by EH and limiting the risk of death, physical injury and long term disability for the affected population. When provided simultaneously they additionally enable the population to access services and livelihood opportunities.

11. Conflict-related injury: injuries caused directly by gunshots, explosive weapons or other kind of violence (torture for example) and persons with injuries indirectly resulting from crisis related events.

12. Weapons activated by the detonation of a high-explosive substance creating a blast and fragmentation effect.



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Since December 2014, HI has provided more than 245 000 persons with explosive hazards risk education sessions in Iraq. Risk Education mitigates the threats posed by EH with around 90% of the participants reporting increased knowledge about the risks posed by EH and safe behaviour to adopt.

As Iraq moves into a reconstruction phase, the provision of adequate assistance to survivors of EH incidents and those with conflict-related injuries/trauma is particularly crucial to support the recovery of communities. Given the unprecedented number of civilians wounded as a result of armed violence and ERW/IED contamination, the continued funding of victim assistance activities as part of donor mine action budgets is vital to ensure that casualties,

survivors and indirect victims of explosive hazard related incidents can access adequate services. These include identification and referral, first aid, emergency medical transport, trauma surgery, pain management, rehabilitation (including prosthetic and orthotic services), psychosocial and psychological support, inclusive education, social inclusion and economic inclusion, as well as social protection.

VICTIM ASSISTANCE: AN OBLIGATION FOR THE REPUBLIC OF IRAQ

As a State Party to the Mine Ban Treaty (MBT) and the Convention on Cluster Munitions (CCM), the Republic of Iraq has the obligation to provide assistance to victims of mines/explosive remnants of war. The Dubrovnik and Maputo Action Plans include specific actions that States Parties to the CCM have committed to implementing in order to comply with their victim assistance obligations, and in particular to improve the quality of life for victims¹³. This notably requires State Parties to strengthen their national capacity to provide assistance to the victims¹⁴. The Republic of Iraq has reported to have obligations under the Article 5 of the Convention on Cluster Munitions that identifies the obligations of States Parties with regard to victims of cluster munitions.

13. Handicap International, Factsheets: How to implement victim assistance obligations?

http://www.hiproweb.org/fileadmin/cdroms/VictimAssistance/Fact_Sheets/HI-FactSheets-HD.pdf

14. Dubrovnik Action Plan, Action 4.1, Convention on Cluster Munitions <http://www.clusterconvention.org/wp-content/uploads/2016/04/The-Dubrovnik-Action-Plan.pdf>



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Recommendations

To the government of Iraq

- Provide the necessary conditions for stabilisation and recovery by creating an enabling environment and streamlining administrative processes for mine action operations.
- Facilitate visa procedures and work authorisations for international mine action technical staff. Humanitarian mine action, particularly the clearance of improvised devices, requires a specific and appropriate level of technical expertise, experience and knowledge for oversight and management.
- Ensure that returns are informed, and IDPs are not incentivised to return to areas contaminated with explosive hazards where they would be at risk of physical injury, psychological trauma, or death. IDPs originating from contaminated areas should be provided with risk education prior to their return.
- Strengthen national mine action information management capacities by allocating adequate human and financial resources. In particular:
 - Centralise all data on humanitarian mine action operations in the country.
 - Collect data, disaggregated by sex and age, assessing the needs of explosive hazard victims. Such data should be made available to all relevant stakeholders and be integrated into national injury surveillance and other relevant data collection systems¹⁵.

To the international community, including donor governments and members of the global coalition to defeat ISIS

- Support the implementation of large-scale risk education, technical and non-technical survey, hazard marking, clearance and victim assistance, including physical and functional rehabilitation as well as mental health and psychosocial services, in Iraq. These efforts should be maintained on the long term.
- Fully fund the 2018 Humanitarian Response Plan and other funding mechanisms (such as the Recovery and Resilience Plan) that support vulnerable conflict-affected population in camp and non-camp settings in Iraq. Sustained humanitarian funding is required in order to prevent the suspension of services, which could push people to return home prematurely.
- Support the Government of Iraq in achieving durable solutions for IDPs unable or unwilling to return.
- Advocate towards all parties previously involved in the conflict to stop the use of explosive weapons with wide area effects in populated areas, to reduce harm and increase the protection of civilians living through conflict.



To humanitarian organisations, including the UN and NGOs:

- Ensure that IDPs from contaminated areas are provided with risk education by accredited organisations prior to their return.
- Adapt humanitarian programming, including early recovery activities, in return areas to take into consideration the extensive scale of contamination.
- Address barriers to accessing services faced by victims and persons with disabilities through dedicated actions, design services responsive to the diverse needs of affected populations.
- Advocate with national and local authorities (notably through the governorate return committees) to ensure returns are principled and prevent premature returns to areas heavily contaminated by EH.
- Improve the provision of information on services available for direct and indirect victims of explosive hazards and referral systems, notably in return areas through the Community Resources Centres.
- The Iraq Humanitarian Pooled Fund (IHPF) advisory board and protection cluster lead should ensure that funding for victim assistance is made available in the 2nd allocation of the IHPF 2018.