

Humanitarian Overview: Ramadi City

Iraq, April 2017



Introduction

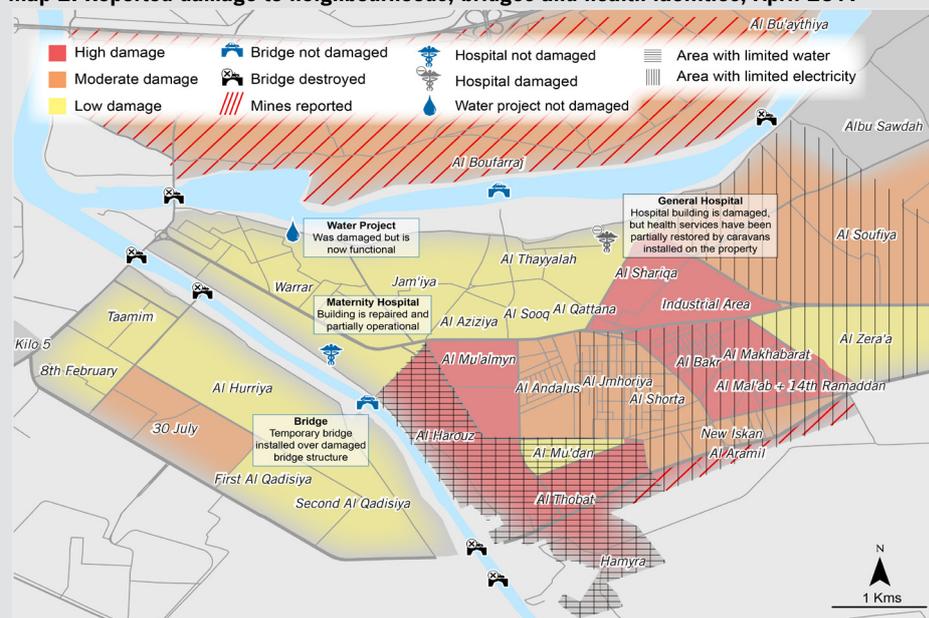
Total population in the city: 30,031 families¹
Est. returnee population: 30,031 families
Est. IDP population: 0
Date of AG arrival: May 2014
Date of AG departure: December 2015
Humanitarian access: Limited
Month of data collection: April 2017

Overview

Armed Groups (AGs) took control of Ramadi in 2014. Approximately 30,031 families - almost all the city's population - were displaced.² Ramadi was retaken by Iraqi Security Forces (ISF) in December 2015. Following its recapture, those displaced by the conflict began to return.

Within the city, protracted conflict has led to widespread damage and the humanitarian situation remained severe at the time of assessment, particularly in the livelihoods and healthcare sectors. The price of rent remained high and the private labour market had largely not recovered. Health services remained limited as found in the December 2016 round of REACH data collection in the city, with repeated reports of shortages of medicine, medical equipment and medical staff. However, some aspects of the situation in the city had improved since December 2016. More markets had opened and most essential food and non-food items were reportedly available. Another noticeable improvement in Ramadi was in the educational sector, with the majority of schools reported to be open.

Map 2: Reported damage to neighbourhoods, bridges and health facilities, April 2017



¹ IOM DTM, 30 May 2017.

² Ibid.

Key findings

Summary of key findings and needs by sector:

The severity ranking below is based on a set of indicators measuring the severity of each sector: 0= No severity to 4 = Extreme severity.

Sector	Key findings
Shelter and Damage	3 <ul style="list-style-type: none"> The city has been extensively damaged by conflict: all areas were affected by burning and looting, and large parts were destroyed.⁴ Where possible, families had returned to their own property, but due to damage, some families have had to rent or live with families and friends. Unexploded mines were reportedly still present in some areas of the city - in particular al Aramil on the southern edge of the city. Recorded rent prices were very high, with average prices ranging from 300,000-600,000 IQD. The highly damaged neighbourhoods of al Haouz, al Bakr and Dhubat were reported to be empty of civilians.
Livelihoods	2.5 <ul style="list-style-type: none"> Approximately 50-60% of salaried individuals were said to be government employees or otherwise drawing income from the government (ex: pensions). Of the total working population, an estimated 70% were reported to be drawing sufficient salary to meet their daily needs, with the remaining 30% reported to be underemployed - meaning they were not receiving sufficient income to comprehensively meet their needs. Approximately 20% of the population was reported to be unemployed. Access to livelihoods was limited for non-government employees and the unskilled labour market had still largely not recovered. The re-cultivation of agricultural lands was inhibited due to a lack of equipment, seeds, fear of unexploded ordnances and damage to the farmland itself.⁵ The most commonly reported coping mechanisms was borrowing money from relatives, friends and neighbours. Respondents reported that between 40-50% of the population had taken on debt, with 30% having debts higher than 5 million IQD and 10-20% having debts higher than 10 million IQD.
Healthcare	2.5 <ul style="list-style-type: none"> There were two public hospitals: the main hospital and the maternity hospital. Both were reported to be operational, though they were not operating at full capacity. At the time of assessment, damage to the maternity hospital had been repaired and the general hospital had caravans where people could receive basic care. There were approximately four clinics reported to be open in the city, but they represented less than 50% of the original total. For all medical facilities, there were reported shortages of medical devices, equipment, medicine (especially for chronic diseases) and medical staff.⁶ Surgery and complex care were reported to be unavailable - residents instead traveled to the private hospital in Khalidiya or the public hospitals in Baghdad. Pharmacies were available, but medicine was relatively expensive due to the cost of transport.
Wash	2 <ul style="list-style-type: none"> Water infrastructure (pumping stations) were reported to be operational, with the majority of neighbourhoods receiving water 24 hours per day. Some KIs also reported that the water from the pumping station was chlorinated. However, there were reports that the water was not clean because of aging pipe infrastructure.⁷ Certain heavily damaged neighbourhoods - such as al Haouz, al Bakr and Dhubat - had limited access to water because of infrastructural damage. The majority - up to 90% - reported filtering their drinking water, a common practice prior to AG arrival. A minority reported buying water, boiling it or using chlorine. There were some reports of skin diseases from the water, as well as children suffering from diarrhoea.
Food Security	1.5 <ul style="list-style-type: none"> Food and NFIs were said to be available, with no particular shortages of goods reported, and at least 75% of the pre-AG markets were open. Prices were normal, but could spike up to 25% depending on the difficulty of transportation from Baghdad. PDS was partially functioning, with half rations of flour, rice, oil and sugar provided every two months.
Education	1.5 <ul style="list-style-type: none"> The majority of schools were reported to be open. Around 90% of operational schools were running on two shifts (normal), while 10% of schools were operating on three shifts (overcrowded). There were reportedly enough teachers working, and they were receiving their salaries from the government. However, there were said to be shortages of school materials, especially books. Families were buying books themselves, or making photocopies Part of the university was functioning, and students of those faculties that were not functioning reportedly had to travel to Baghdad to study.



Methodology

REACH collected in-depth information from 31 Key Informants (KIs) through community group discussions (CGDs) and Key Informant Interviews (KIIs) between 16 and 27 April 2017. Participants comprised of returnees living in Ramadi City and IDPs living in the KRI who remain in touch with friends and family in Ramadi. Where possible, findings have been triangulated with secondary sources. The presented findings should be understood as indicative only.

Returnees and IDPs

The city of Ramadi was retaken from AG control in December of 2015 and civilians were allowed to begin returning to their homes in March/April of 2016. Since that time, approximately 30,031 families have returned to the city. The majority of these families, approximately 16,530, were returning from their areas of displacement in Anbar governorate – largely from the nearby areas of Habbaniya, Khalidiya and Amiryat. A significant minority of families also returned from Baghdad (5,186), Erbil (3,501) and Kirkuk (3,107) governorates.⁷

When asked for the primary reasons for return, the vast majority of KIs noted two primary factors. First, government employees who had been receiving their salaries in their areas of displacement had been informed by the GoI that their salaries would be halted if they did not return to their area of origin. Many of these individuals, unable to support themselves without their government salaries, chose to return to Ramadi. The second primary reason given was the exhaustion of resources in their area of displacement, particularly for those who had to pay rent in out-of-camp settings. Some KIs reported small amounts of secondary displacement – up to 10% – to nearby camps and the KRI, though the latter destination was reported to be possible only for those with the networks and financial resources to do so.

Those individuals who had chosen not to return to the city noted a number of factors contributing to their decision. These included the continued lack of basic services, with the lack of health services being particularly important for those with chronic illnesses. KIs also indicated that the lack of livelihoods opportunities, damaged property and concerns of continued instability also affected their decisions to remain displaced. For those IDPs outside of camps, there was an indication that those who remained displaced were those with the financial resources to do so. IDPs residing in camps expressed concern that if they decided to leave camps in the KRI, they would not be allowed to return.

Table 3: Reported price changes between December 2016 and April 2017

*Price taken from REACH Initiative Joint Price Monitoring Initiative (JPMI) Data from Ramadi City

Product	Prices December 2016 ⁸	Prices April 2017 ⁹	Price Change
Flour (50 kg)	23,000-30,000 IQD (19.5-25.5 USD)	24,000 IQD* (20.4 USD)	▼
Rice (50 kg)	50,000 IQD (42.5 USD)	50,000 IQD* (42.6 USD)	—
Sugar (50 kg)	50,000 IQD (42.5 USD)	47,000 IQD* (40 USD)	▼
Cooking oil (1 L)	1,500-2,000 IQD (1.3-1.7 USD)	1,420 IQD* (1.2 USD)	▼
Tomato (1 L)	750-1,500 IQD ¹⁸ (0.6-1.3 USD)	2,000 IQD (1.7 USD)	▲
Fresh Meat (1 kg)	8,000-12,000 IQD (6.8-10 USD)	10,000-12,000 IQD (8.5-10.2 USD)	▼
Fuel (1 L)	550 IQD (0.5 USD)	500-700 IQD (0.4-0.6 USD)	▲
Kerosene (1 L)	1,000 IQD (0.9 USD)	675 IQD* (0.6 USD)	▼

Footnotes:

³ Iraq Protection Cluster, Returnees Profile Anbar (April 2017). Reports of widespread property destruction in Ramadi district.

⁴ OCHA, HNO (January 2017). This match reports of neglect and destruction to agricultural land in areas occupied by AGs.

⁵ IOM DTM, 30 May 2017.

⁶ R2P, Monitor Issue 26.15, (March 2016).

⁷ IOM DTM, 30 May 2017.

⁸ Based on an exchange rate of 1 USD = 1,178 IQD (as of 22 December 2016) via www.xe.com.

⁹ Based on an exchange rate of 1 USD = 1,175 IQD (as of 30 May 2017) via www.xe.com.