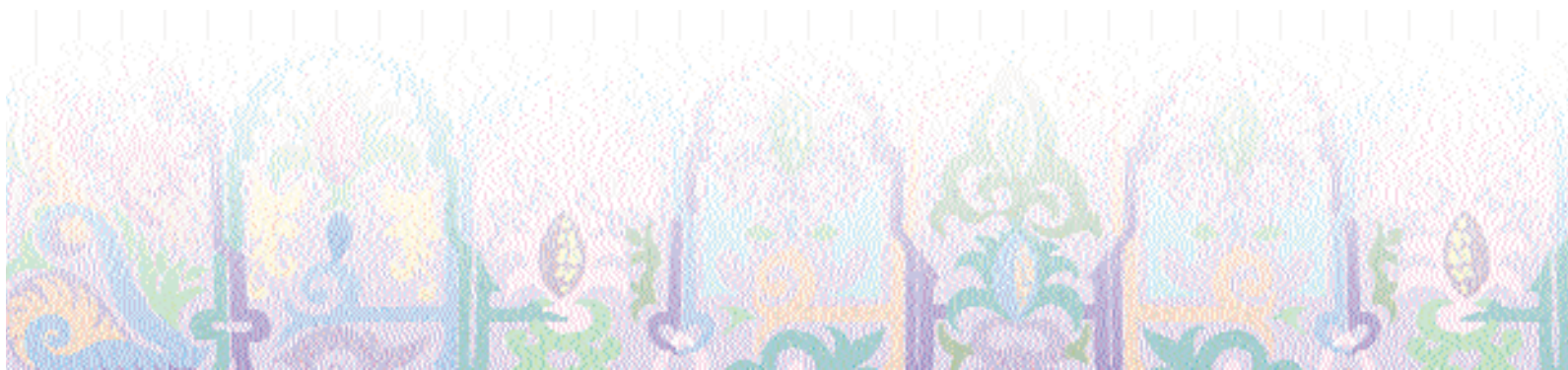
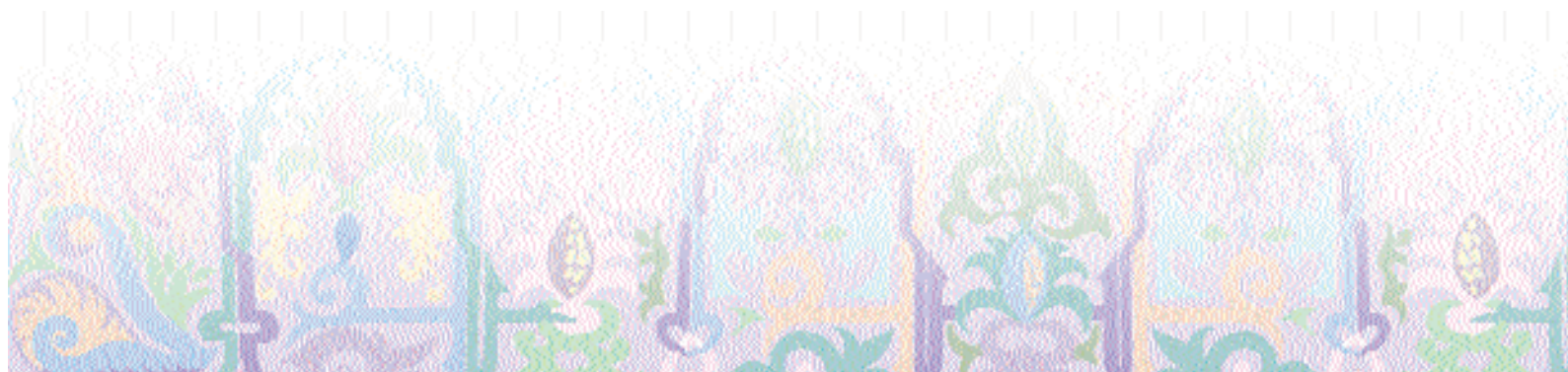


The Situation of Children in Iraq

An Assessment Based on the
United Nations Convention on
the Rights of the Child

Reprinted March 2003
with updated
Malnutrition Information





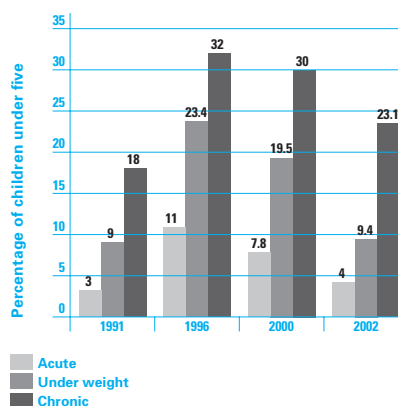
Update on Child Malnutrition Figures in Iraq March 2003

The trend of increasing malnutrition among children under five years of age seen throughout the 1990s has changed. As shown below, preliminary figures from a UNICEF-supported survey carried out in 2002 show that acute and underweight malnutrition are now at less than half the levels of 1996, while chronic malnutrition has fallen by nearly 30 per cent during the same period.¹ This decline should be seen in the context of the overall humanitarian programme in Iraq, including the UNICEF-supported Targeted Nutrition Programme (TNP). Despite the current decline, child malnutrition levels are still higher than levels in 1991, and those were already elevated after a year of sanctions. Furthermore, roughly 60 per cent of Iraqi families are completely dependent on the monthly government-distributed food ration to meet their nutritional needs, and malnutrition rates could increase dramatically once again if this distribution were to be disrupted or cut.

A contributing factor to the very high rate of malnutrition and mortality throughout the 1990s was the breakdown of key Iraqi infrastructure such as power grids and water distribution networks as a result of two major wars and over a decade of comprehensive international sanctions. In the south/centre of Iraq, the rates of malnutrition steadily increased between 1991 and 1996, before the onset of the Oil for Food Programme (OFFP). Chronic malnutrition rose from 18.7 to 32 per cent; the percentage of underweight children shot up from 9.2 to 23.4 per cent; and acute malnutrition increased from 3 to 11 per cent.

Factors that have contributed to the drop in malnutrition among children under five years of age include increased electricity production, improved access to potable water, increased access to food, improvements in the OFFP and the 2,800 UNICEF-supported community child care units (CCUs). These CCUs screen children for malnutrition to ensure that those who are affected are treated early to improve their chances for a quick and full recovery.

Trends in malnutrition in south/centre Iraq, 1991–2002



Source: UNICEF Iraq country office.

For more information on child malnutrition in Iraq, please visit the UNICEF web page at: <http://www.unicef.org/media/publications/malnutritionnov2002.doc>

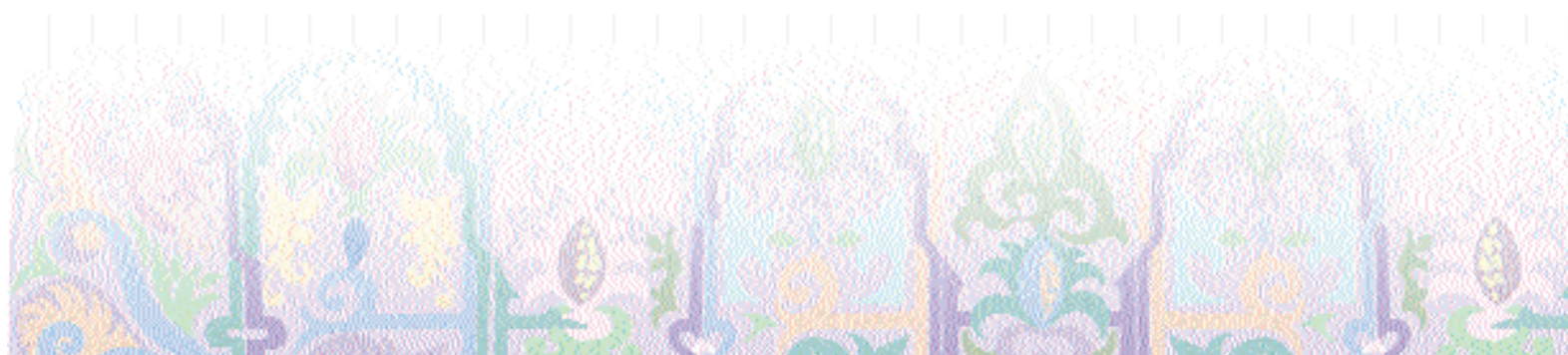
¹ **Acute malnutrition (weight-for-height)** is an indicator of acute wasting caused by a severe, recent onset of adversities such as rapid reductions in food availability or interference with food intake due to infections.

Under weight (weight-for-age) is an indicator of general malnutrition, a composite of chronic and acute malnutrition (either or both of these can result in under weight). It is the most widely understood indicator for a nutritional status assessment.

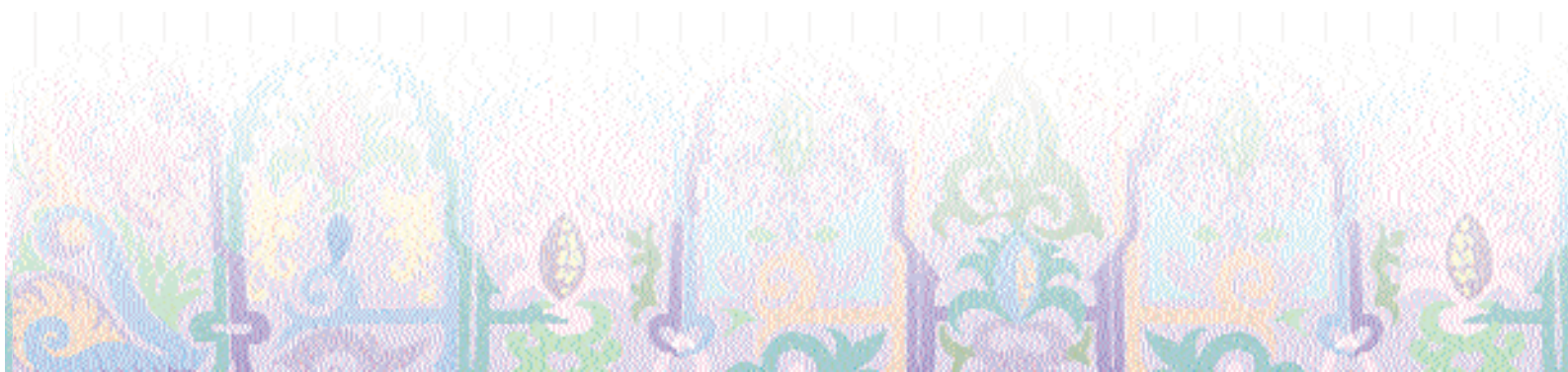
Chronic malnutrition (height-for-age) is an indicator of 'stunting' and is generally attributed to long-term malnutrition. This type of malnutrition results in poor physical and intellectual growth and development. It reflects the accumulated detrimental effect on child growth by adverse economic conditions and by poor health, feeding and caring practices.

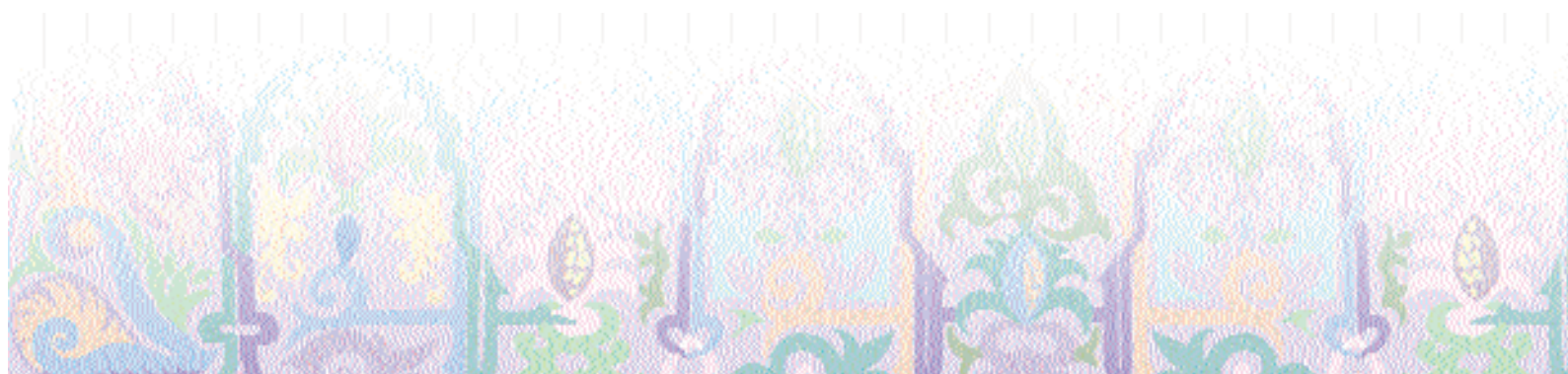
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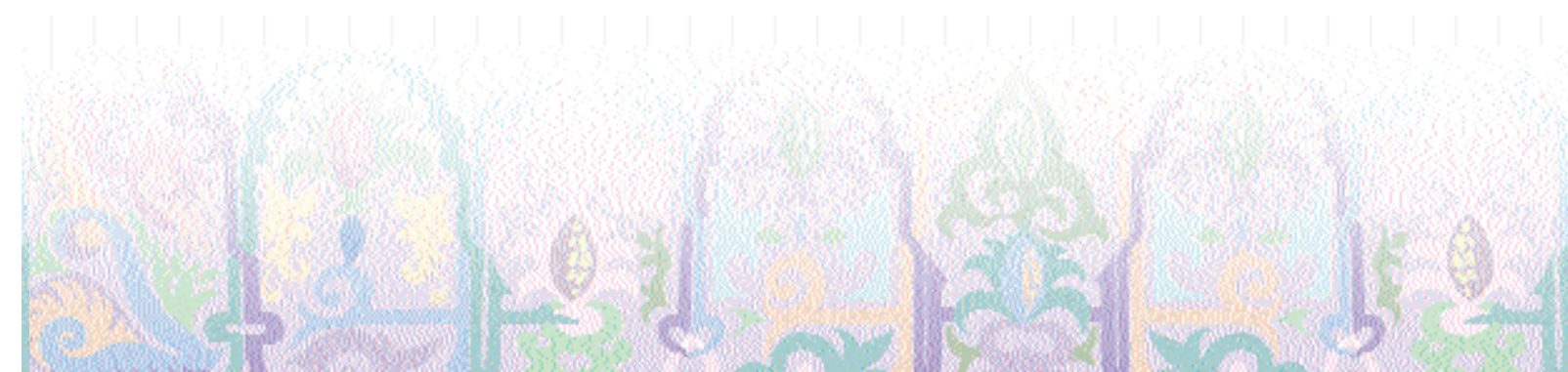
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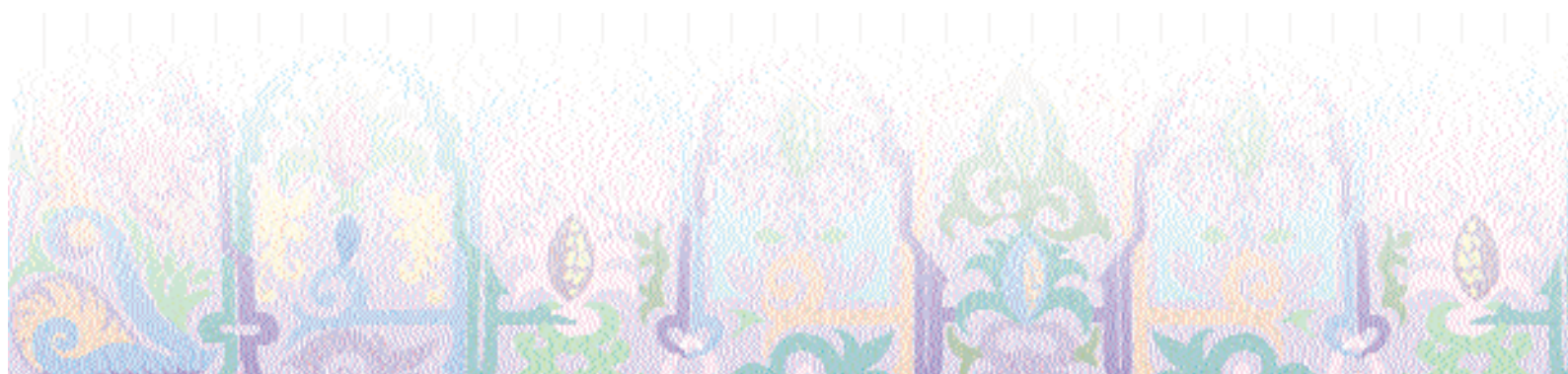
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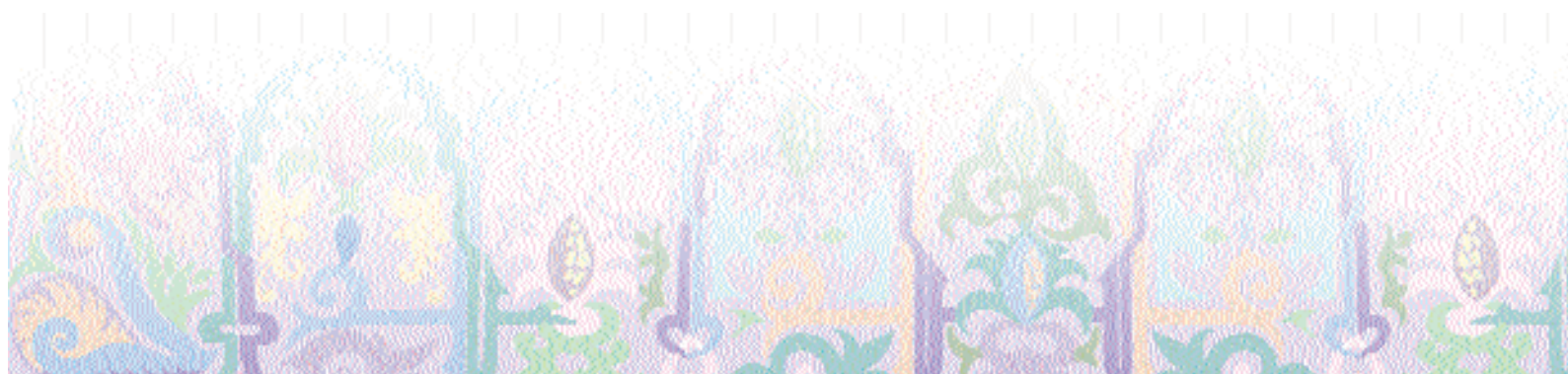
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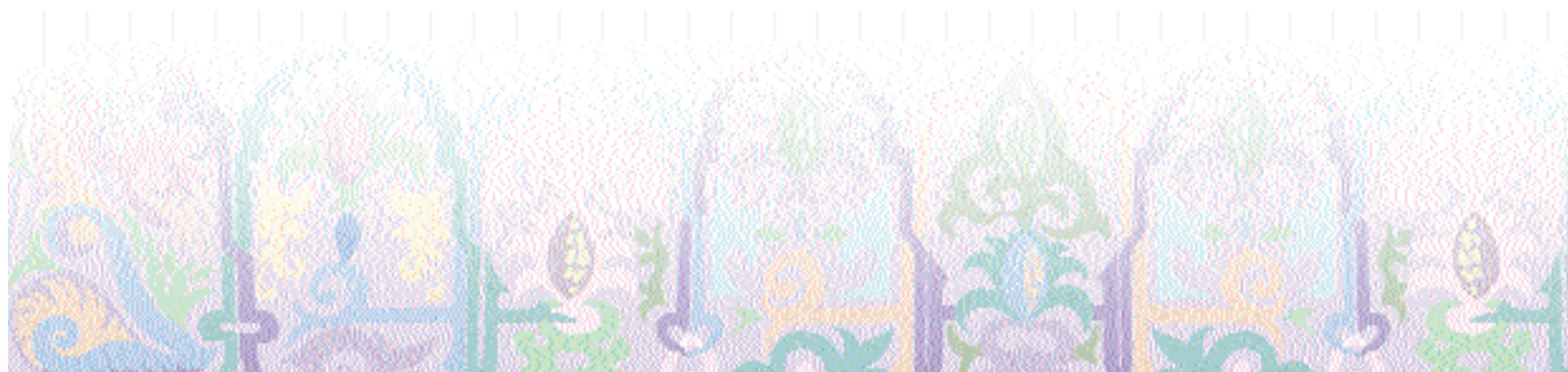
Acknowledgment

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Abbreviations

ARI	Acute Respiratory Infections
CCCUs	Community Child Care Units
CSO	Central Statistical Office
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organisation
GDP	Gross Domestic Product
GFIW	General Federation of Iraqi Women
GNP	Gross National Product
ICRC	International Committee of the Red Cross
ID	Iraqi Dinar
MOE	Ministry of Education
MOH	Ministry of Health
MOLSA	Ministry of Labour and Social Affairs
MOU	Memorandum of Understanding
NGO	Non-governmental organization
NRC	Nutrition Rehabilitation Centre
PHC	Primary Health Care
RCC	Revolutionary Command Council
SCR	Security Council Resolution
TNP	Targeted Nutrition Programme
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organisation



Executive Summary

This Situation Analysis is produced in accordance with UNICEF procedures, which mandate such an assessment prior to the preparation of a new country programme. Its conceptual framework draws on the principles of human rights, and in particular the Convention on the Rights of the Child. It adopts the causal analysis approach that examines the immediate, underlying and basic causes for specific outcomes.

The report begins by describing the political and socio-economic context of Iraq, a country which, after a decade of conflict in the 1980s and early 1990s, has been under comprehensive United Nations sanctions for 11 years, and the various arrangements put in place since 1996 to mitigate the impact of sanctions on the population. Overall, these efforts appear to have arrested the deterioration of the situation, but not to have greatly improved conditions for the majority of the population, which is now close to 25 million.

In terms of children's rights to life and survival the report notes that infant mortality today is 107 per 1,000 live births, over double what it was at the end of the 1980s (47), and that under-five mortality is 131 deaths per 1,000 live births, two-and-a-half times what it was a decade ago (56). It also notes that 15.9% of children suffer from being moderately to severely underweight or from general malnutrition; 22.1%

suffer from moderate to severe stunting or chronic malnutrition; and 5.9% suffer from moderate-severe. The immediate causes for this situation include disease and malnutrition, with preventable illnesses such as diarrhea and respiratory infections accounting for 70% of the mortality. In 1998, 22.8% of children - more than one in five - suffered from malnutrition. Nearly a quarter of babies were low birth weight, indicating malnutrition in mothers. Micro-nutrient deficiencies also affect the population.

The underlying causes include the paucity of resources to rehabilitate service sectors, including health, water and sanitation, and electricity, as well as in education. Iraq's electricity "deficit" is estimated to be over 2,300 megawatts, and power cuts affect the majority of the population, with knock-on effects on the provision of clean water and treatment of sewage. Between 1990 and 2000, the daily per capita share of potable water went from 330 litres to 150 litres in Baghdad, 270 to 110 in other urban areas, and 180 to 65 in rural areas. Some 500,000 tons of raw sewage are dumped into fresh water bodies each day. At the household level, causes include poverty, with many Iraqis living on as little as \$3 to \$6 a month, as well as behaviours such as early marriage, insufficient birth spacing, and the low rate of exclusive breast-feeding.

Basic causes include systems-related as well as crises and sanctions-relat-

ed causes. As regards systems, links between different sectors are weak; human resources are insufficient; very low user fees do not encourage conservation of scarce resources; government policies equate universal and uniform coverage with equity; and there is insufficient data for analysis and planning. The cumulative effects of two major wars and more than a decade of economic sanctions have resulted, among other things, in the non-availability of sufficient financial resources to provide and support effective services; ad hoc, intermittent, and insufficient supplies; restrictions on purchase of local goods, and an increase in the number of female headed households.

Interventions have addressed the immediate and underlying causes, but not the basic causes. Interventions include screening of children to detect malnutrition and address it through therapeutic feeding; Vitamin A and other supplements; iodization of salt; an intensive immunization campaign; and some rehabilitation of services and utilities.

In terms of children's education, the Multiple Indicator Cluster Surveys (MICS) undertaken in the year 2000 revealed that as many as 23.7% of children are not attending primary school, with nearly twice as many girls staying out of school as boys - 31.2% of girls and 17.5% of boys. Other worrying trends include the sharp decline in adult female literacy.

Immediate causes include the decline in coverage and quality, with two and sometimes three shifts in schools due to the shortage of buildings and teachers; few books and supplies; and little revision of the curriculum in recent years. Underlying causes include the fact that some 8,613 school buildings are still in a deteriorated state, and 5,132 additional buildings are needed, and that sanitation and other services are lacking. Underlying causes at the household level include poverty; family attitudes to education in general given that highly educated graduates are earning a living driving taxis; attitudes to girls' education; and early marriage.

Systems-related basic causes include a need for more emphasis on quality; weak linkages between sectors; insufficient community involvement; weak management information systems and the need for reform of key policies that inhibit effective targeting of assistance for the most vulnerable. Crises and sanctions-related basic causes include insufficient resources to rehabilitate and rebuild facilities and to meet new growth; the stagnant economy affects household incomes and drives teachers out of the system; and there is a difficulty in securing supplies and spare parts. Again, interventions have focused on immediate and underlying causes. These include partial or full rehabilitation of 1,000 schools, and some in-service teacher training.

As regards the right of vulnerable children to protection, perhaps the most striking aspect is the lack of sufficient information. There is clearly an increase in the number of children working on the street, as well as in the number of orphans needing state assistance, together with an inability of existing institutions to meet the need of these children or of children with disabilities. The situation has improved a little during 2001, although more resources are necessary together with more social awareness of the issues.

In terms of women's human rights, there is a sharp increase in maternal mortality, which means that women are not getting emergency obstetric care when they suffer complications during pregnancy and childbirth. There is also a lower rate of girls' attendance in primary school, and a dramatic rise in female illiteracy. The discrepancy between females and males in this area can be attributed to poverty compounded by lingering negative attitudes to girls' education. Economic need is driving low and middle income women into the work force, but opportunities are constrained by the overall economic situation.

The main conclusion from the analysis is that unless basic causes are addressed, the best that can be hoped for from programme interventions is a mitigation of the situation. To date, programme interventions have not addressed basic causes. Given this situation, the report con-

cludes that, while programme interventions are important, rights-based advocacy should be top of the list of priorities so as to ensure that basic causes are addressed. Rights-based advocacy could promote the understanding necessary to secure a change in the present conditions and policies, and, in particular, to secure the resources necessary to rehabilitate key service sectors in a sustained and sustainable manner, to support a shift from humanitarian efforts to comprehensive long-term development planning and to review policies that inhibit the effectiveness of programme interventions - such as the inclusion of breastmilk substitutes in the universal food ration. The report's recommendations for rights-based advocacy, research and programme interventions include:

Advocacy and Research

1. Advocacy should highlight the importance of securing the requisite resources to rehabilitate each of the water and sanitation, electricity, health, and education sectors both for present users and to meet population growth. Further research is necessary on the plans and resources for each sector, the inter-relations amongst these sectors, the obstacles to rehabilitation, the gaps in skills and capacities and the impact this has on the rights of children. Capacity for data collection and analysis should be supported in the relevant institutions to produce this research.

2. Another key issue for advocacy is the need to shift from a humanitarian approach, which by definition consists of discrete and standalone activities, to a comprehensive medium- to long-term development approach.

3. A further issue for advocacy is that Iraq should be able to use its financial resources to purchase locally supplied goods and services in order to ignite the economy and give families more opportunities to earn a living wage.

4. Advocacy to promote policy reform is needed in several areas including the composition of the food basket/ration (i.e. withdrawal of infant formula and inclusion of more food for pregnant and lactating women) and the promotion of targeted assistance to the most vulnerable groups (i.e. female headed households, out of school children) and communities.

5. The existence of vulnerable groups of children and women, and the need for resources to promote the human rights of these groups and their special needs, is an important point to highlight.

6. Advocacy for behavioural change is necessary on issues like girls' education and the use of scarce resources such as water and electricity.

Programme Interventions

1. More focus is required on reduction of neo-natal mortality (improved feeding and anemia pre-

vention among pregnant and lactating women, prevention of low birth weight, withdrawal of infant formula from food ration, promotion of breastfeeding).

2. Programme interventions that support stronger links between the education, health and nutrition, and water and sanitation sectors would enable optimum use of scarce resources.

3. A better understanding of how the systems function in each of the sectors and where the national and local bottlenecks and capacity gaps are would greatly assist future development in general, and effective and timely co-ordination and decision making on cross-sectoral issues in particular.

4. A more comprehensive plan for health information campaigns would make better use of scarce resources, factoring in a range of health, nutrition, environmental, and behavioral issues, including family planning, birth spacing, early marriage, exclusive breast-feeding, as well as disease control, water quality, personal hygiene, and disposal of sanitation.

5. The quality of education emerges as a major issue, in particular the revision of the curriculum and investment in teacher and management salaries, capacities and skills.

6. Girls' education and related household factors need to be addressed through targeted support, as well as public awareness campaigns.

7. Further investment is necessary in management information systems, and data is needed in several areas, for example, what are children no longer enrolled in schools doing with their time?

8. More popular awareness of and community involvement in resource use, along with modest user fees would assist in conserving and rehabilitating the water and sanitation and electricity sectors and in protection of the environment.

9. More comprehensive planning would assist the rehabilitation of the water and sanitation sector.

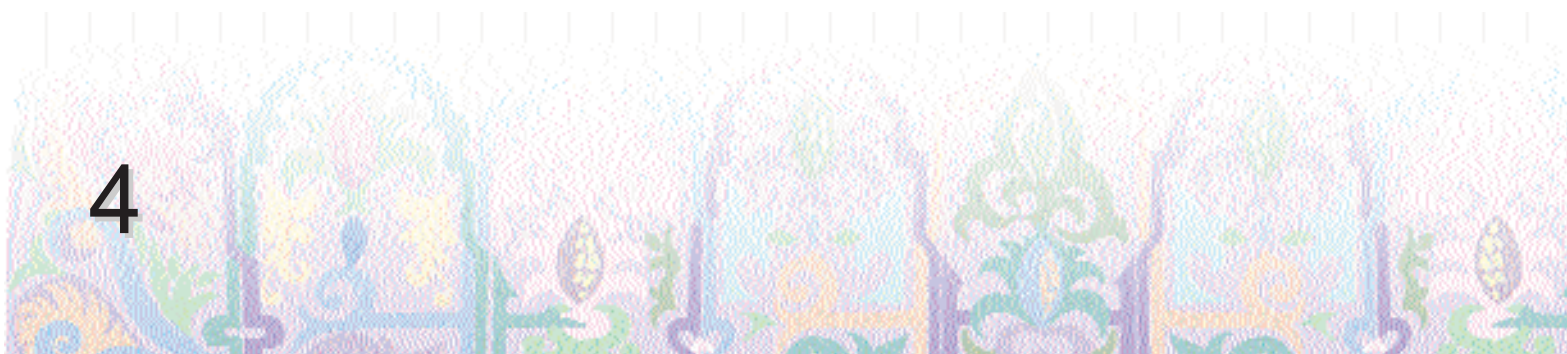
10. Collaboration between the Ministry of Labour and Social Affairs and the Ministry of Health could help to address the issue of avoidable disability during delivery.

11. For orphans and street/working children, it would be useful to put mechanisms in place to detect families and children at risk, who could then be given special support.

12. Introducing emergency obstetric care as part of regular services in clinics and at hospitals will save pregnant women's lives.

13. Support is necessary to expand the business and employment opportunities available to women, particularly female heads of household.

14. Special support for women's education and eradication of illiteracy is needed.



I. Introduction

This Situation Analysis has been prepared by the United Nations Children's Fund (UNICEF). UNICEF programme procedures mandate such an assessment prior to the preparation of a new Country Programme.¹ The aim of a Situation Analysis is to:

- Better understand the causes and linkages between problems affecting women and children in a country, and how national resources can help to address these problems;
- Identify necessary action to realize the rights of women and children; and
- Contribute to Country Programme strategy for priority interventions, future research, and rights focused advocacy.²

This introductory chapter sets out the conceptual framework and methodology used in the Situation Analysis. Chapter 2 describes the national context, while Chapters 3, 4, and 5 review issues related to survival and education, as well as to children in need of special protection. Chapter 6 addresses the human rights of women. Chapter 7 recommends priority interventions, and suggests areas for future research as well as advocacy.

a. Conceptual Framework

The conceptual framework of this report has two main pillars: the principles of human rights, and the causal analysis approach.

Human Rights

Key to the first pillar are the human rights principles contained in the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), in line with the adoption by UNICEF of the human rights framework.

The four core principles of the CRC are: non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child. They are covered by Articles 2, 3, 6, and 12 in the CRC (these and other relevant articles are excerpted in appropriate sections of this report). Given the context of Iraq which is described in Chapter 2, this Situation Analysis focuses in particular on the right to life and survival (Chapter 3), development (Chapter 4), and protection (Chapter 5).

The analysis will establish the extent to which the rights of children as well as those of women are respected, protected, promoted, and fulfilled by those in a position to do so, within the means at their disposal. "Duty bearers" responsible for the progressive realization of these rights are generally held to include parents and the extended family, the community, and national as well as local government.

In the case of Iraq, it is necessary to add the international community, in

Non-Discrimination

CRC Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

the form of the United Nations, to this list of duty bearers, given that United Nations resolutions have placed the country under comprehensive sanctions since August 1990. The Situation Analysis will examine the role played by each set of duty bearers regarding the fulfilment of the rights of children as well as those of women.

¹The Situation Analysis was researched and written by an independent international consultant. It covers 15 governorates of the south and centre of Iraq, where UNICEF's Programme of Cooperation with the Government of Iraq is implemented.

² Aims extracted from UNICEF Programme Manual.

Three more aspects of the international human rights framework are important to note with regard to this report's conceptual framework. The first relates to the inclusion of the rights of women in a Situation Analysis that deals with children, when both parents are equal duty bearers. First, women's human rights

Parents as equal duty bearers

CRC Article 18 (extract)

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern. . . .

are a good in themselves. Second, the status of women's nutrition, health, and education has been shown to be directly related to the survival and development of their children, particularly during pregnancy and breast-feeding, that is, at the beginning of the child's life-

cycle³. Women who do not enjoy their human rights - throughout their own life-cycle - are not in a position to effectively provide for the survival and development of their children.

This report addresses the rights of women in two ways. First, where possible, it disaggregates the data presented in Chapters 3, 4, and 5 to examine not just the overall status of children but also the status of girls vis-à-vis that of boys, at different stages of their life-cycle. Second, it includes a chapter dedicated to the human rights of women.

However, the inclusion of the rights of women should not be interpreted to mean that women's roles are restricted to motherhood, or that men's roles as fathers are not critical to their children's survival, well-being and development. Both parents are considered to be equal duty bearers in terms of ensuring, within the resources available to them, a social and economic environment that promotes their children's development.

By the same token, women have rights and responsibilities to themselves and to society that are separate from those of their children. This report does not use the phrase "women and children", in order to avoid the tendency to think of women only in connection with their children, and not to think of men in connection with their children.

The second aspect to note regarding the human rights framework is the importance of the right to development. The right to development is not embodied in a separate convention, but after a decade of debate it was recognized as a right by the consensus of the international community at the World Conference on Human Rights held in Vienna in 1993. Without impinging on the principle of indivisibility of all human rights - civil, political, economic, social, and cultural - the right to development brings economic, social and cultural rights to the fore, and shows how these can be achieved in tandem with civil and political rights. This was a major step forward for human rights, because the content of economic, social and cultural rights had previously been far less fully developed than that of civil and political rights.

The challenges of fulfilling economic, social and cultural rights have long been recognized. Many civil and political rights can be secured by acts of political will, whereas economic and social rights require the availability of resources, as well as the capacity to manage and the commitment to use those resources to good effect. Moreover, it has been difficult to "measure" the fulfilment of economic and social rights. In this respect, the development of targets and indicators during the world conferences of the 1990s has been very helpful in setting standards for the international community, and in developing the content of economic

³UNICEF adopts a life-cycle approach in its assessment and analysis

and social rights. The UNICEF End-of-Decade goals provide a way to assess the fulfilment of children's rights within and across countries.

The right to development is particularly important to consider in the case of Iraq, which, it can be argued, constitutes a unique case of "de-development". This will be discussed in Chapter 2 dealing with the national context.

Finally, the third aspect to note regarding the human rights framework, is what could be considered as the "rights of future generations". The question of the needs of future generations was first addressed in the context of environmental sustainability by the international community at the United Nations Conference on Environment and Development in Rio de Janeiro. The Rio Declaration on Environment and Development adopted by consensus on 14 June 1992 proclaims, in Principle 3, "The right to development must be fulfilled so as to equitably meet developmental and environmental needs of present and future generations".

In the 1994 Human Development Report, the concept of the "universalism of life claims" is put forward as the "common thread that binds the demands of human development today with the exigencies of development tomorrow.... The strongest argument for protecting the environment is the ethical need to guaran-

tee to future generations opportunities similar to the ones previous generations have enjoyed".

While the "rights" of future generations have not been captured in a convention, serious thought is clearly being given to the subject. This concept is especially relevant to children, who are the next generation, as well as the parents of generations to come. The importance of such a concept in the case of Iraq cannot be overstated. Whatever is visited on the children of Iraq today will affect the development of many future generations. This issue will be kept in view as the analysis unfolds.

Causal Analysis

The second pillar for the conceptual framework of this report is the causal analysis. There are three levels of inter-linked causes that can lead to the non-fulfilment of rights:

- Immediate causes, such as disease and inadequate nutrition, which directly relate to life, survival and development rights;
- Underlying causes, such as the status of household food and nutrition, as well as social services like water and sanitation, health, and education, which promote or prevent well-being and development;
- Basic causes, which relate to issues such as control and distribution of national resources, institutional

arrangements, and social organization (including the status of women) - which provide the environment in which rights may or may not be fulfilled.

The causal analysis approach is particularly helpful in the case of Iraq, where it is important to be able to distinguish those basic causes attributable to the sanctions regime from other basic causes, as well as from underlying and immediate causes. Sanctions-related basic causes can only be addressed in the context of an international political resolution of the present situation, and, as such, are not under the control of national authorities responsible, for example, for social services. However, other basic causes related, for instance, to institutional arrangements can be addressed by national authorities if a convincing case is made that these are relevant to children's survival and development.

In addressing the rights of children to life, survival and education, this report will first assess the situation, and then examine the immediate, underlying, and basic causes for current conditions.

b. Methodology

The Situation Analysis is based on primary and secondary data, as follows.

- Desk Review This was greatly facilitated by the fact that, in the year 2000, the Government of Iraq

and UNICEF jointly conducted a comprehensive programme review of the past decade of technical cooperation. The review process involved about 400 counterparts and stakeholders over a period of nine months, with the technical support of a team of 12 international advisers. Five sectoral workshops were conducted, and findings were discussed at a plenary conference chaired by the ministers of education and health. The resulting documentation was reviewed, as was the Government of Iraq's National Report on Follow-Up to the World Summit for Children, the report of a Future Search conference bringing together 86 stakeholders, and other documents (see References).

- Interviews Structured discussions were held with UNICEF staff as well as with civil servants, members of institutions such as Beitul Hikma, and non-governmental organizations such as the General Federation of Iraqi Women.

- Visits Schools, orphanages and health centres were visited, to form a firsthand view of both progress and obstacles in addressing the situation of children.⁴

- Brainstorming Workshop A two-day brainstorming workshop was held under the auspices of the Planning Commission to discuss the

proposed outline of the Situation Analysis. Some 50 representatives of ministries and institutions participated, and the discussion generated new insights into the existing material.

Information gathered as a result made it possible to form an assessment of the situation and then to analyze causes with a view to recommending priority interventions.

However, it should be pointed out that it is very difficult to form a clear picture of the situation in Iraq based on accurate data. Political factors make the release of data sensitive in the country. In addition, the capacity of national authorities to capture and analyze data has been adversely affected over the past decade. Therefore, some of the findings draw on observation and even anecdote rather than on comprehensive data.



⁴ Due to time constraints and the fact that the programme review teams had conducted extensive site visits, the visits conducted during the Situation Analysis took place only in Baghdad.

2. National Context: Development in Iraq

Iraq covers an area of 435,052 sq km; it shares borders with Turkey, Syria, Iran, Jordan, Saudi Arabia, and Kuwait. Some 25% of the land is arable, and about half of this land is cultivated. There are four major physiographic regions: mountains (21%), alluvial plain (30%), desert plateau (39%), and upper plains (10%). The climate ranges from cool to cold winters and hot to extremely hot summers.

Rainfall is irregular; the country suffered a prolonged drought at the end of the decade, which severely affected cereal production. The 2000 harvest was 47% below the 1999 harvest level and 64% lower than the average of the previous five years.⁵

The drought also reduced water resources in rivers, dams, lakes and canals. The Tigris was reported to be flowing at just 40 % of its normal levels and the situation of the Euphrates was said to be no better. In 2001, the rains were plentiful.

a. Political Context

Iraq has been a republic since the monarchy was overthrown in 1958. It has been ruled since 1968 by the Ba'ath Party. The Revolutionary Command Council is the highest authority, and its resolutions have the force of law. Executive responsibilities are assumed by a cabinet. The President of the Republic,

Saddam Hussein, who has ruled since 1979, also serves as prime minister. A National Assembly was formed in 1980.

The main administrative structure is the governorate, of which there are 18, five northern, nine central, and four southern. Each governorate is divided into districts (qada'a) and sub-districts (nahiya). The governors are responsible for implementation of policies, plans and development projects. Local government is made up of the qaimmakam, the

administrator of the district level, and mudeer al-nahiya, at the sub-district level. Villages are run by the mukhtar. Local People's Councils are an additional forum for popular mobilization. There are also professional and cultural organizations, such as the General Federation of Iraqi Women and the General Federation of Iraqi youth.

The past two decades have been extremely difficult for the Iraqi people. War broke out between Iraq and Iran in 1980 and lasted until 1988. Relations between the two



⁵UNICEF Iraq Annual Report 2000.

countries have recently improved. The Iraqi war with Kuwait in August 1990 resulted in the imposition of comprehensive sanctions on Iraq by the United Nations, which continue to this day.⁶

In order to improve the situation of the population under sanctions, a Memorandum of Understanding (MOU) was agreed between the Government of Iraq and the United Nations.⁷ This became known as the Oil for Food Programme, and has been renewed by the Security Council on a six-monthly basis. At the inception of the Programme, Iraq was enabled to export \$2 billion worth of oil every 180 days, and to use the funds to procure essential humanitarian supplies.⁸ Restrictions of the value of oil that could be exported were later eased and then lifted.

Applications for supplies had to be submitted to the Secretariat of the 661 Committee. It took some months for the MOU to become operational; the first applications for exports of humanitarian supplies were approved by the Secretariat of the 661 Committee in January 1997; commodities began arriving in the country in March 1997.

The MOU was restricted to supplies in the first seven phases, and complementary cash resources had to be generated from other sources for the south and centre of Iraq, unlike the north where a cash component was

made available in the MOU. The lack of a cash component for the south and centre of Iraq imposed serious constraints on national ability to use the supplies in an effective and efficient manner. Local costs such as transportation, storage and inventory, installation of equipment, and training to ensure proper operation and maintenance of equipment, could not be covered through the programme. It is also worth noting that funds from oil sales generated under the MOU could not be used to purchase locally produced supplies, which would have helped move the weak domestic economy.

A proportion of local costs were met from funds made available by humanitarian agencies working in Iraq, and the Government also covered part from its own resources. However, this was not sufficient to repair and maintain water and sanitation, health, and education sectors, let alone to invest in meeting the needs of the growing population. For example, the electricity deficit in Iraq is estimated to be over 2,300 megawatts, with the prolonged drought causing a dramatic reduction in hydro-generation⁹. As a result, long power cuts still affect the majority of the population, although the situation has improved in Baghdad in 2001. The power cuts are especially damaging during the hot summer months, and have a very negative knock-on effect on the capacity of water and sewage treatment plants as well as primary health

care centers and other vital facilities. The serious limitations caused by the absence of a cash component were eventually recognized, and SCR 1330, which took effect on 6 December 2000, allowed for a cash component within the SCR 986 programme. The resolution provided for 600 million Euros to be allocated in cash to the oil sector, and allocated 5% of the oil revenues (from the amount previously allocated to the Kuwait Compensation Fund) to meet the needs of the most vulnerable groups. However, by November 2001 there was still no agreement on the modalities for the cash component, and the constraints on national capacity to implement the Oil for Food Programme remained in place.

Other weaknesses of the Oil for Food Programme stem from long delays in submissions and contract approval procedures. This was addressed in SCR 1284, which included provisions for accelerated approvals of contracts pertaining to food, health, agriculture, and education supplies. A "green list" of authorized supplies was drawn up to speed up the slow approval process. Nevertheless, the number of contracts on hold with the 661 Committee remained very high. As of 31 October 2001, contracts on hold and inoperative for the Water and Sanitation sector reached 123, worth over US\$537 million; the Education sector also had 98 contracts on hold or inoperative, worth US\$181 million.

⁶SCR 661 of August 1990 imposed economic sanctions including a full trade embargo, except medical supplies, foodstuffs and humanitarian items as determined by the Security Council Sanctions Committee.

⁷The MOU was signed on 20 May 1996 to implement the provisions of SCR 986 of 14 April 1995.

⁸Of the oil revenues, 30% or \$600mn were set aside as Gulf War reparations; 13% (\$260mn) for the three autonomous governorates of the north, 2.2% (\$44mn) for UN operational costs, and 1% (\$20mn) for payments to escrow. The remaining 53% (\$1.06bn) were for humanitarian supplies for 15 governorates. For comparison, Iraq's civilian imports in 1989 cost \$5bn

⁹UNICEF Annual Report 2000.

Although the Oil for Food Programme has ameliorated the situation, it is not an adequate replacement for national development planning, which would overhaul all sectors in a comprehensive manner. Nutrition surveys carried out by UNICEF, as well as an FAO/WFP nutrition assessment mission in May 2000, showed that since the introduction of the Oil for Food Programme, the nutritional status of children has not improved. One in five children in the south and centre of Iraq remain so malnourished that they need special therapeutic feeding, and child sickness rates continue to be alarmingly high.¹⁰ Subsequent parts of this report will point to the close linkages between health, nutrition, water and sanitation, and electricity, which need to be addressed in an integrated way so as to overcome disease and physical under-development.

In February 2000, the Government decided to reintroduce national development planning, which had been suspended over the past decade due to the country's circumstances and lack of control over national resources. Work is now complete on a five-year plan, for which national accounts and data sets were reportedly thoroughly revised and updated (a national census was concluded in 1997).¹¹ The Plan's contents have not been released; it is to be managed in tandem with preparations for a 2006-2010 national development plan.

b. Socio-Economic Development

The modern Iraqi economy has been largely dependent on oil exports, as well as on extensive imports of machinery and other inputs for economic growth. The dependence on imports has of course increased over the past decade, given that funds made available through the Oil for Food Programme have been restricted to imports since 1997. Imported equipment and supplies have become especially visible over the past year: shiny new garbage trucks, high-protein biscuits, air conditioners.

In 1989, the oil sector comprised 61% of GDP, services came second with 22% of GDP, then industry with 12%, and agriculture with 5%. It is difficult to form a clear quantitative picture of the Iraqi economy today.¹² Clearly, oil is even more of an economic mainstay than in the past, given sanctions-related restrictions on trade, since it is the major source of foreign exchange and government revenue. However, analysts point out that the oil sector does not have strong horizontal and vertical linkages with the rest of the economy, and that the scale of oil production does not exert significant direct influence on other sectors.

Other sources of Government revenue include organized "religious tourism" with Iran, which reportedly brings in around \$2.7mn in hard cur-

rency each month, and oil-for-goods and services barter trade with Turkey and Jordan. In addition, the Government has recently introduced service fees to cover costs. For example, hospitals are now supposed to cover half their budget from fees, and to pay for maintenance and new construction themselves. Government continues to be responsible for providing equipment and supplies. A separate fee structure applies to low income groups.

In recent months, the Government has reportedly distributed 300,000 plots of land to citizens, which are now being registered. Construction of homes on this land would help to jump-start the economy, given that this is a sector that uses local materials and skills.

In 1989, GNP was about 14bn Iraqi dinars at constant 1980 prices. This then declined at a rate of approximately 23% until it reached 2.9bn dinars in 1995.¹³ After fluctuating, GNP rose to \$4.3bn in 1996, in the wake of a redirection of economic policy, including reduction of non-essential spending, and inflation was brought under control.

The Economist Intelligence Unit forecasts that Iraq's GDP will grow at rates ranging from 15% to 18% between 2000 and 2004 (see Table 1). It notes that although GDP growth appears high, it is taking place from a very low base, and in real terms the economy will be smaller than it was in 1989 despite a significant increase in population.

¹⁰ *Ibid.*

¹¹ *Interview with Minister of Planning.*

¹² *As noted earlier, in many cases, figures are simply unavailable due to both technical and political factors.*

¹³ *National Report on Follow-up to the World Summit for Children, May 2001.*

Furthermore, any growth is likely to be almost entirely oil-dependent.

A worrying issue for the population's future well-being is that Iraq's pre-Gulf War debts are now said, according to various estimates, to total between \$130 and \$180bn, which will burden the economy even in the absence of sanctions unless the debts are renegotiated and rescheduled. Moreover, no figure has been set on the ultimate amount of reparations Iraq is expected to pay; since the MOU was signed, 30% of the oil rev-

enue was set aside for reparations, however in SCR 1330 this was reduced to 25%.

Unemployment in 1987 was estimated at 4.49%, with female unemployment of 7.28% higher than male unemployment of 4.13%. By 1997, female unemployment was reported to have doubled, reaching 17.6%; reasons included the drop in GNP and the pressing need for more family income, which led to an increase in the number of women looking for

work. In any case, even those who are employed seek second and third jobs. Teachers, whose salaries are as low as \$3 a month, doctors, and civil servants seek income where they can find it, driving taxis, giving special lessons, or opening private practice. Studies quoted in the National Report estimated that as many as 81% of the population was living beneath the poverty line in 1993, although this had improved to 55% by 1997.

Table 1 Key Economic Indicators

	2000	2001	2002	2003	2004
Real GDP growth (%)	15	18	22	20	18
Consumer Price inflation (average %)	120	80	45	45	45
Current account balance (% of GDP)	0.3	0.8	2	1.8	1.6
Unofficial exchange rate (LD:US\$)	1.900	2000	2000	2000	2000

Source: Economist Intelligence Unit, Country view 31 May 2000 (unofficial exchange rate corrected / forecasted by UNICEF)

Children are also being forced into the workforce due to family need. The last data on children's work dates to 1987, when 442,349 children aged 7 - 19 were estimated to be in the workforce, of whom the majority - 389,429 - were in the 15 - 19 age range. Even though figures are hard to come by today, there is a visible rise in the number of children selling goods on streets, and in the number of child beggars, a recent phenomenon.

For most Iraqis, household food security has been dependent on the rations they receive from Government, a system put in place after the Gulf crisis. Prior to the MOU and after sanctions were put in place, the Government provided rations of some 1,093 calories per person, approximately 40% of daily requirements. After the MOU, rations were increased to 2,030 calories in Phase I, and further improved to 2,472 calories in Phase VIII. However, the proportion of income spent on food is still around 72% of the average household income, because monthly food rations only last two thirds of the month according to an FAO/WFP mission in April 2000 and because of low personal incomes. Average salaries only range between \$3 and \$6 a month.¹⁴

Sectors critical to the population's well-being - electricity, water and sanitation, health, and education - have yet to recover from the damage of two wars both in terms of physical plant and human capacity. Roads are still of high quality, and bridges and many Government buildings have been repaired. There is some new

construction of schools, mosques and other facilities.

However, the overall trends are of steep decline. It is important to keep in mind that the sanctions were imposed on a country that had just had its infrastructure seriously damaged in a devastating war in 1991. It was only after 1996, five years later, that some mitigation of the effects of sanctions took place. Efforts to alleviate the effect of sanctions concentrated on the humanitarian needs of the population, and did not address the massive investment necessary to overhaul the country's infrastructure.

The evidence points to the impact of sanctions on the population's well-being and on the national economy. By all accounts, even during the 8 years of war with Iran, the country's overall development was not dramatically affected, and the Government continued to invest heavily in social services. By 1990, primary health care reached about 97% of the urban population and 78% of the rural population; primary school attendance reached about 83%.¹⁵

Even after the war with Iran, Iraq was ranked 50th out of 130 countries on the 1990 UNDP Human Development Index, which measures national achievements in health, education, and per capita GDP. It was close to the top of the "medium human development" category, a reflection of Government's continued investment in basic social services. By 1995, Iraq had slipped to 106th out of 174 countries, and by

2000 it had plummeted to 126th, behind Bolivia, Mongolia, Egypt, and Gabon, close to the bottom of the medium human development category.¹⁶

According to the HDI, an Iraqi born in 1987 could expect to live 65 years. But whereas citizens in neighbouring Jordan saw their life expectancy improve from 67 years in 1987 to 70.4 years in 1998, life expectancy in Iraq dropped to 63.8. Whereas Jordan saw its literacy rate rise from 75% in 1985 to 88.6% in 1998, Iraq's dropped from 89% to 73.5%. In the 1990 HDI, Iraq ranked three places above Jordan. By 2000, it ranked 34 places below.

Medical specialists note that a country which had infant mortality in the range of 40 to 60 per 1,000 live births, as Iraq did in 1990, should by now have an infant mortality rate of between 20 and 30 per 1,000 live births. However, infant mortality in South/Centre Iraq rose to 107 per 1,000 live births between 1995-99. As for under-five child mortality, this rose from 56 deaths per 1,000 live births in 1985-89 to 131 deaths per 1,000 live births in 1995-99. Figure 2 compares the situation regarding infant mortality in Iraq to that of other countries over the past decade.

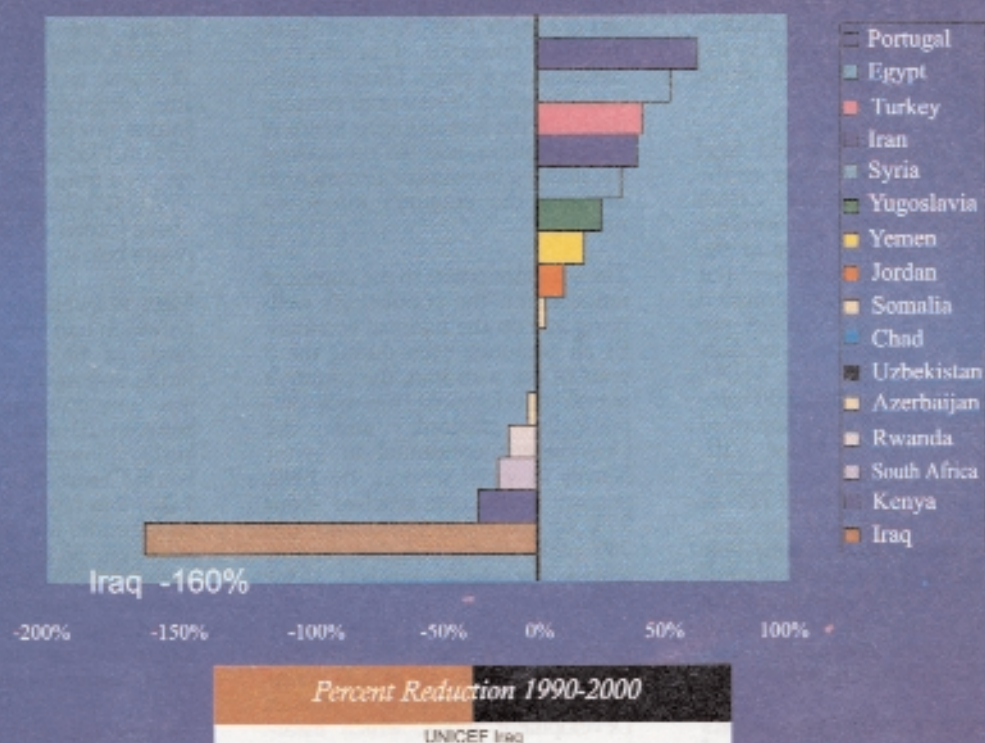
As there has been no major change in government in Iraq since 1978, one can only conclude that if the Government had had the resources, it would have invested in social services, as in the past. This erosion of human development - which one can effectively term "de-develop-

¹⁴GOI-UNICEF 2000a.

¹⁵Situation Analysis, 1998

¹⁶In fact, the HDI ranking for 1995 and 2000, poor as it is, is likely to be more positive than the reality, because the GDP per capita was estimated to be \$3,197.

Figure 2 Under - Five Mortality Rate - Cross - Country Comparisons (Estimates)



ment" - therefore appears attributable to the lasting effects of the crises of 1990/91 including the resulting sanctions regime attempts by the Security Council to alleviate the impact on the population. De-development on such a scale is unprecedented, and it will require decades of investment for the people of Iraq to reach the point at which they were in 1989. Figure 2 is one of the most striking evidences of the deteriora-

Africa) affected countries in east and southern Africa.

Given the recognition of a right to development by the 1993 Vienna Conference, as well as of the right of children to development as set out in the CRC, and the right of women to development as set out in CEDAW, the international community may wish to review the contribution of sanctions to de-develop-

c. Demographic Profile

According to the 1997 national census, the Iraqi population had reached almost 22 million, with an average annual growth rate of 2.95 between 1987 and 1997. The National Report on Follow-up to the World Summit for Children noted that the total had reached 23.9 million by the year 2000, with males

Table 2 The Demographic Profile of Children in Iraq						
	0-5	6-11	12-14	16-18	Total	% of Population
1990	3,414	3,088	1,384	1,686	9,571	53.5
1994	3,644	3,262	1,517	1,870	10,293	51.4
1997	3,881	3,414	1,588	1,996	10,879	49.6

Source: National Report on Follow-up to the World Summit for Children, May 2001

tion of the situation of children in Iraq. It shows that the mortality rate of under-five year old children has increased by 160 per cent over the last decade. This is on average ten times more than civil strife (Rwanda) or HIV/AIDS (South

ment in Iraq, so as to ensure that the United Nations is not supporting a violation of the human rights of the Iraqi people, and in particular the rights of children to survival, health and education.

accounting for 11,925,000 of the total, and females for 12,046,000. It estimated the rate of growth at 2.94.

The population is marked by its youth, with some 45% of the total being under 14 years of age. Over-

65s account for just 3.5% of the total. This is a high dependency rate on income-earners. The rate of urbanization was high between 1957 and 1980, but stabilized thereafter. According to the National Report, 68% of the population now lives in urban areas, a drop from 70.2% in 1987. It attributes return migration to the country side to the attraction of the agricultural sector due to stagnation in other sectors.

Data on the demographic profile of children in Iraq are provided in Table 2. Over the past decade, children's proportion of the population has declined from 53.5% to 49.6%. The National Report attributed the drop in the proportion of children to the total population to a lower birth rate, on the one hand, and to the increase in infant and child mortality, on the other.

However, other sources believe that the population growth rate is higher than previously thought, and has not dropped as much as had been expected as a result of conditions of poverty and deprivation. The Mortality Survey found a high total marital fertility rate of 7.7 in the three years before the survey. A high birth rate puts great pressure on the household to provide for its members, and on the state to provide basic services for a rapidly growing population.

Family planning methods are freely available, but the Iraqi Family Planning Society has only 136 cen-

tres throughout the country, and clinics are understaffed. Some 20% of women who visit PHC Centres for other purposes do ask about family planning methods, according to staff.

A Multiple Indicator Cluster Survey (MICS) conducted in 2000 provides new insights into the population structure and dynamics.¹⁷ This is the second such survey; the first MICS was conducted in 1995.

MICS 2000 covered all 18 governorates in Iraq. The sample was set at 13,430 households; 13,011 households actually participated in the survey, of which 61% were urban and 39% rural. Of the female respondents, 43.8% had never married and 26% had never attended schools. The survey revealed a strong correlation between women's education and fertility rates. Women with no education accounted for 26% of the total, while the children of mothers with no education accounted for 31.8% of the total; women with primary school education were 38% of the total, while their children accounted for 41.1% of the total; and women with secondary education were 34.7% of the total while their children accounted for 25.3%.

d. Psychosocial Profile

According to a report commissioned by UNICEF, current conditions have seriously affected the psychosocial conditions of Iraqis.¹⁸

Box 1 Snapshot of Family Planning

The family planning clinic at Al Nur Hospital in a low income area of Baghdad has been open since 1996. The initial response was slow, the nurse recalled in the small, clean office, but now there are sometimes as many as 400 clients a day. That Saturday in May 2001, the clinic had served 172 women.

Birth control pills are the most popular form of family planning, and are offered on Saturday and Tuesdays, with condoms offered on Thursdays. The clinic charges for supplies, for example 200 dinars for a monthly cycle of pills. The price is lower than the private sector because supplies are subsidized by the Iraqi Family Planning Society.

The Society has been running 136 reproductive health clinics all over the country. These clinics are located mainly in GFIW centres, but some are located in primary health centres. The clinics are run with the active involvement of the members of GFIW, teachers, and other civil servants. The Society also provides referral services to beneficiaries, and conducts training in reproductive health.

¹⁷The survey was conducted by the Central Statistical Office (CSO) in the Government's Planning Commission, with support from UNICEF and in collaboration with several ministries and departments, medical personnel, educators, and water and sanitation experts in the field. MICS surveys are designed to monitor the global goals adopted at the World Summit for Children in 1990 (see Table 9). UNICEF, together with its partners WHO, UNESCO and others, identified a set of 75 indicators to monitor the status of children in different aspects. A total of 381 experts and field researchers were involved in conducting the survey, and they received training on the methodology at 15 workshops. A careful system of data entry, editing and checking was established, and was continuously evaluated by an international consultant.

¹⁸Assessment of the Implementation of the Humanitarian Programme (SCR 986): The Psychosocial Well-Being of Children in Iraq", UNICEF, March 1999.

Regarding early childhood (ages 0 - 6), the Report stated: "The number of persons attending outpatient clinics for mental/psychological disorders has risen from 200,000 in 1990 to 220,000 in 1994 and 510,000 in 1998 (Work Group Assessment Report on Health).... NGOs observe an increase of family conflicts, divorce and polygamy".

Regarding young children, the Report pointed out that "Exhausted parents who can hardly meet the family's basic needs are naturally less sensitive and caring towards their children, and deprived children often add through their consequent difficult behavior to parents' distress. Families whose resources for loving care are depleted through long-term multiple distress can no longer provide their children with a sense of belonging, which is necessary to promote young children's curiosity, exploratory activities and tolerance for unfamiliar situations. Finally, the home environment of many young children has become depleted of essential commodities, toys, books and other opportunities for self-directed learning and achievement".

Regarding adolescents, it found that "many adolescents of both sexes suffer from malnutrition and related health problems, but also from depression as they see very little hope for their future".

The Report noted the dearth of information on children in need of special protection, which imposes



reliance on observation. It made two recommendations: "An expansion of present humanitarian programmes to respond in an exhaustive manner to Iraqi children's psychosocial and development needs, and the establishment of a comprehensive monitoring system that allows to document changes of their psychosocial and development status through valid and reliable data".

e. Legislative Framework

Iraqi Civil law defines a child as any person who is under the age of eighteen. The law for Juvenile Care No. (76) of 1983 uses the following terms to designate children in various age groupings: a minor, if the child is older than nine and younger than 18; a juvenile, if older than nine and younger than 11; a boy, if older than 11 and younger than 15; and an adolescent if older than 15 and younger than 18.

The National Pact of 1971 ensured that all Iraqi citizens have a right to free education at all levels. In 1976, legislation made primary school education compulsory. It was planned that this law would be reinforced in 1991, by making school attendance mandatory through the intermediate level, but this has not been accomplished. Centres aimed at eliminating illiteracy were also established soon after enactment of the "Illiteracy Education Law" of 1978 (GOI-UNICEF, 2000d).



Iraq ratified the CRC with a reservation to article 14.1 concerning the right of the child to choose a religion, as this clashed with the Islamic Sharia. It embodied the CRC into existing legislation by law No 3 of 1994, issued in the Official Gazette No 3500 on 7 March 1994.

CSO established a mother and child unit in 1990. It prepared a National Plan of Action for Children, and became responsible for monitoring and following up the Summit goals. The National Plan was finalized in 1995, but due to the circumstances in the country it was not implemented. A Child Welfare Commission was established, bringing together several ministries and bodies. The first conference on children was held in Iraq 11 - 13 May 1993, and organized by CSO in coordination with UNICEF and the Child Welfare Commission.

During the year 2000, the CWC was brought under the chairmanship of the Minister of Labour and Social Affairs, but still linked to the office of

the Vice President, in accordance with an RCC decree. One of the major tasks of the CWC is to ensure the implementation of the provisions of the CRC.¹⁹ However the Child Welfare Commission has not taken a leadership role in this area and the Ministry of Education was given responsibility for the Iraq national report on the follow-up to the World Summit for Children.

More significantly, the new amendment has authorized resources for the CWC: allocations within the annual and the investment budgets; resources and revenues generated from CWC facilities; and donations and grants from within the country. External donations are subject to presidential approval.

It is worth noting that birth registration of children aged 0-59 months at official bureaus is very high. The Multiple Indicator Cluster Survey conducted in 2000 indicates that 98.1% of children under five years have been registered, 98.7% urban and 97.2% rural.

¹⁹The CWC now includes representatives from the following ministries and offices, at the director general level, as well as two experts to be chosen by the CWC: Ministry of Foreign Affairs, Ministry of Labour and Social Affairs, Ministry of Culture and Information, Ministry of Education, Ministry of Health, Planning Commission, the General Federation of Iraqi Women, and the General Federation of Iraqi Youth.

3. Children's Right to Life and Survival

This Chapter provides an assessment and analysis of the situation concerning children's right to life and survival, and particularly their access to adequate nutrition and health care.

a. The Situation: Mortality and Physical Under-Development

After falling between 1975-79 and 1985-89, infant mortality rates in South/Centre Iraq jumped from 47 deaths per 1,000 live births between

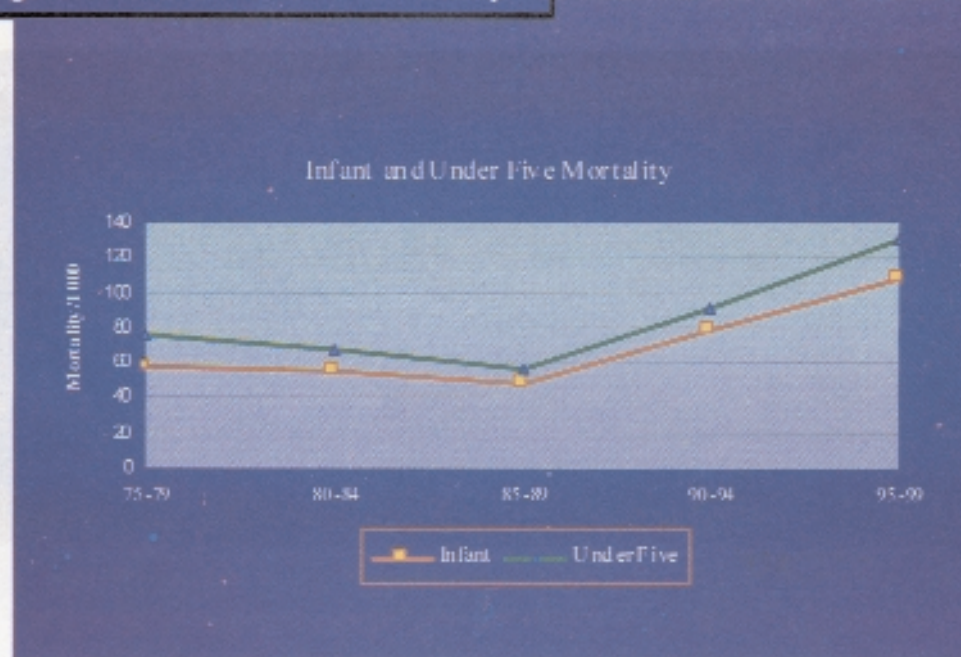
1985-89 to 79 deaths between 1990-94, and to 107 between 1995-99. The infant mortality rate is 102.1 in urban areas and 116.4 in rural areas. Figure 3 illustrates the dramatic and continuous rise in mortality. Similarly, under-five mortality rates gradually fell until 1985-89, and then rose sharply from 56 deaths per 1,000 live births to 131 deaths per 1,000 live births in 1995-99.²⁰ Under-five mortality rates are 120.9 in urban areas and 144.9 in rural areas. Neo-natal mortality accounts for two-thirds of under-five mortality.

Life and Survival

CRC Article 6

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Figure 3: Infant and Under Five Mortality



²⁰Salman, Khawla Naji and Al-Dulaymi, Aiayd, *Child and Maternal Mortality Survey Iraq 1999*, Ministry of Health Iraq and UNICEF, mimeograph.

As for the physical development of children under five years of age, MICS 2000 shows that 15.9% of these children suffer from being moderately to severely underweight or from general malnutrition (Weight/Age); 22.1% suffer from moderate to severe stunting or chronic malnutrition (Height /Age); and 5.9% suffer from moderate-severe wasting or acute malnutrition (Weight/Height). In particular, the rate of stunting shows a steep rise from 18.7% in 1991 to 32% in 1996, decreasing to 20.4% in 1999.

The MICS reveals that boys and girls under five years of age are equally affected by being underweight, stunted or wasted. If anything, boys

are more affected: 16.1% of the boys and 15.6% of the girls suffer from being underweight ; 22.2% of the boys and 22.1% of the girls suffer from stunting; and 6.1% of the boys, and 5.7% of the girls suffer from wasting. This is an indication that one sex is not being favoured above another in terms of access to nutrition.

Overall, the situation is that infant mortality has more than doubled in Iraq over the past decade, while under-five mortality increased by two-and-a-half times. In spite of some improvement, over a fifth of children still experience stunted growth. For these children, the human rights to life and survival are

not being fulfilled. The causes will be described over the next few pages.

b. Immediate Causes: Disease and Malnutrition

The immediate causes of mortality and physical under-development are disease and malnutrition. Tragically, most of the children who are dying in Iraq are dying from preventable illness. Diarrhea leading to death from dehydration, and acute respiratory infections (ARI) together account for 70% percent of child mortality in Iraq. In 1999, the case fatality rate due to diarrhea in children under five years stood at 2.4%,

Table 3 Under-Five Prevalence Percent of Illness During Two-Week Period

Governorate (Sample)	Diarrhea	ARI	Fever
Baghdad (348)	41.7	38.1	45.6
Diala (193)	41.3	41.3	46.2
Kerbala (159)	54.1	42.9	50.6

Source: GOI-UNICEF 2000c, from WFP/FAO Mission, May 2000

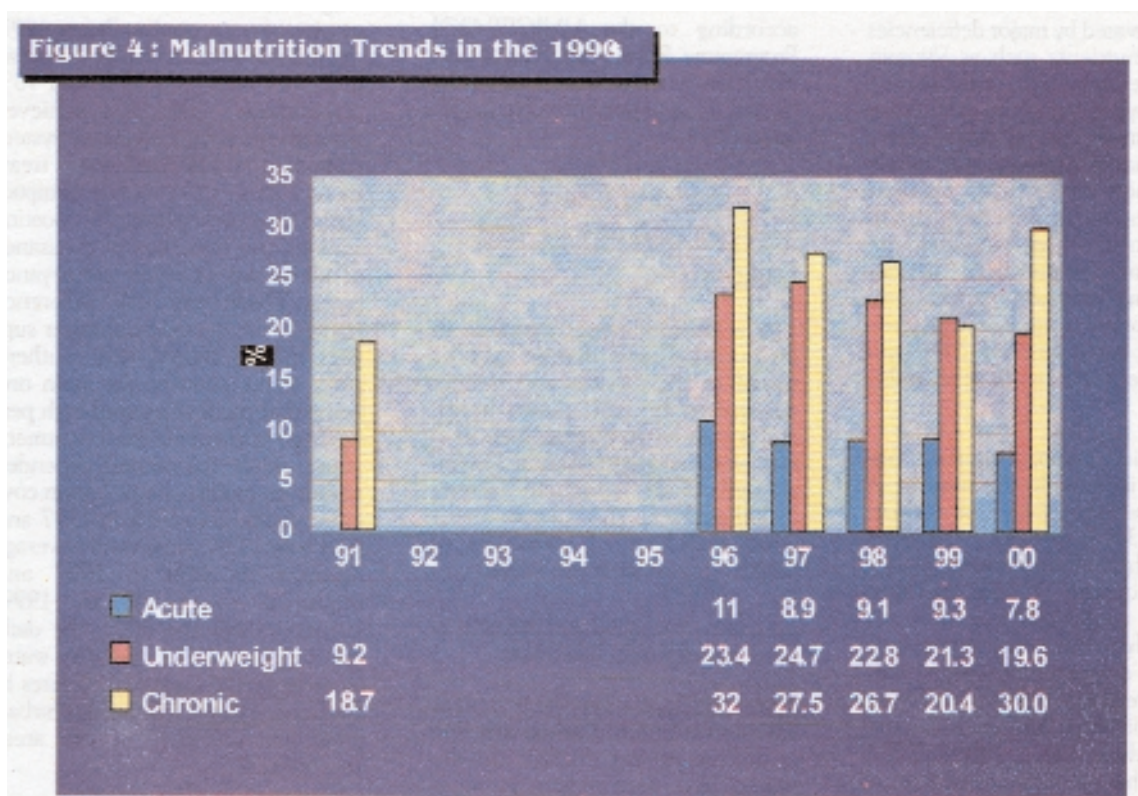
while the rate of case fatality due to ARI for the same age group was 1.4%. This is a tenfold increase over the past decade.²¹ A study carried out in May 2000 showed that close to half of children under five suffered from diarrhea within two weeks of that month; over a third of the children suffered from acute respiratory infections; and nearly half suffered

from fever.²² The child suffers as an average 14.4 diarrhea spells which represents an increase of about three times the 1990 average of 3.8.

Moreover, many diseases which are locally endemic, such as malaria, cholera, visceral leishmaniasis, intestinal parasitic infestations and hepatitis have been reported to be re-

emerging.²³ An outbreak of polio affected the country in 1999, but was quickly dealt with (see Section 3/e).

The prevalence of malnutrition has shown a sharp increase since 1991 and has remained at an unacceptably high level since 1996. A Multiple Indicator Cluster Survey



²¹ 2000c.

²² GOI-UNICEF 2000c.

²³ Ibid.

(MICS) in 1996 showed that 23.4 per cent of children below five years of age suffered from underweight. The 2000 MICS (provisional figures) revealed that the prevalence of underweight is 19.6 per cent, which means that one in five Iraqi children is underweight. Figure 4 shows malnutrition trends during the 1990s for southern and central governorates.

The already reduced protein and energy intake of food has been further aggravated by major deficiencies of micro-nutrients such as Vitamin A (necessary for functioning immune systems and the prevention of eye damage and blindness), iron, the B group of vitamins, and iodine. While these deficiencies manifest themselves slowly, they have severe consequences for growing children, and increase the prevalence of anemia among pregnant women and children below 5 years of age (estimated to have reached 51% and 61%, respectively, in the years 1994-96).²⁴

Malnutrition amongst mothers has led to an increase in the number of low birth weight babies from 4.5% in 1990 to 23.8 % in 1998.²⁵ In other words, this phenomenon affects nearly a quarter of Iraqi children. Low birth weight babies are 40 times more likely to die in the first month of life as compared to babies with normal weight. Those who survive are more likely to be stunted for the rest of their life. MICS 2000 revealed that malnutrition indicators vary inversely with the educational

level of the mother. Children of mothers with secondary education have a lower level of under nutrition than other children.

It is worth noting that malnutrition not only prevents children from achieving the full potential of their physical and mental development but also leads to high mortality, since it increases the susceptibility to common childhood sicknesses like diarrhea, ARI, and measles. Thus, according to the UNICEF-GOI Programme Review on Health and Nutrition, malnutrition needs to be viewed as an important public health issue.

c. Underlying Causes: Services and Household Factors

The underlying causes that lead to malnutrition and disease can be traced to the services and utilities responsible for good public health and a safe environment, such as a safe water supply/sanitation system, as well as to household factors, including the family's economic situation and level of awareness of health and nutrition risk issues.

i. Services: Water and Sanitation, Electricity, Health, Education

Water and Sanitation These services are often referred to as the first line of defense against disease. In the case of Iraq, deterioration in water quality is one of the key causes for

the increase in childhood disease. Most of the water distributed is drawn from the Tigris, the Euphrates, and their tributaries and irrigation canals. These are all surface water sources and are, therefore, susceptible to both pollution and infestation. Water needs to be purified, and chlorine is critical for this purpose.

There has been both a drop in coverage since 1990 as well as a serious erosion of water quality. Before 1991, the potable water coverage for urban and rural areas was 95% and 75% respectively. This was achieved through an advanced water system composed of 218 fixed water treatment plants, 1,191 mobile compact water treatment plants, 51 boosting stations and hundreds of thousands of kilometers of water conveyance pipes. There was little difference between urban and rural water supplies in the central and southern parts of the country, the main one being that the first secured high percentages of water via fixed treatment plants, while the second depended mainly on mobile plants. Urban coverage declined to 94% in 1997 and 92.4% in 1999, while rural coverage dropped to 41% in 1997 and improved to 45.7% in 1999. Between 1990 and 2000, the daily per capita share of potable water went from 330 litres to 150 litres in Baghdad, 270 to 110 in other urban areas, and 180 to 65 in rural areas (see Table 4).

²⁴ GOI-UNICEF 2000c.

²⁵ GOI-UNICEF 2000c.

Water quality has been heavily compromised during the 1990s and while restoration work is underway, children and women are exposed to water-related health hazards. Water Quality results reported by the Ministry of Health and WHO, show high contamination of water samples, sometimes beyond 40%. The situation is especially serious in the southern governorates. According to Iraq Standards, the turbidity of water reaching the population should not exceed 1 Nephelometric Turbidity Unit (NTU). However more than 70% of water currently distributed is of a turbidity exceeding 10NTU. In some places the turbidity has even exceeded 25NTU. In a number of instances, especially in the southern governorates, treated water is blended with raw water (directly from the source) to cope with the increasing demand, particularly during the summer.

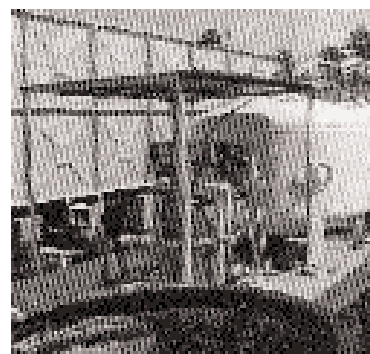
About 40,000 km of pipes form the water conveyance network. Water pipe breaks and leaks are causing water losses and water contamination; water losses through inefficiency in the network are estimated at 35% of treated water.²⁶ Water schemes are currently operating at about 60% of their normal efficiency.

As for sanitation, about 25% of the population, all in urban areas, use

pipled sewerage systems; about 50% use household cesspools, septic tanks and pit latrines; the rest of the population dispose of their sewerage directly into rivers, streets or open areas, forming ponds of stagnant water and causing contamination and environmental hazards in both urban and rural areas. It is estimated that 500,000 tons of raw sewerage are dumped directly into fresh water bodies every day. Most treatment plants are malfunctioning due to lack of spares, equipment, proper maintenance and skilled manpower. Many tanker trucks for cesspool pits have broken down because of lack of spares, tires and batteries.²⁷

Garbage collection vehicles face a similar problem to that of cesspool tankers lacking spares, tyres, batteries, etc. In 1990, in Baghdad City alone, there were 800 garbage collection trucks with a capacity of 8m³/collector (about 4 tons each) making two trips per day serving 4.25 million with an average garbage disposal of 1.5kg per capita per day. Now, with a population of 5.6 million inhabitants disposing of 0.5kg per person per day, there are only 80 garbage collectors with much lower capacity, assisted by 400 hired garbage collectors. As a result, more garbage accumulates between residences (about two thirds is not being removed) and the garbage disposal areas are getting nearer to the city as collectors carry less and travel shorter distances.

Auxiliary machinery and equipment such as garbage collectors, tractors,



loaders, lorries excavators, water and sewerage tankers, jetting vehicles, personnel and transport vehicles, have dropped from an estimated 6,500 units to 700 in 1996. By 2001 services have improved with approximately 3000 vehicles in service. The number of operational workshops has also dropped from more than 60 to less than 20. Foreign labour and maintenance staff in the sector, who previously formed about 20% of the total, left the country in 1991. As in the other sectors, experienced local staff, including engineers, technicians and operators, also left in search of more rewarding jobs. This reduced the number of personnel working for the General Corporation for Water and Sewerage from 20,000 to only 11,000. The estimated average number of years of experience dropped from 20 to only 9 years.²⁸

As a result, safe drinking water is now a nation-wide problem. As noted earlier, cases of diarrhea have

²⁶ GOI-UNICEF 2000b.

²⁷ GOI-UNICEF 2000b.

²⁸ Ibid.

Table 4 Pre- and Post-War Water Coverage and Availability Centre-South Iraq

	Potable water coverage (%)		Domestic per capita share of water (litres per day)			Cases of Typhoid	Average number of diarrhea episodes/child/year
	Urban	Rural	Baghdad City (Urban)	Other urban	Rural		
Pre-1991 period	> 95	> 75	330	250-300	180	2,240	3.8 (1990)
1997	94	41	218	171	91	27,000 (1996)	15 (1996)
1999/2000	92.4	45.7	150	110	65	-	-

Source GOI-UNICEF 2000b

increased from an average of 3.8 episodes per child/year in 1990 to 15 episodes per child/year in 1996. During the same period, typhoid fever increased from 2,240 to over 27,000 cases. The drop in coverage compared to the rise in water-related disease like typhoid is shown in Table 4.

Electricity As noted above, the electricity deficit in Iraq is estimated to be over 2,300 megawatts, with long power cuts affecting the majority of the population. The impact of power cuts on the water and sanitation sector is considerable. At least 70% of the standby generators in

water projects are out of order for lack of batteries and spares, so for many water projects a power cut now means the total shut-down of the plant.

According to a water and sanitation survey conducted by UNICEF in 1999/2000, the ripple effects of power cuts include: reduced water pressure; no water reaching communities; increased likelihood of water becoming contaminated; and disease. The survey noted, "The effects of power cuts are even longer and more widespread than the actual duration of the power outage, especially in water treatment plants. Re-

commissioning of the plant and refilling the main pipes of the network usually take a lot more time than the outage time".²⁹

Because of the lack of supplies, poor maintenance and long power cuts, sewers are frequently clogged with sediments of the sewerage solid particles causing back flow of sewerage into living quarters and residences. In Baghdad city for example, the long-duration of power cuts caused severe damage to the piping network resulting in 18,000 pipes' settlements and breaks during 1990 - 1997 compared to only 18 during the period 1985 to 1990. The formation of

²⁹ The study is "Water and sanitation Services Coverage Survey", UNICEF/CARE, 1999-2000.

hydrogen sulphide with its aggressive acidic action results in the corrosion and disintegration of pipes, disintegration of soil below and eventually the collapse of the pipes.³⁰

Another aspect that is worth noting is that the cold chain system has been adversely affected by frequent electricity failures. Owing to this problem, the system had to be changed from electricity supported equipment to kerosene refrigerators at the primary health care level.

Health Services The health service system has been badly eroded over the past decade. The Ministry of Health had an annual budget before 1990 of \$450mn to cater for a population of less than 20 million. This dropped to a current level of approximately \$22mn, or approximately 5% of the original budget for a population increased by 10 to 15 per cent. According to the Programme Review on the Health and Nutrition Sector, the effects of the drop in resources "are easy to see. Staff salaries are poor (due to hyperinflation) and motivation has sunk to very low levels". Prior to 1990, 97% of the population in urban areas and 79% of the population in rural areas had access to health care. Currently, there are just 929 primary health care (PHC) centres remaining out of a network of 1,800 prior to 1990. Many skilled personnel have emigrated, and the remaining personnel have experienced technical isolation. There is shortage of supplies, including medical equipment.³¹ User fees were introduced in 1999,

under a plan whereby hospitals would "auto-finance" and be responsible for half their budget, covering furniture, maintenance, and construction, while the Ministry would provide equipment, supplies and medicines. User fees were due to start at PHCs in May 2001. A two tier fee structure is in place with low income groups paying about a quarter of what middle to higher income groups pay. For example, an examination is ID100, as is a laboratory test. While it was not possible to ascertain the extent to which the introduction of user fees has impeded the population's access to health, there is evidence in some areas of reduced demand for health services after fees were implemented.

It must be noted however that fees do not affect preventive mother and child health care. The auto-finance system does appear to be working as regards hospital funding and management (see Box 2).

Education The state of many of the schools in Iraq is not just a disincentive to education but also a public health hazard for children (see Chapter 4, in particular Box 4). The lack of electricity means somehow coping with the extreme heat in summer and cold in winter. Broken down and backed up sanitation systems mean there are no toilet facilities to use, and children are released to go home when they need to use toilet facilities.

ii. Household Factors

Several factors at the household level contribute to child mortality and under-development. The most important is poverty, which makes it difficult for parents to provide adequate nutrition for their children and care for their health and well-being. As regards nutrition, for example, the 1,093 calories Government was able to provide pre-MOU was raised to 2,030 in Phase I and to 2,472 in Phase VIII (based on the UN Secretary General's recommendation in February 1998 that the nutritional target value be increased, given its inadequacy).

However, the food basket, even if distributed fully, does not fulfill the monthly food requirements for the majority of the population. As noted earlier, the May 2000 FAO/WFP report confirmed that supplies from the food ration were not sufficient for the whole month. It revealed that wheat flour lasted for 21 days and milk powder 12 days. Moreover, the food basket has a very low vegetable protein and does not include any animal protein, and the need to achieve a balanced intake of foods means that families have to buy additional food items. The amount spent by families each month is estimated at almost ID21,966, and is almost double the estimated market price of the food in the ration (ID10,086). This means considerable hardship for families, especially since income for most public ser-

³⁰ *Ibid.*

³¹ GOI-UNICEF 2000c.

Box 2 Health System: The Long Road Back to Service

Dozens of women clad in long black abayas crowd around the door to the office of the Director of Al Nur PHC Centre in Al Shula area of Baghdad, waving pieces of paper and demanding attention. Across the hall, both men and women clutching their infants, press into a room where vaccination is underway. The Centre Director estimates that she and the remaining four doctors see about 800 patients a day; the number of patients served by the Centre can go up to 1,500 a day during immunization campaigns. In normal times, a PHC with the catchment area of Al Nur has 17 doctors assigned to it.

Most of the wage-earners in the area are labourers. Amongst some of the health problems faced by the population are high anemia during pregnancy, and high rates of child malnutrition, the Director reported. High protein biscuits are distributed to children and mothers. The distribution of the biscuits causes additional work for the Centre management. Awareness sessions regarding ARI, diarrhea and breast-feeding are given at the Centre, and information on hypertension, an increasing problem for pregnant women, is being introduced. Children experience frequent bouts of diarrhea, as do adults. Open sewers run through the streets, and although the Centre collaborates with the water and sanitation authorities, the resources simply aren't there to tackle the sewage system.

This Centre is one of the lucky ones, having been rehabilitated three months earlier through the support of the ICRC; this included complete rewiring, repairs, and painting. "Rain used to drip on us all the time", the Director recalled; "This is an old building; I came here for my training in the 1960s". Some 60 out of the 800 PHC Centres have been rehabilitated to date; work is underway on another 20. The renovation costs around \$20,000 a centre. Imported air-conditioners have been installed in some of the rooms. The Centre is clean in spite of the crowds, and last year it acquired a modern conference room which is used for medical graduates. However, it is difficult to provide services, not just because of the numbers but because doctors are leaving the profession due to low pay, or to set up their own private clinics. Some offices in an adjoining building, which is yet to be rehabilitated, are used for private "popular" clinics in the afternoon, based on a reduced fee structure for lower income groups.

Six Community Child Care Units are attached to the Al Nur PHC. The CCCU in Othmaniya is based in the People's Council Offices. Some 100 children had been screened that day, and their charts completed. Four children suffered from severe malnourishment; on average 35% suffer moderate to severe malnourishment. Boxes of high protein biscuits sit in a corner. The volunteer, who has been coming to the Unit for five years, notes that lack of storage is a problem. To date, she has covered her own transport costs to come to the Unit. Talks are given on the importance of breast-feeding; some women ask about family planning services and are referred to the Al Nur PHC clinic.

At Al Nur Hospital, which is located in the same low-income area, the overall impression is of a clean and well-maintained outfit. The hospital has been "auto-financed" since the decision was passed in September 1999. The children's outpatient department sees around 150 patients a day, of whom 80% have gastroenteritis. There are 25 patients in residence. Families that can afford it pay about ID4,000 per day of hospital stay, whereas low income families pay ID1,000/day, which includes the cost of treatment, and food for the child and caretaker. Apart from the number of people to a room, there was little visible difference between the private ward and the low-income ward.

vants ranges from 5,000 - 10,000 ID/month (\$3-6) per month.³²

The education of the mother is an important factor in children's health and well-being. All three indicators of nutrition status (underweight, stunting or wasting) vary inversely with the educational level of the mother. Children of mothers with at least secondary education have lower level of malnutrition than other children according to all three indicators.

Moreover, many mothers are malnourished themselves: more than half of pregnant mothers are anemic, due to inadequate food intake in terms of both quality and quantity. Poor quality of care during pregnancy and delivery leads to a large proportion of babies born in hospitals with low birth weight. As noted earlier, this affects nearly a quarter of babies born in Iraq; low birth weight babies are 40 times more at risk of under-development during the rest of their lives. Hence, it is important that care be improved for the mother and the new born to ensure their survival.³³

Other factors at the household level include early marriage and short birth spacing. The Mortality Survey revealed that some 40% of women in Iraq were married before 18 years of age and only 14% were married at 24 years or later. Birth intervals were also too short: 41% births were spaced less than 2 years and 20% less than 18 months. Only one-third of

births were spaced by more than three years. There was also a high total marital fertility rate of 7.7 in the three years before the survey.

MICS 2000 revealed that only 17.1% of mothers of infants less than 4 months of age exclusively breast-fed their infants. There was not much difference between breast-feeding of boys (17.8%) and girls (16.4%) of less than four months of age. Rural mothers were almost twice as likely to exclusively breast-feed their infants (24.6%) than urban mothers (13.1%) during this period. Some 51% of mothers continue to breast-feed their infants aged six to nine months, together with complementary food, and 58.6% continued to breast-feed between 12 and 15 months.

An earlier survey (MOH/WHO 1998) had revealed that 61.7% of mothers gave their children water during the first month of life, 31.7% of these children being given unboiled water. Mothers' decision to stop breast-feeding or to use complementary foods is facilitated by the inclusion of infant formula in the food basket of rations provided under the MOU, which has been identified as an area of concern in terms of children's survival and well-being, in normal times but particularly in the conditions that currently prevail with regard to water, sanitation, and probably inappropriate hygiene practices.

The national authorities and inter-

national organizations support community awareness campaigns targeted at specific issues - ARI, breast-feeding, vaccinations, family planning, and so on. However, these appear to be managed in an isolated and vertical fashion, rather than through a comprehensive approach that covers a range of critical issues, and which would better use scarce human and financial resources.³⁴

d. Basic Causes:

Most major basic causes are directly related to the management of the services themselves. Perhaps the most important are the weak linkages between the water and sanitation sector and the various levels of the health system, as well as weak linkages between these two sectors and the education sector.

In addition, the absence of a coher-



³² 2000c.

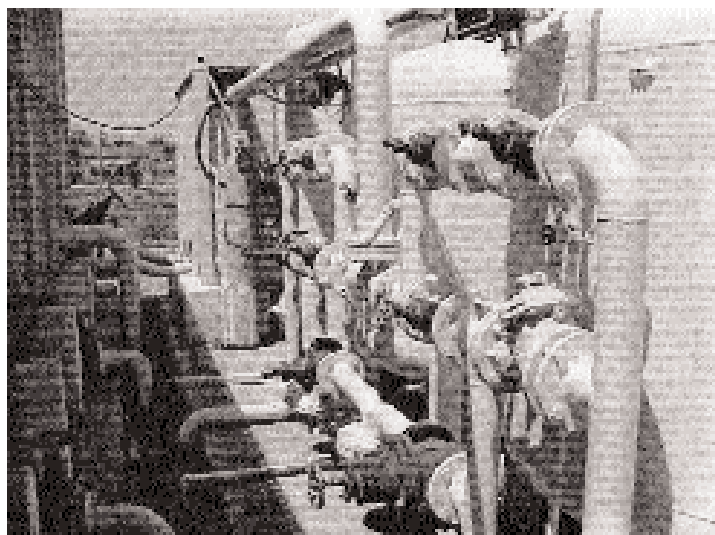
³³ Ibid.

³⁴ Observation during site visits for the preparation of this Situation Analysis.

ent policy, legal and institutional framework has been identified as a basic cause in the case of the water and sanitation sector.³⁵ Indeed, the difficulty of moving beyond ad hoc patchwork arrangements and on to more comprehensive planning has affected all sectors over the past decade, due in large part to loss of staff and resources. This is an issue that may be addressed through the recent resumption of five- year development planning.

The fact that user fees in the water and sanitation sector are modest and are far from covering costs has been identified as a systems issue. At their current level, the fees do not reflect scarcity, and hence are not conducive to efficient and rational use by the community to preserve scarce water resources. A more steeply escalating user fee system could be considered. The same could be said for electricity, where use of newly available air conditioners and generators appears in some cases to be without regard to real energy costs.³⁶ As noted above, user fees have been introduced in the health sector with some success. Although the possible impact upon the fall in demand for services must be assessed. It has also been noted that there is limited community involvement in the water and sanitation sector.

A point to note is that while data on some service systems - for example, water and sanitation - seems to be plentiful, information on others such as health and education - is more



sparse. This makes it difficult to address the question of how the systems themselves function and how they have coped with the impact of sanctions.

The deteriorated physical infrastructure of the social sectors can also be seen as a basic cause. In November 2001 the numbers of primary health care centers, primary schools, water treatment plants, and sewage treatment plants still in need of rehabilitation respectively amounted to 500, 4,500, 960 (including 880 compact units) and 17. Up until the end of the 1980s, the abundance of foreign exchange and public revenue combined with a scarcity of labour drove this sector, in particular, to rely

almost exclusively on labour saving, capital intensive infrastructure. Now with a scarcity of foreign exchange and public revenue the ability of authorities to maintain, let alone further develop this infrastructure has been severely diminished. The continuing isolation of Iraq has limited the authorities' ability to explore and introduce more appropriate low cost technologies. The disparity in urban/rural infant and child mortality rates highlights both an institutional bias in focus towards both urban areas and towards to capital intensive infrastructure which is often not appropriate for serving widely scattered and sparsely populated rural areas.

³⁵GOI-UNICEF 2000b.

³⁶Observation during site visits for the preparation of this Situation Analysis.

Causes that reflect the impact of crises and sanctions on systems include inadequate capacity for efficient and effective management of health, nutrition, water and sanitation, and education systems and services. The erosion in numbers and skills staffing in the public sector is due to low levels of pay due to the absence of resources. This has been documented particularly well in the water and sanitation sector, where the number of staff at the Corporation for Water and Sewerage dropped from 20,000 to 11,000, eroding the average number of years of experience from 20 to only 9 years. The government has tried to make up for low salaries by introducing allowances and incentives, but this does not raise wages sufficiently to meet needs. Lack of resources also means less opportunities for training and career development.

A basic cause for non-fulfilment of the rights to survival and development cuts across all sectors: the lack of financial resources available to national authorities, whether overall resources to overhaul a sector to its pre-1990 capacity and to develop it to meet growing population needs, or to simply distribute and install the supplies and equipment provided through MOU arrangements.

As noted above, the Ministry of Health annual budget dropped from \$450mn in 1990 to less than \$20mn, affecting staff levels and services. In the case of water and sanitation, implementation of activities under the SCR986 programme started in



early 1997 with a view to rehabilitating existing systems. However, while the requirements of the sector stood at more than \$700 million, the sector allocation in the first four phases (two years) provided only about \$50 million. It is estimated that full rehabilitation of the water and sanitation systems would require around \$1 billion. Meeting the demand of unserved and under-served populations, and putting systems in place for future population growth, would require several billions more.

Moreover, the absence of a cash component within the SCR 986 Oil for Food Programme made it difficult to support activities like transporta-

tion of supplies, timely delivery of commodities at end user level within the country, training and capacity building, maintenance, repair of warehouses and institutions, and other areas. In other words, the supplies and equipment arrive, and a severely depleted and under-resourced public sector then has to figure out ways to install and distribute them. The cash necessary to deal with issues of delivery, training, installation, maintenance and so on has been estimated to be \$12.8mn for primary health care and \$13.8mn for nutrition. International and non-governmental organizations have been helping to defray some of these costs through their regular pro-

grammes, but these ad hoc arrangements cannot substitute for planned and reliable expenditures.

As of the 19th November 2001, 1544 contracts valued at over US\$4billion remain on hold at the SCR 661 Sanctions Committee in spite of efforts to establish a fast-track list of goods. The absence of funding, and the irregularity of such funding that becomes available as well as the irregularity of equipment and supplies, means that authorities cannot plan and implement a comprehensive strategy. In the water and sanitation sector, for example, there is no Master Plan for the rehabilitation of the sector. The authorities followed a "shock therapy strategy" that only anticipated reduced rates of deterioration in services throughout the country. Phase II focused on auxiliary equipment to improve the networks; phase III on water system spares and power, phase IV more emphasis on auxiliary equipment and compact units.³⁷

ARI diseases, in particular, can be attributed to the inability to plan and manage health resources due to the ad hoc arrangements in force as a result of sanctions. The GOI-UNICEF Programme Review of the health and nutrition sector noted that this was "a multi-factorial issue, as irregularity of medicines supplementation and frequent drug shortages combined with 'weak' and ineffective training courses has led to increases in ARI cases especially in the winter. The problem is exacer-

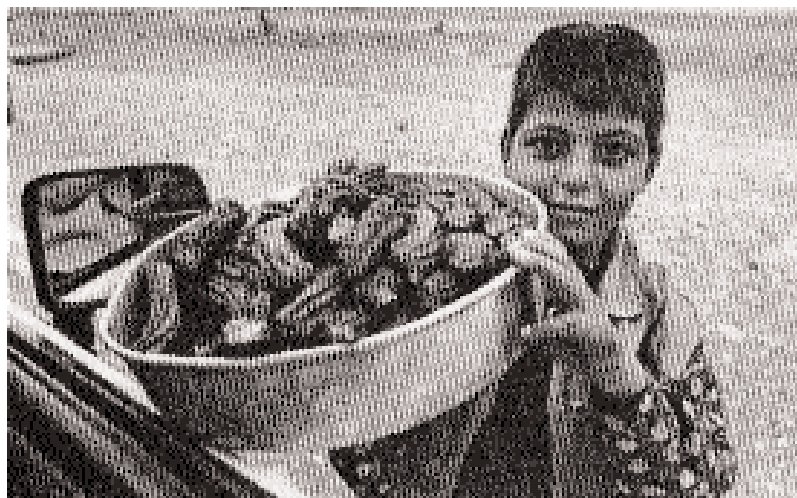
bated by lack of follow-up". Sanctions-related causes for malnutrition and disease also include the availability of calories in the food ration, as noted in 3/b/ii.

e. Interventions to Date

Nutrition To address the population's nutrition needs, the Government has put in place programmes to screen children and provide the necessary nutrition support and health care to those in need. It introduced Community Child Care Units (CCCUs) in 1996 as part of a Targeted Nutrition Programme, with the objective of screening at least 75% of children less than five years old for malnutrition, with a special emphasis on children in high-risk

areas. From Phase IV onward, the Government included high protein biscuit as part of the supplies procured under MOU.³⁸ The CCCUs refer moderately and severely malnourished children who need care to primary health care clinics, while severely malnourished children suffering from associated illnesses are treated at Nutrition Rehabilitation Centres (NRCs) based in hospitals. The centres also provide health education regarding proper hygiene and feeding practices and care of children during common childhood illnesses.

By the end of 2000, there were 2,531 CCCUs in the country, screening some 60% of children. The number of under-5 children screened for malnutrition rose from 200,000 in



³⁷ GOI-UNICEF 2000b.

³⁸ A problem occurred with the first delivery of therapeutic milk, and this has not yet been made available.

1997 to 1.5mn during the first three months of 2000. During the first three months of the year some 16% of screened children received nutrition supplements in the form of high protein biscuits. These were also provided to over 138,000 pregnant and lactating mothers (27.1%) during the same period.³⁹

The CCCUs are established in schools or in People's Local Councils, and have drawn in other ministries and NGOs. They are staffed by volunteers, most of whom are teachers, and are the first attempt by the social services system to create an extension system at the community level. In addition to the positive sides of this experience, described above, there have been some difficulties. Volunteers lack sufficient skills and support to manage themselves as independent and self sustaining local institutions. They do not receive funds to cover their personal expenses, and have been forced to cover these out of pocket. The actual number of under-five children who would need to be screened is estimated to be 3.5mn out of whom the estimated number of malnourished is 750,000 and the number needing rehabilitation is estimated to be 350,000. In order to be able to cover 100% of under-five children, a total of 4,000 CCCUs would be required.

The NRCs are established at hospital paediatric wards and at paediatric hospitals to provide medical and nutritional treatment to severely malnourished children under five.



³⁹ GOI-UNICEF 2000a and UNICEF Annual Report

The centres also provide health education and advice on nutrition to the children's family. A key link that exists between NRCs and CCCUs is that on discharge from the centre, after recovery, the rehabilitated children are referred to a suitable CCCU for growth monitoring and further support and advice. The total number of NRCs currently is 63, located in all governorates and in sectoral hospitals. The number of rehabilitated children rose from 6,000 in 1996 to over 1.2mn by December 1999.

Again, in addition to the positive aspects, some difficulties have been faced. The numbers of NRCs are thinly spread, and they require care givers to stay at the hospital while the child is there, which is often difficult for mothers with other commitments. All NRCs put together have a monthly admission capacity of 2,000 and can rehabilitate only about 24,000 severely malnourished children in a year. This covers only 20% of severely malnourished children. Some of these issues are being addressed by using oral rehydration therapy corners in hospitals for nutrition rehabilitation. With inclusion of all 929 PHCs in the effort to rehabilitate malnourished children, the programme will be able to cover 80% of the malnourished children.⁴⁰

Interventions are also addressing the need for micro-nutrients. Vitamin A supplements are being given to children together with their measles

vaccine. However, MICS 2000 revealed that less progress has been made in this area than previously believed, with 12.7% of children receiving Vitamin A supplements.

Over the past few years, determined steps were taken as regards salt iodization, given iodine's importance in preventing mental retardation. Legislation was adopted in 1996, and an action plan reviewed in 1998. Currently, only iodized salt is distributed in food rations and household use of iodized salt has risen. Again, the MICS 2000 revealed that progress is less than had been thought, with 40% of households consuming iodized salt. One of the reasons given is that the salt supplied in the food ration is not enough to cover household needs, and families then buy non-iodized salt from the market.

Health Ongoing immunization campaigns are amongst the interventions to redress the adverse health conditions experienced by children. The Ministry of Health Expanded Programme on Immunization (EPI) has been resumed and reactivated, and immunization coverage rates improved greatly during 2000 (see Table 5).⁴¹

Efforts to eradicate polio from Iraq were intensified during 2000 to address the 1999 outbreak (see Box 3). These were successful due in large part to the use of micro-planning and full Government commitment. The Ministry of Health has reported only 4 polio cases - all during January 2000 - compared to 77 cases in 1999.

There was also a considerable reduction in the number of cases of measles - from almost 10,000 in



⁴⁰ GOI-UNICEF 2000c.

⁴¹ UNICEF Annual Report 2000.

1999 to only 678 cases by October 2000. The number of tetanus cases was also reduced to just 26 cases in 2000, compared to 49 in 1999. Indeed, Iraq has achieved the global goal the elimination of neonatal tetanus goal (0.5 per 1000 live births) although when disaggregated by district there are some districts still to attain this level. The MICS 2000 survey showed that 63.2% of pregnant women had received neonatal tetanus protection. Nevertheless, all immunization cam-

paigns were delayed to some extent during 2000 by the late or non-arrival of supplies procured under the Oil for Food Programme.⁴²

International organizations active in the health and nutrition sector in Iraq include UNICEF, WHO, ICRC, CARE International, Premiere Urgence, and the International Federation of Red Cross and Red Crescent. UNICEF focuses on rehabilitation of primary health centres, nutrition rehabilitation, immuniza-

tion, social mobilization, cold chain equipment and provision of incentives for personnel. WHO focuses on surveillance, laboratory activities, and transportation. The two organizations collaborate in the conduct of surveys. ICRC helps to rehabilitate PHC centres, among other things. The International Federation of Red Cross and Crescent helps distribute food rations to malnourished children and their families.

Table 5 Immunization Coverage 1990 - 2000

Type of Immunization	1990	1995	1999	2000
	Results from Routine Reporting Systems			Results of MICS 2000 survey children aged 12-23 months
Against diphtheria, pertusses and tetanus	75%	91%	90%	85.5% 1 st dose 78.1% 2 nd dose 68.9% 3 rd dose
Against measles	63%	98%	94%	78.1%
Against poliomyelitis	83%	91%	89%	73.0% zero dose 93.5% 1 st dose 89.5% 2 nd dose 81.8% 3 rd dose
Against tuberculosis(BCG)	96%	96%	85%	91.7%

Source: UNICEF Annual Report 2000

⁴² Ibid.

Box 3 Campaign Against Polio

In the spring of 1999 drought brought animal herders and nomadic people further south along the Tigris River valley in search of water and good grazing land. The first indication of a serious problem came in the Sinjar district in Ninewah governorate in May 1999. A normally healthy child developed a light fever, her limbs became floppy and weak. Doctors suspected polio and the case was quickly confirmed. By the year-end, there were 76 more cases as the virus moved south.

National Immunization Days for polio were started in 1995. The outbreak suggests that coverage during routine immunization and National Days had been sub-optimal. In response to the outbreak, Polio National Immunization Days were conducted during October and November 1999, while in 2000 an additional Immunization Day of two rounds was also carried out. The 2000 Days were reported successful due to good micro-planning and social mobilization.

This included house-to-house campaigns, monitoring and supervision. Health workers prepared maps of their areas and plotted every under-five child on the map. These were used to plan the campaign and to ensure every child was vaccinated. About 9,500 volunteers (teachers, NGO members, community leaders and local council and Ba'ath party members) participated in the campaign, helping to ensure 100% coverage. A pocket calculator or a diary and a certificate was given to them in recognition of their contribution. Supervisors from central, governorate, sector and primary health care centres supported the teams through regular monitoring and supervision. TV spots and radio messages were produced to raise public health awareness. Loudspeakers were used for making announcements to educate the community and to ask them to bring their children for vaccination, and banners were displayed at public places to mobilize the community before and during the campaign.

Water and Sanitation In 1995, the Water and Environmental Sanitation authorities and CSO conducted, with UNICEF support, the first ever services survey at the sub-district level. This was followed by other more refined surveys with support from UNICEF and CARE. In addition to defining the level of service coverage, the survey defined the system through which the water service was provided. Two other major surveys were conducted in 1997 and 1999, enhancing the clarity of problem definition and the effectiveness of planned solutions. The surveys provided a solid basis for a monitoring and evaluation system, and support is currently being given to establishment of a management information system.

Between 1991 and 1996, interventions in the sector were perforce limited due to the sophistication of the systems and the absence of financial resources. For example, it was estimated that \$100mn a year would have been needed to repair the system, whereas only \$8mn were available.

Through the Oil for Food Programme, the Iraqi authorities have been able to procure some of the hardware equipment, spares and purification chemicals necessary to repair, maintain and run the existing systems. However, no funding was available through the Programme for installation, costs of local labour, materials, training, maintenance, and research.

Rehabilitation works have helped increase the efficiency of targeted schemes by 25% - 35%. This has resulted in better quality and larger quantities of water in case of water treatment plants and less frequent of sewerage flooding and better quality treated sewerage effluent in the case of rehabilitated sewer lines and treatment plants.

f. Conclusions

The causal analysis set out in Figure 5 reveals both the basic causes for non-fulfilment of children's rights to life and survival in Iraq, as well as the inter-linkages between causes.

In particular, the lack of sufficient financial resources to rehabilitate and develop the health, water and sanitation, electricity and education sectors has been particularly devastating. Water and sanitation requires some \$1bn to rehabilitate the sector and several billion dollars to meet the need of unserved and under-served populations and address new population growth. Ad-hoc and patchwork arrangements are a mark of efforts in this area, whereas comprehensive planning and management is necessary, for which intensive capacity building will be an essential precursor.

The potential of household economies to grow beyond the poverty threshold is limited by a stagnant economy, which in turn is due to the very small amount of

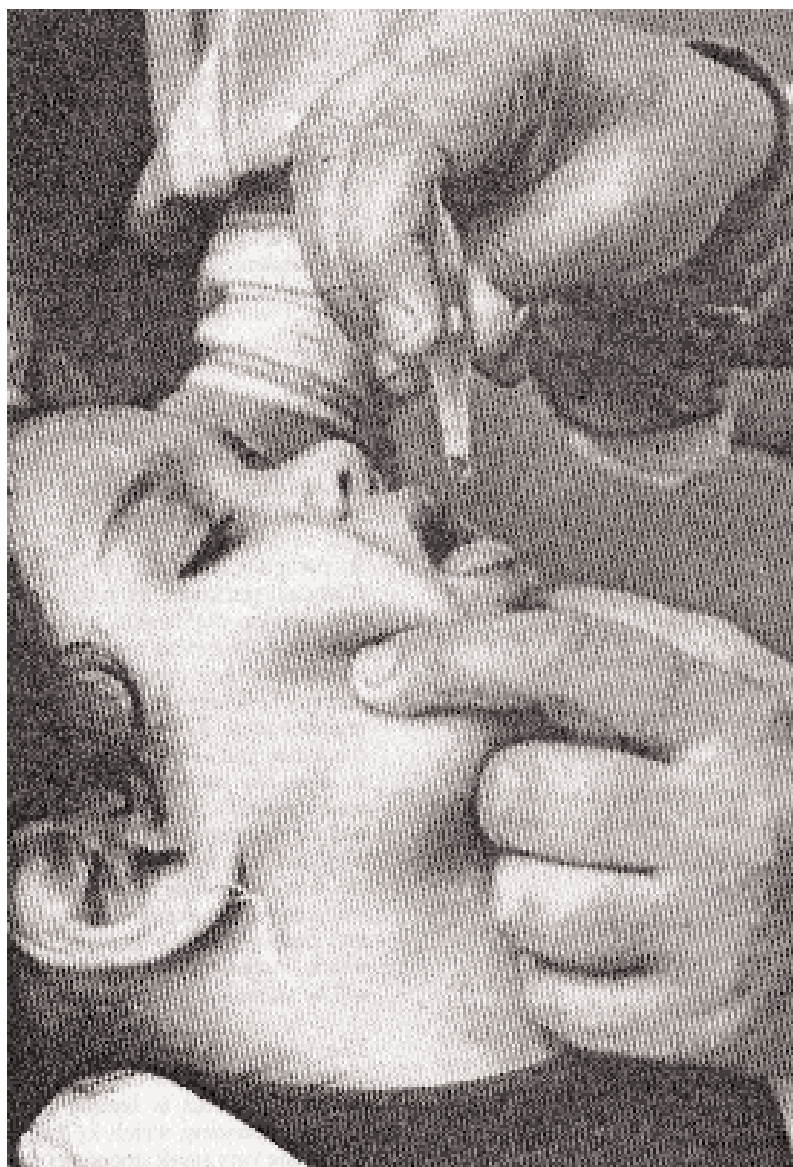


resources moving through the economy, and the almost complete reliance on imported supplies at the expense of national productivity.

Against this backdrop, interventions to provide a food basket, to screen and rehabilitate malnourished children, and to promote full immunization coverage, while laudable, simply mitigate the situation and do not give the population the opportunity to recover and move forward.

Figure 5 shows clearly how the bulk of interventions target the immediate causes. Efforts to address the underlying causes are remedial, while efforts to address basic causes are non-existent. Even as regards immediate causes, the efforts to mitigate the situation are impeded by slow and irregular delivery of supplies, due to the complex system for imports now in place. Perhaps the most telling indicator is that even after three years of such measures, the proportion of malnourished children has not greatly declined.

The attempts to ameliorate the impact of economic sanctions has not addressed the basic or underlying causes for infant and child mortality and under-development. Only sufficient and reliable resources and comprehensive management and planning will promote children's rights to life and survival. This would include not just repair and overhaul of the physical systems providing services to the population, but also the necessary capacity building and staff remuneration.



Several major areas, such as inadequate resources, insufficient and intermittent supplies, do not fall within the control of social sector authorities or of families, and they cannot be held accountable as duty bearers for the violation of children's rights that ensues.

Among the factors that do fall within the control of social sector authorities, it is important to consider stronger planning and implementation linkages between the health, water and sanitation, and education sectors to ensure best use of scarce resources and effective targeting of the problems. There are clearly strong inter-relationships between health and water services, and electricity and water services, all of which in turn impact strongly on disease and malnutrition.

A positive factor in this otherwise grim situation is the improvement of information on the status of children and the population, through the MICS and other surveys (such as water and sanitation), which enables better planning and monitoring of interventions. More must be done to collect and analyze information on the state of the systems themselves, in order to support capacity building and organizational reform.

A more comprehensive plan for education and information campaigns is necessary, so as to make best use of scarce resources. Such a plan would factor in a range of health, nutrition, environmental, and behavioral

issues, including family planning, birth spacing, early marriage, and breast-feeding, as well as disease control, water quality and sanitation disposal. Breast-feeding and other issues relating to the survival of newborns is particularly important, given that neonatal mortality accounts for two-thirds of infant and child mortality.

More popular awareness of and community involvement in resource use, along with a review of user fees in a way that is both equitable and yet reflects the scarcity of resources would assist in conserving and rehabilitating the water and electricity sectors.



Figure 5

Causal Analysis of the Fulfillment of
Children's Rights to Life and Survival in Iraq

RIGHT TO LIFE & SURVIVAL

INTERVENTIONS

OUTCOME

Infant mortality: 107
deaths/1,000 live births
Under-five mortality:
131 deaths/1,000 live
births

Underweight: 15.9%
Stunted 22.1%
Wasted 5.9%

IMMEDIATE CAUSES

Disease

ARI, diarrhea
(70%)
measles,
malaria,
cholera

Malnutrition

22.8% children suffer
from malnutrition in
1998
Micronutrient
deficiencies
Low birth weight

Screening, rehabilitation
through CCCUs and
NRCCs
Vitamin A supplements
Salt iodization
Immunization: DPT, polio,
BCG

UNDERLYING CAUSES

Services

Health
resources cut
by 10th since
1990

Water &
Sanitation
\$1 billion needed
to rehabilitate
bilgirs to grow

Electricity
2,300
megawatt deficit

Education
Poor state of school water,
sanitation services

Household Factors

Poverty
Salary \$3-
\$6/month

Awareness

Early marriage
Birth spacing
Low breast-feeding
rate
Information
campaigns not
sufficiently timed

Services: reducing
deterioration
Rehabilitation of
selected facilities

BASIC CAUSES

Systems

Linkages between sectors, Low
human capacity, User fees,
Community involvement, Data on
systems

Crises and Sanctions

Paucity of financial resources,
Holds on contracts, Ad hoc,
intermittent, insufficient supplies
Restrictions on purchase of local
goods

4. Children's Right to Education

Primary education has been compulsory in Iraq since 1976, and Iraq is a signatory of the Education for All Declaration. The Government has adopted the global goals established at the World Summit for Children. Two separate ministries deal with education in Iraq: the Ministry of Education deals with pre-schools, primary, intermediate, and preparatory education (both academic and vocational), while the Ministry of Higher Education and Scientific Research deals with university education.

a. The Situation: Low Attendance, Particularly Among Girls

Gross enrolment rate in kindergartens declined from 8.2% in 1991 to 6.8% in 1998. This means the system serves less than 10% of the population in the 4 - 5 age group.

The Education for All report indicates that from 1990 to 1998, approximately 22.6% of children did not enroll in school, of which 10.6% did not enroll in primary schools in 1998. The enrolment decline was greater in rural than urban areas and higher among girls.⁴³

Data on primary school attendance generated by the MICS 2000 survey confirms the serious and ongoing erosion in education. According to the survey, 76.3% of children of primary school age (6-11) in Iraq are attending primary school. In other

words, as many as 23.7% of children are not in primary school, with nearly twice as many girls staying out of school as boys - 31.2% of girls and 17.5% of boys (see Table 6). The erosion in attendance has affected the rural areas more than urban areas, with 39% of children out of primary school in rural areas compared to 16.2% in urban areas. In rural areas, the female attendance rate of 49.2% is lower than that of males (72.1%); in other words, half of rural girls are not going to school. In urban areas, male-female attendance rates are closer to each other at 87.4% for males and 80% for females.

The percent of overall primary school entrants who reach grade five is relatively high, at 88.3%. Again, as Table 6 shows, there are differences between boys and girls and urban and rural children. As regards girls, the data shows that they are more likely to drop out or be pulled out of school than boys.

The average repetition rate in primary grades has been reduced by 21.1% in 1991-2, to 17.6% in 1995-6 and 17 % in 1997-8. The highest repetition rate was reached in Grade 5 in 1997-8; it stood at 23% of which 26% were males and 16% females.⁴⁴

According to the National Report, drop-out rates have increased at the intermediate and preparatory levels of education (ages 12 - 17, and levels one through six). Boys enrolled in the third intermediate level in 1997-98 were only 68.0% of those who had enrolled in the first intermediate

level; the percentage of girls was 62.0%. As for the preparatory stage (academic), the percentage of male students enrolled in the sixth level in 1997-98 was 115.3% of those who had been enrolled in the fourth level, whereas girls enrolled in the sixth level were 96.1% of those enrolled in the fourth level. The Report noted that the reason for the high level of male enrolment was the high rate of failure leading to repetition in the 1996-97 school year.

The successive national literacy campaigns of the 1970s and early 1980s resulted in substantial improvements in the adult literacy rate, estimated at 52% in 1977, and growing to 72% in 1987. However there has been a sharp decline in adult female literacy rates since the mid 1980s, from 87 % in 1985 to 49% in 1990 and 45% in 1995.⁴⁵

In terms of recreation, the Children's Cultural House organizes on average 39 events a year, including drawing competitions, book exhibitions, and festivals. Children's plays are performed, and there are programmes for children on radio and TV. There is a General Federation of Iraqi Youth, a National Federation of Iraqi Students, a Commission for Youth and Sports, and a National Olympic Committee, as well as several sports clubs and federations. Middle-income families complain of children's easy access to electronic toys and billiards. Overall, not much information appears to be available on children's right to recreation.

⁴³ GOI-UNICEF 2000a.

⁴⁴ GOI-UNICEF 2000d.

⁴⁵ GOI-UNICEF 2000d.

b. Immediate Causes: Erosion in Coverage and Quality

By the mid-1990s, the education sector was in deep crisis: the physical infrastructure was dilapidated, requests for supplies went unmet, and the teaching personnel was completely dissipated in the face of shrinking funding. As the GOI-UNICEF Programme Review put it, "Unable to cope with high costs in the face of shrinking real incomes, many teachers in schools developed survival mechanisms that directly impinge on the capacity to provide quality education. Individual teachers resorted to providing extra lessons, to those who could afford to. Other teachers took on a second or even third job, while others simply abandoned teaching to engage in 'other income generating activities'. The results for students was that many became self-taught or not taught at all and education standards deteriorated sharply. In a number of instances, pupils themselves started leaving school to do 'other things'".⁴⁶

In most primary schools, the school day has been reduced to cater for two shifts, and sometimes three, of children a day. Estimates by the Ministry of Education reveal that there was a decrease in the number of Ministry staff between 1990 and 1998 of 26,394 persons (approximately 10%), of whom 16,337 (or 6.5%) were teachers. At present,

approximately 15,798 of staff (including teachers) are not attending work regularly. This aggravates an already poor situation where pupil numbers have increased due to population growth.

Prior to 1995, concerted teacher training resulted in increased numbers of primary and secondary school teachers. A shortage of resources forced the government to cut back the number of trainees in regular teachers' training programme in 1995.

There are severe shortages of basic school supplies, classroom furniture, textbooks and teaching aids. Estimates provided by the Ministry of Education indicate that schools lack approximately 500,000 teaching aid units, 2 million desks, 68 million textbooks, and 15,000 computers. The Ministry also adds that they used to distribute free of charge a wide range of stationery items (i.e. 150 million pencils, 23 million erasers, 5 million rulers, 5 million geometrical kits, etc), but that these are no longer being distributed.

Education

CRC Article 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

- (a) Make primary education compulsory and available free to all;
- (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
- (c) Make higher education accessible to all on the basis of capacity by every appropriate means;
- (d) Make educational and vocational information and guidance available and accessible to all children;
- (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

2. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

3. States Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy throughout the world and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.

⁴⁶ Ibid.

The curriculum has remained basically unchanged for 20 years, an issue which is now being addressed by the Ministry of Education.

c. Underlying Causes:
Household Factors, School Environment

Poverty is a major factor in low enrolment and high dropout rates. Although primary education is free, many teachers are now insisting on and charging for private lessons in order to survive, something poor families cannot afford. Families in need also pull their boys out of school to go to work, and their girls to help at home or get married. The

phenomenon of early marriage still prevails. The data show an insufficiently positive attitude towards female education, given that as many as 30.2% of girls are not attending primary schools.

More worrying, there is a reported attitude that some people no longer view education as useful or necessary for either sex, given the number of engineers and other highly qualified graduates driving taxis or working at odd jobs.

There is also a direct link between dropout rates and families' unwillingness to send their children to schools that are unfit for purposes of educa-

tion. The absence of sanitation is a major factor, as are the other hazards associated with non-rehabilitated buildings. The large class sizes and the shift system do not inspire confidence in the quality of education.

The Ministry of Education estimates that about 4,500 educational buildings, representing about 53% of the total existing building stock in the 15 Central and Southern governorates are in extremely deteriorated condition and do not provide a safe learning and teaching environment for students and teachers. This deterioration is evident in all areas: building structures, water provision, sanitation, playgrounds, classrooms, and

Table 6 Primary School Attendance

	Total	Boys	Girls	Urban	Rural
Net Attendance Ratio	76.3	82.5	69.8	83.8	61.0
Entrants Reaching Grade 5	88.3	92.2	83.6	89.8	83.5

Source: MICS 2000

electrical installations. The Ministry further estimates that about 5,132 additional buildings would be required to meet the growing need for school accommodation. The Ministry had previously outlined plans for the construction of new educational buildings and to replace destroyed and damaged buildings. These plans came to a halt in the early 1990s.⁴⁷

d. Basic Causes:

Basic causes impact on both the quality and quantity of education. In terms of quality it is generally agreed that the curriculum needs comprehensive review after little change over the past two decades. Although it is difficult to do so given the great pressures for delivery in terms of quantity, there is a pressing need to pay more attention to the quality of education, including teacher skills and incentives. The ministry's management information systems are said to need more investment in capacity building and software.

There is also room for further involvement of the community in school development and service provision, although this is difficult to achieve amongst low income groups.

This demands focused capacity building, advocacy and social mobilization. The weak linkages between planning for education in tandem with the water and sanitation and electricity sectors have been noted in Section 3.

According to official sources, \$230mn was allocated to the sector in the 1988-89 school year, representing approximately 6.7% of total government expenditure. Investment in education under the first four phases of SCR 986 averaged just \$23 million a year, or a tenth of the previous amount. Starting with Phase V, there was an increase in SCR 986 Programme allocations to the education sector, which culminated with an allocation of \$351 million in Phase VIII.⁴⁸ These resources have yet to impact on the sector.

The stagnant economy is reflected in poverty both of families who no longer have the resources to keep their children in school, and in the low wages of teachers, who take on second or third jobs, or leave the system altogether. The resources made available through the SCR 986 Oil for Food Programme do not help to revive the economy, given that they must be used for imported supplies and not for locally produced goods; the cash component agreed in December 2000 had not yet gone into operation by November 2001.

In addition, the intermittent arrival of supplies has affected the sector, perhaps the most telling example being the case of the printing press on which the production of school books depends. Attempts to secure both the spare parts necessary and the expertise at one and the same time have not yet borne fruit.

e. Interventions to Date: Rebuilding Schools, Youth Activities

With support from UNICEF, the Ministry has rehabilitated and reconstructed 402 schools in both urban and rural areas benefiting a total of 305,000 children and 11,460 teachers in the Baghdad, Ninevah, Basrah and Thiqr governorates. In addition, in collaboration with the international NGO, OXFAM, water and sanitation facilities in 1,050 schools were rehabilitated for the benefit of 840,000 children. This work was undertaken throughout the 1990-2001 period, though the bulk of it took place after 1996.

Rehabilitation work is presently ongoing in the Basrah, Thiqr and Missan governorates. In urban areas, priority is being given to schools in areas of high population concentration, or to schools running two or more shifts a day. Schools that were either partially or totally closed due to unsafe and/or poor conditions of the facilities (flooded, structurally damaged, etc.) are also being considered. In rural areas, priority is being given to areas where school buildings were destroyed or damaged beyond repair, especially in the southern governorates.⁴⁹

The Ministry of Education is currently upgrading its Management Information System to improve the school data collection system and to better facilitate planning capacities

⁴⁷ GOI-UNICEF 2000d.

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

at the central and peripheral levels. Essential computer equipment has been provided and staff have been trained, although the number is still insufficient.

Intensive efforts have been made for over a year to bring the chalk factory and the printing press back into production through repair of the machinery and training of staff. The chalk factory is now back in production, but the printing press is still not fully operational. This is due to the fact that it has proven extremely difficult to secure the spare parts necessary at the same time as international expertise to supervise installation and training.⁵⁰ Both spare parts and international experts have been secured, only to discover after the investment of considerable time and resources, that the parts were not sufficient to rehabilitate the press. Most school books are currently printed in Jordan.

In 1998, the Ministry of Education resumed some regular in-service training for teachers. The programme continued in 1999 and 2000 to cover a total of 1,600 supervisors and teachers from all governorates. The support included courses in math, English, reading for beginners, hygiene and environmental education.

Education kits were provided to 750,000 students in 1,200 primary schools, as well as supplies and equipment for teacher training institutes with supplies and equipment, which are now being procured through the MOU.

A non-formal education project was started in 1994 for 7,768 girls aged 10-14 to address the dropout problem of girls. A further 7,322 girls aged more than 14 were also trained in 1995. The project was implemented by the General Federation of Iraqi Women under the supervision of the Ministry of Education. Approximately 598 of the girls were able to rejoin the formal primary school system. The same project trained 1,350 teachers of the first and second grades of primary schools, mainly women teachers, and provided supplies and equipment, as well as food. A TV campaign promoting girls' education accompanied the effort. A study was conducted by the Ministry of Education on "Factors Affecting Female Dropout from Primary Education", and the Ministry is working on a proposal to address the problem of dropout girls and boys in the age range 10-14 years.⁵¹

Recently, some initiatives have been launched to engage children in planning their future. For example, during 26 - 28 February 2001, the Ministry of Labour and Social Affairs in collaboration with UNICEF organized "A Youth of Iraq" workshop, which brought together 53 youths, including 24 females, to work on articles in the convention on the rights of the child. One day was dedicated to children with special needs; there were 15 such participants, children with physical disability, hearing or visual impairment, and orphans. All groups met on the

last day, and shared recommendations. They established a creative gallery of recommendations, including drawings and sketches, to visitors. The workshop was widely viewed as a success. One of the youth commented, "We feel respected; we have a say".

This workshop also helped to give children the skills to engage with other stakeholders in a broader workshop organized by the Child Welfare Commission and the Ministry of Labour and Social Affairs, a "Future Search Conference on the Implementation of Child Rights in Iraq" (27-29 March 2001).⁵² A total of 86 people participated; they represented 10 "stakeholder" groups, including children between 8-12 and adolescents between 13-18; health, education, and media professionals; justice and law enforcement agencies; parliamentarians; and others.

Together they analyzed past and present global and national trends as these related to children, and created future scenarios. The common dreams identified by the group included: "Development and stability of health, social and educational state of the family, and the environment; child participation in discussions and decision-making; school health and nutrition programme introduced; ending of negative social phenomena; establishment of radio and TV channels for children". Groups then worked on action plans to fulfil their dreams.

⁵⁰ Discussions by the author with personnel concerned.

⁵¹ GOI-UNICEF 2000d.

⁵² The Future Search methodology involves "an interactive process of exploring the past, reviewing the present and dreaming for a common future by all the stakeholders of a system/issue to design strategies and actions for improving it in a coordinated manner by themselves under a supportive leadership", from *Proceedings of the Future Search Conference on Implementation of Child Rights in Iraq*.

Box 4 A Tale of Two Schools

In the Rassafa Directorate in Baghdad, 575 schools and 15,000 teachers serve half a million pupils. The Directorate includes some of the poorest areas, such as Saddam City, where 2.5mn people live and 350 of Rassafa's schools are located. The schools have deteriorated badly over the past 10 years, their condition made worse by the fact that this is an easily flooded low lying area. "When it rains, the schools drown", the Ministry of Education's planning manager for that Directorate, a woman engineer, explained.

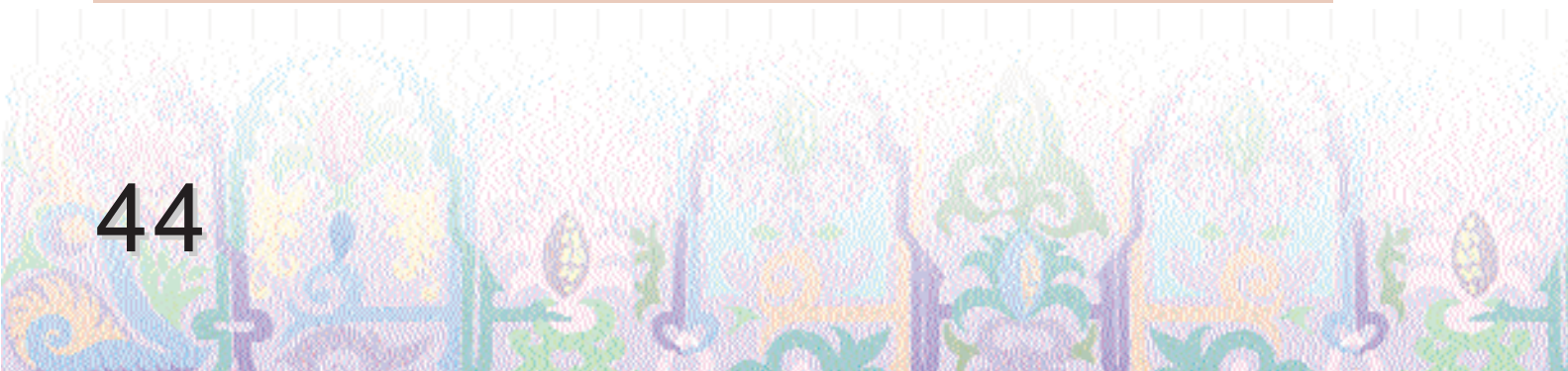
The schools are badly overcrowded, with 3,000 children per school, on average, and 120 per class. Ten schools run three shifts a day, while many others run two shifts a day. Only 30 of the schools have computers. Each school has a community board of trustees, and when this is active - and where the community has the resources - the schools are in better condition. State-supplied equipment is far from meeting the need. For example, 30 toilets have been made available for the Directorate, whereas the need is eight per school. To date, 61 schools have been rehabilitated through collaboration between the Ministry and international organizations. They were selected on the basis of size and number of shifts.

At Al Ishtirakiya Primary School for Girls, the walls gleam a freshly painted white, and the doors and window frames are picked out in bright blue. This is, the headmistress explains, in sharp contrast to the situation that had prevailed just two months earlier, with broken windows, blocked up toilets, ripped and exposed metal, and no fans. The yard had completely flooded due to the heavy rains. The school foundations have been raised to make it higher than the sewage system, and as a result the windows are visibly closer to the ground and the ceilings are lower; the main thing is that the toilets are now functioning again. The light fixtures have been repaired, although, like other parts of Baghdad the school experiences five hours of power cuts a day. The plain wooden desks are imported, since MOU funds are not released for local supplies. The renovation cost about \$20,000.

The school caters for 950 students in two shifts. Many of the students had stopped coming - as had two of the 25 teachers. "But now that they see what the school looks like they've come back, so we have 200 students to a class instead of 150," the headmistress explained. "One teacher even cut her maternity leave to come back and teach". The headmistress earns ID15,000/month (\$15) which includes her transport allowance, incentives and awards. Teachers get ID3,000 plus another ID1,000 for transport.

No renovation has yet taken place at the Fao Primary School for Boys, which was built in 1963. The Headmaster pleads with his visitors for support, pointing to the exposed electrical wires, broken window panes, and blocked up toilets. Recently, pieces of ceiling fell on a student at the edge of the yard. One of the headmaster's biggest concern is the damaged wall surrounding the school, which can easily be penetrated by pranksters, thieves and animals. "An escaped cow came crashing through one day", he recalled. Books are neatly piled up on the floor of one of the classrooms, though exposed to dust from the pane-less window. Half of the school books necessary are provided new by the Ministry each year, while the other half is recycled from one year to the next.

The school caters for 936 children in two shifts, and has 28 male and female teachers. During the heavy rains earlier in the year, they had to move the students to other premises as the courtyard was completely flooded. Some schools allow children to go home when they need to use the bathroom. Most of the teachers have second jobs. The headmaster, who earns ID3,200 and has to travel 60 kilometres to get to the school, works as an electrician in his spare time, and some of the teachers work as drivers.



f. Conclusions

The causal analysis presented in Figure 6 suggests that the violation of children's right to education in Iraq is being affected by the low quality and quantity of service provision as well as household incomes. The most crucial element is the paucity of resources available to both planners and families, which means that schools have remained in a deteriorated condition for over a decade and that teachers' salaries are on the poverty line, even when all incentives are factored in. Meanwhile demand for resulting low quality education services continues to drop as children, especially girls, are made withdrawn from school to work at home or assist in the provision of family income.

Children are getting less education in terms of both quantity and quality - the school day is shorter to allow for two or three shifts - and less support in terms of supplies. The erosion in skills and knowledge, and in the capacity to manage the sector are a less tangible but equally important effect of the stranglehold on resources. Household incomes and attitudes are negatively influencing children's access to education, and there is a clear link between the state of services and household attitudes. The immensity of the task of physical rehabilitation appears to have made it difficult for policy makers to give attention to the qualitative aspects.

As in the case of children's right to life and survival, the interventions to date have barely scratched the surface of this sector, and have as yet not been able to stop deterioration of the problem. In addition to being modest in the face of the problem few interventions address the basic causes. The most urgent intervention is access to resources of sufficient volume for the physical rehabilitation of the sector.

However, while education authorities do not have control over the factors that could lead to the physical rehabilitation of the sector, they do have some control over some of the issues related to quality, such as the revision of the curriculum, which is clearly a priority given the intervening passage of time since the last

revision. Another important area is investment in teacher capacities and skills, and the capacity of the education authorities to manage the system. Information systems are another area of concern.

Although they cannot at the moment offer financial or other support to parents, national authorities, with the support of international organizations, need to find ways to address the issue of attitudes to education, and in particular the attitude to girls' education, which is an obligation in both the culture and traditions of the region, as well as in international human rights. Stronger links between education, health and nutrition, and water and sanitation sectors would enable maximum use of scarce resources.



Figure 6

Causal Analysis of the Fulfillment of the Right to Education in Iraq

RIGHT TO EDUCATION THE SITUATION

INTERVENTIONS

OUTCOME

Decline in primary school attendance: 31.2% of girls and 17.5% of boys out of school in year 2000

Illiteracy increases: female literacy rates dropped from 87% in 1985 to 45% in 1995

IMMEDIATE CAUSES

Coverage & Quality

2 or 3 shifts in school
16,337 teachers left 1990 - 1998
Teacher training halted
Curriculum needs review and revision

Project to promote girls' education undertaken
Some in-service teacher training resumed

UNDERLYING CAUSES

Services

8,613 buildings deteriorated
5,132 additional buildings needed
Sanitation, other services lacking

Household Factors

Poverty
Attitude to education
Attitudes to girls' education: early marriage

Partial or full rehabilitation of 1,000 schools benefiting 1m children
Workshop on Youth

BASIC CAUSES

Systems
More emphasis needed on improving quality and on reducing rural/urban disparities. Capacity building on planning and policy formulation. Linkages between sectors weak. Insufficient community involvement. Management information systems weak.

Crises and Sanctions
Priority of resources to rehabilitate, rebuild, meet new growth. Stagnant economy affects household incomes, drives teachers out of system. Difficulty in securing supplies, spares.

5. The Right of Vulnerable Children to Protection

a. The Situation of Disabled Children, Orphans, and Working Children

The Iraqi Social Welfare Law (126) of 1980 was the first of its kind in the Arab world to recognize the medical, educational and economic rights of the disabled. The law established the right of all disabled persons in Iraq to rehabilitation services. Provisions were made to provide financial support to those who needed it. Integration of disabled children into normal schools was declared an educational policy. Legally all businesses are required to reserve 10% of their employment positions for disabled individuals. While the law is clear on rights and entitlements the realization of these rights, including integration, remains a formidable challenge. The government makes a strong effort to place disabled graduates of vocational schools in the public and private sector, but no extra measures have been taken to make improvements to the environment so that it is suitable for the development of persons with disabilities. As a consequence, very few finish secondary school and only rarely do some attend university.⁵³

The Social Welfare Law, Law No. 126 of 1980 defines all legal aspects relating to orphaned children. This also defines the role of state-run houses and stipulates conditions of acceptance and residence in government houses. Those who apply for

admission to government houses, including orphanages, must be Iraqi or Palestinian with residence in Iraq; have "lost" one or both parents because of death, handicap, arrest, or imprisonment, and have no other caretakers; have family problems; or, may have no identity.⁵⁴

The matter of working children is regulated by Law Number 76 of 1983 (Law of Care for the Juvenile) and the labour law. Law 76 states that children under 15 years of age who are found begging, selling or carrying out any other type of work in the streets, are considered to be vagrants and can be taken to court for cautionary action or be placed in a guardian's custody, or referred to a rehabilitation centre. Children who have left their homes or any other place where they have been placed, without authorization, or those who work without authorization also fall in this category. Article 25 of the same law considers a child or adolescent to be deviant if they work in prostitution, gambling, or in a bar, have contacts with vagrants, or have disobeyed the authority of their parents.⁵⁵ Law No. 38/1973 prohibits child labour in Iraq, setting the minimum working age at 15 years.

According to a 1998 report by the Government of Iraq on the implementation of the Convention on the Rights of the Child, Juvenile Care Law ensures that detention of children is activated only when all preventive and rehabilitation measures have been exhausted. Juvenile

courts are composed of a medical doctor, a psychologist and/or pediatrician as needed and a team of social workers. They are responsible for conducting a medical and psychological evaluation of the minor and assessing his/her living/family conditions and environment. The results of the evaluation are presented to the court that instructs on a system of periodic follow-up of the juvenile. In this case the court has two main functions, cautionary and judiciary. Trials of juveniles are conducted in the presence of guardians, custodians and/or any of the child's relatives in closed sessions. A juvenile accused of a felony can only be detained if he/she is above 14 years and placed at a rehabilitation institution. Juvenile law also includes provisions for deferred and favourable sentencing, sentence and placement revision, and conditional discharge of sentenced juveniles.⁵⁶

WHO estimates that in any population the number of people with disabilities is approximately 10%.⁵⁷ However surveys carried out in some countries do not identify more than 3 to 5% of the total population of a country as being disabled. Even assuming a low disability prevalence rate of 3%, with a population of approximately 25 million, there would be some 750,000 disabled persons in Iraq, 50% of whom (or 375,000) would be children under the age of 15 years. Given that Iraq has been through two wars from 1980 up to 1991 and under economic sanctions throughout the 1990s,

⁵³ GOI-UNICEF 2000e.

⁵⁴ *Guidelines for Services in Government Houses* quoted in GOI0-UNICEF 2000e.

⁵⁵ GOI-UNICEF 2000e.

⁵⁶ *Ibid.*

⁵⁷ *United Nations (1988): Development of Statistical Concepts and Methods on Disability for Household Surveys. Department of International Economic and Social Affairs, Series F. No. 38.*

the figures may well be higher. Increased malnutrition, challenges in health service delivery, and psychological trauma resulting from war and hardship all contribute to the problem.⁵⁸

As well as limited data on total numbers, the distribution by type of disability is also little known. Anecdotal information, especially that coming from health care service providers, suggests that in terms of magnitude (number of children with disability) mental disability is most prominent. This is followed by physical disability, hearing impairment, and visual impairment. Some evidence also exists to suggest that there are a number of children with multiple disabilities. Studies also reveal an increase in the incidence of disability among infants. A sizeable proportion of these disabilities are caused by generally preventable complications during delivery.⁵⁹

In 1990 it was estimated that only 5,000 children were being served by schools for disabled children, namely those with visual and hearing impairment and those who are mentally challenged. This leaves a large number of children not catered for. Access to institutional care has declined in the last 10 years: the number of students in special education institutions decreased from 5,000 children in 1990, to 3,286 in 1995, and to 3,284 in 1999, a reduction of 34 % since 1991. This is in spite of an increase in the number of schools for children with disabilities

Children with Disabilities

CRC Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.
3. Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.
4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

⁵⁸ GOI-UNICEF 2000e.

⁵⁹ *Ibid*

increased from 43 in 1990 to 50 in 1999, thanks to the efforts of the Ministry of Labour and Social Affairs. Specialized training institutions for special education teachers have remained closed since 1991, so no new teachers have been trained since that time.

Rural-urban differences are also prominent. Of all the institutions in the country that provide treatment for disabled children, 26 are located in Baghdad and 36 in other cities. Thus with only 23% of the population Baghdad has 42% of the facilities.

The number of state homes for orphans in the whole of Iraq in 1990 was 25, serving 1,190 children. Since then, both the number of homes and the number of beneficiaries have steadily declined due to the lack of resources from the Government of Iraq to rehabilitate homes, lack of staffing, lack of educational equipment, material and programmes and lack of food supply and health care. On the other hand the number of children in need of this service has been rising, partly due to the natural phenomenon of population growth and also because of the continued decline in the social and economic well being of ordinary Iraqis.⁶⁰ A senior public official in this sector estimated that the number of orphans had doubled over the past decade.

Available information reveals that there has been an increase in juve-

nile court cases from 2,600 in 1991 to 4,420 in 1996. Until 1999, street and working children have been placed in the Houses for the Rehabilitation and Supervision of Juveniles, together with sentenced and convicted older children and juveniles in conflict with the law. The number of street and working children referred to these centres is reported to have increased at least five-fold since 1990. Unfortunately, during the same period the quality of rehabilitation programmes for street and working children in these centres has declined. Food and health care are the main areas that have been particularly affected. Rehabilitation programmes had to be cut back, except for school attendance. Other problems over the years have included lack of staff, poor or no transport facilities, lack of materials and equipment, etc. Lack of transportation has made it virtually impossible to trace the families of children and/or to arrange for their release and reunion.⁶¹

A useful study was conducted on the services, institutions and conditions of working children and children in orphanages in late 1999, based upon site visits to six institutions in Baghdad, Nejeef and Kerbala, and interviews with national authorities.⁶² The report concluded:

"All institutions suffer from significant shortages of food and clothes. Protection from cold through adequate building conditions, heating and blankets is partly deficient.

Basic health services are provided by the Ministry of Health, yet first aid kits, emergency medicine and resident medical assistants are missing in several cases. Lack of transportation provides a problem for some institutions if more specialized treatment is required (Kerbala and the transit home for boys). Most institutions are spacious and have outdoor playgrounds, with the exception of the transit home for boys, yet equipment for activities is minimal. Staff number and qualification minimize the conditions for reliable and sensitive caregiving".

b. Causes for Current Conditions

In the case of children with disability, the immediate causes for the conditions they face include, for some, avoidable problems during delivery, which makes their disability a violation of their right to survival and development. In addition, substantial needs remain for building maintenance and renovation and the supply of specialized material and aids. According to the GOI-UNICEF Programme Review, underlying causes in terms of the services available include:

- weaknesses in the application of community based rehabilitation activities;
- insufficient integration of children with disabilities in the normal schooling system;
- few appropriate education pro-

⁶⁰ *Ibid.*

⁶¹ *Ibid.*

⁶² See Josi Salem-Pickartz, report submitted to UNICEF.

grammes for children with disabilities;

- the lack of an alternative care system for children with disabilities who are without family support;
- the area of early detection of disabilities is considered still largely underdeveloped; and
- Insufficient national capacity to deal with the issue, partly due to lack of education and training in this area.

Underlying causes at the household level include an attitude of sympathy in the family and community, rather than an attitude of empathy that could encourage the disabled to fulfil their potential. There is also insufficient guidance and counseling for the affected families, to enable them to recognize and cope with disability.

In the case of orphans, immediate causes include the loss of one or both parents, and/or the absence of a caretaker. In the case of children working on the street, or abandoned children, the circumstances vary from one family to another, or from one street child to another. The common underlying cause for most children or families is poverty. Some children are compelled to work to bring home income for the purchase of food. But some parents simply abandon their children - unable to feed or clothe them, or support them to go to school.⁶³

The Salem-Pickartz Report identified four sets of causes for the situation of orphans and street/working children:

Best Interests, Protection, Respect for Views

CRC Article 3

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

⁶³ *Ibid*

- The child's immediate environment: material resources need to be substantially upgraded; the number of staff needs to be increased and their qualifications upgraded; law enforcement authorities need training on dealing with children; administrative rules and regulations should be revisited with children's rehabilitation needs in view; and a system of family-like care should be introduced into orphanages.

- The relationship between institutions, home, school, health services, and NGOs: there is a pressing need for more transportation; more social workers are necessary to reach out to families, as is training for staff in this area; and mechanisms should be established to exchange experience amongst institutions.

- Social structures: there is a need for mechanisms for prevention and early detection for families and children at risk; and alternatives should be introduced in the present system of care, such as rehabilitation families, open houses and mobile facilities.

- Legislative and cultural environment: better public awareness concerning orphans and street children is necessary; and it is important to review of the present legal status of street children.

Overall, the paucity of resources combined with the multiplicity of problems in other sectors appear to be the main basic causes for the conditions facing the spectrum of vulnerable children. There was no component in the MOU to address

children in vulnerable conditions, and an amount was only recently set aside in Phase VIII. However, this was allocated to vulnerable groups indirectly through the water and sanitation, health and housing sectors. The dearth of resources clearly affects the ability of authorities to rehabilitate institutions, plan for existing and newly emerging problems and build the capacity to deal with them, and provide support to families in need beyond the food basket.

Given the range of problems in other sectors, it has proven difficult to make this area a priority. Culture and tradition also make it difficult for the state to acknowledge problems in this area or to admit, for instance, that families may abandon or abuse their children. This, in turn, makes it hard to collect the information necessary to underpin the search for solutions.

c. Interventions to Date

The Government collaborated with UNICEF and the NGO Enfants du Monde, libraries were established in 34 schools and institutions for the deaf, physically handicapped children, and in the Al Rahma Centre for working children on the street in Baghdad. Training was conducted for librarians in these 34 institutions, including technical information on books and registration as well as methods to encourage children to read. Between 1997 and 2001, 254 special teachers and workers

received training.⁶⁴ CARE Australia has also supported training for disabled, deaf and mute children.

Fifteen schools and centres were rehabilitated for children of primary school age with disabilities, with priority was given to the Al-Hanan residential centre for abandoned children with severe and multiple disabilities. This included all required special measures and standards for facilitating the daily life of the children. Essential equipment and basic furniture were also provided. As a result of the success of the rehabilitation programme, approval was granted by the Ministry of Labour and Social Affairs for the transfer of 100 disabled children 5 - 14 years, from the outskirts of Baghdad to Al Hanan in Al Ataiyya in a more central location of town.

Over the past two years, the Government has refocused attention on the need to care for orphans, and has engaged the private sector in this area.

In 1998 the Government embarked on the physical rehabilitation of Al-Rahma Centre for street and working children, with the support of UNICEF and Enfants du Monde. This was designed to separate 6-14 year old children, previously placed with sentenced and convicted older children and juveniles in conflict with the law, in a caring environment, while at the same time promoting their reunification with their families. The institution opened in

⁶⁴ *Ibid.*

Box 5 The 28 Nissan Orphanage

The 28 Nissan (April) Orphanage in central Baghdad houses 60 children, girls aged 6 - 18. They come to the Orphanage if have lost one of both parents or if parents have divorced. They are placed in the Orphanage by members of the extended family, by the police or the courts. For example, seven-year-old Narmeen lost both parents in a car crash; she survived, but spent two years in hospital where she came to believe that the doctor and nurse were her father and mother. Like many other children, she creates her own story about her parents. None of the children acknowledge they have no parents, the Director reports. Now Narmeen has settled down and her grades have improved.

The Orphanage consists of three interlinked buildings. It is spotless, and there are large lounges, smaller study rooms, and two eating halls for older and younger girls. Conditions have greatly improved over the past year, when the Orphanage acquired a generator secured from the Ministry of Foreign Affairs. "Before that, we had no electricity like the rest of the Iraqi people. We used grease-based neon lights", the Director recalled. The Orphanage has also benefited from a presidential order to facilitate formalities for such institutions. And it now receives more goods and services thanks to the intervention of the Minister of Labour and Social Affairs. He convened a meeting of the business community, and pointed out that the State could not do everything, and that they had to pitch in and support such welfare services, which they did.

Children at the Orphanage go to school. A doctor visits once a week, and a dentist lives on the premises; there are two social workers. The staff registers children who do not have identity cards. Those children who have family members visit on a regular basis. Those with no families are taken on trips on visiting days, "but it's hard on them". Once they complete their education, some of the young women find work, mostly in the public sector. Due to cultural factors, women do not live on their own, and often will women remain at the Orphanage and take on assignments there. A few get married.



1999, and is the only one of its kind in Iraq. It can accommodate up to 150 boys and girls.

d. Conclusions

Even though the information about the scale of the problems of disability, orphans, and working children is scarce, it is possible to conclude that the interventions to date do not sufficiently address the needs of vulnerable children. An important reason is the scarcity of resources without which it is difficult to rehabilitate, or build, institutions on the scale necessary, procure the requisite equipment and supplies, and invest in the specialized staff capacity required.

However, there are areas within the control of national authorities. The priority appears to be to gather and to continuously update information on the scale of the problem in each area in order to pinpoint resource needs and priorities, and to enable consideration of non-traditional solutions.

For children with disabilities, collaboration between the Ministry of Labour and Social Affairs and the Ministry of Health could help to address the issue of avoidable disability during delivery. Collaboration between the Ministry of Labour and Social Affairs and the Ministry of Education is also needed to find ways to integrate children with disabilities into the education system.

Awareness campaigns for the community and guidance for the family are also areas where investment is needed.

For orphans and street/working children, an important area of intervention appears to be mechanisms for detection of families and children at risk, who could then be given special support. In the case of street/working children, a review of laws, procedures and the skills of law enforcement agencies could help to ensure that these children's difficulties are not inadvertently compounded.





6. Women's Human Rights

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was adopted by the United Nations in 1979. It requires states parties to take "all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men" (Article 3). CEDAW covers three dimensions of the situation of women: civil rights and the legal status of women; issues relating to production and reproduction; as well as the impact of cultural factors on gender relations. Articles 10, 11 and 13, respectively, affirm women's rights to non-discrimination in education, employment and economic and social activities. Article 16 asserts the equal rights and obligations of women and men with regard to choice of spouse, parenthood, personal rights and command over property.

The implementation of the Convention is monitored by the Committee on the Elimination of Discrimination against Women. At least every four years, the States parties are expected to submit a national report to the Committee, indicating the measures they have adopted to give effect to the provisions of the Convention. Iraq submitted its second and third reports to the Committee in August 1998.

a. Survival and Development

Women's right to survival has been impacted over the past decade. The Child and Maternal Mortality Survey 1999 has shown a very high maternal mortality ratio of 294 per 100,000 live births for the period 1989 - 1998.⁶⁵ This accounts for one third of all deaths among women aged 15 to 49 years of age. Before 1990, the maternal mortality ratio was 117 deaths for every 100,000 births, according to the National Report.

The prevalence of malnutrition amongst pregnant women is indicated by the fact that nearly a quarter of babies are low birth weight. The Survey highlighted the problem of early marriage: 40% of women in Iraq were married before 18 years of age and only 14% were married at 24 years or later. Birth intervals were also too short: 41% of births were spaced less than 2 years and 20% less than 18 months. Only one-third of births were spaced more than three years.

There was also a high total marital fertility rate. This was 7.7 during the three years preceding the survey, 6.9 for urban and 9.2 for rural areas. Education was a factor in the fertility rate, since this was 8.9 for illiterate women and 6.2 for those who had received education to intermediate level. Indeed, the Survey results

⁶⁵ *Salman and Al-Dulaymi.*

Table 7 Status of Mother and Child Survival

Characteristic	IMR	U5MR	CMR
Birth Interval			
Less than 18 Months	127	148	24
More than 36 Months	82	100	19
Education			
None	101	122	23
Secondary	75	86	12
Maternal Age at Child Birth			
Less than 20	105	125	22
20-29	89	106	19

Source: *Mother and Child Survival Availability CGOI-UNICEF 2000c*

revealed a positive correlation between birth interval, education, and maternal age at childbirth on the one hand and child survival on the other, as is shown in Table 7.

Currently, the percentage of births attended by trained health personnel is 72.0%, according to MICS 2000, 79.0% in urban areas and 60.2% in rural areas.

b. Education and Work

As has been noted in Chapter 4, the right of females to education has been more adversely affected over the past decade than that of males, with nearly 30% of girls no longer attending primary schools, according to MICS 2000. The Mortality Survey shows that 29.5% of 23,105 women aged 15-49 years never

attended school. Of these women, 48% attended primary school, 15.6% attended intermediate/secondary school, while only 6.9% attended university or higher education. Female illiteracy has more than quadrupled between 1985 and 1995, from 8% to 45%.

As for work, the Labour Code 17 1987, the Law of Pension and Social Security 1971, and Maternal Law

1971, guarantee women equal opportunity with men in civil service employment, paid leave for one month before delivery and for six months after delivery. Although women continue to dominate the education system, accounting for 65.3% of teachers in 1998 at the primary and secondary stages, they are not as well represented in other areas. For example, they constitute only 200 out of 7,150 journalists, that is 5.7%.⁶⁶ The General Federation of Iraqi Women (GFIW) uses products such as its fortnightly magazine as a training ground for women.

The GFIW, which has 1.2mn members, notes that since the 1990s there has been an increase of women in the work force, not due to an increase in opportunities but because women took the place of men in the public sector, who left largely because salaries were no longer enough to cover needs.⁶⁷ The percentage of women in the public sector rose from 34.% in 1990 to 40% in 1998, and in the services sector from 72.2% in 1977 to 79.3% in 1998.⁶⁸ The GFIW notes that women now compete with men for jobs in the private sector, whereas

they had previously gravitated to the public sector to secure maternity leave and other benefits.

The GFIW submission to Beijing noted that women's low contribution to agriculture does not reflect the reality of their unpaid work in this sector, which has increased during the past decade of sanctions.

The GFIW observed that women were not just seeking employment in the private sector, but also setting up businesses themselves, in unusual fields, such as merchants, traders,

Table 8 Women as a Percentage of the Workforce by Economic Sector

Economic Sector	1977	1998
Agriculture, hunting, fishing	3.8	1.3
Mining	0.7	0.9
Industry	10.9	5.1
Water, electricity, gas	0.6	1.3
Construction	1.1	1.1
Trade	1.7	2.6
Transport	3.1	2.9
Finance, insurance	2.9	5.5
Services	72.2	79.3

Source: GFIW, "The Iraqi Woman Five Years After the Beijing Conference".

⁶⁶ GFIW, "The Iraqi Woman Five Years After the Beijing Conference".

⁶⁷ Information based on author's discussions with the General Secretary of the GFIW and her colleagues, May 2001.

⁶⁸ GFIW, *op cit*.

contractors, sub-contractors to the state, and owners of garages. As employees, too, they were venturing into new areas. It was no longer unusual to see women offering daily or seasonal labour at the sites where contractors went to find male labourers. As hired labourers, women were taking on tasks like field work, food processing (eg. plucking chickens), and even on construction sites. In addition, they now produced goods for sale in their homes, and some sold their products in the marketplace, a rare sight before 1990.

GFIW conducted a survey of 750 female-headed households in 1997 in Baghdad to identify needs and capacities (it is estimated that there are 10,560 female-headed households in the capital). It found that even though the number of economically active women was high (48.9%), economic need was forcing women to increase their workload or send their children out to work. It helped 136 women establish income generating projects in 1998.

In response to women's pressing need for income in other parts of the country, GFIW now combines vocational training, and employment in an innovative initiative. Women are first trained on how to conduct a feasibility study on the income-generating potential of projects they want to undertake. Then training is offered to the women to establish the project, and a loan is extended to help buy equipment and supplies.

The initiative was piloted in poor communities in the Basra and DIALA governorates, and 277 projects have since been launched in areas such as baking, poultry, livestock, fishing, land rehabilitation and landscape gardening, fodder, weaving and sewing, ceramics, kindergartens, and beauty salons. The loans, ID250,000 on average, are being repaid on schedule, and the experience is being extended to four other governorates.

Amongst its activities, the GFIW addresses other aspects of women's rights, such as the legal framework. They conduct weekly courses on the personal status code, and on labour laws, and advocate changes in the law in parliament. As in other Arab countries, while labour laws and commercial codes do not discriminate against women and contain positive provisions regarding benefits, the designation of men as head of household, with responsibility for the financial support of the family, leads to "equivalent" rather than "equal" treatment within the family and in areas such as nationality.

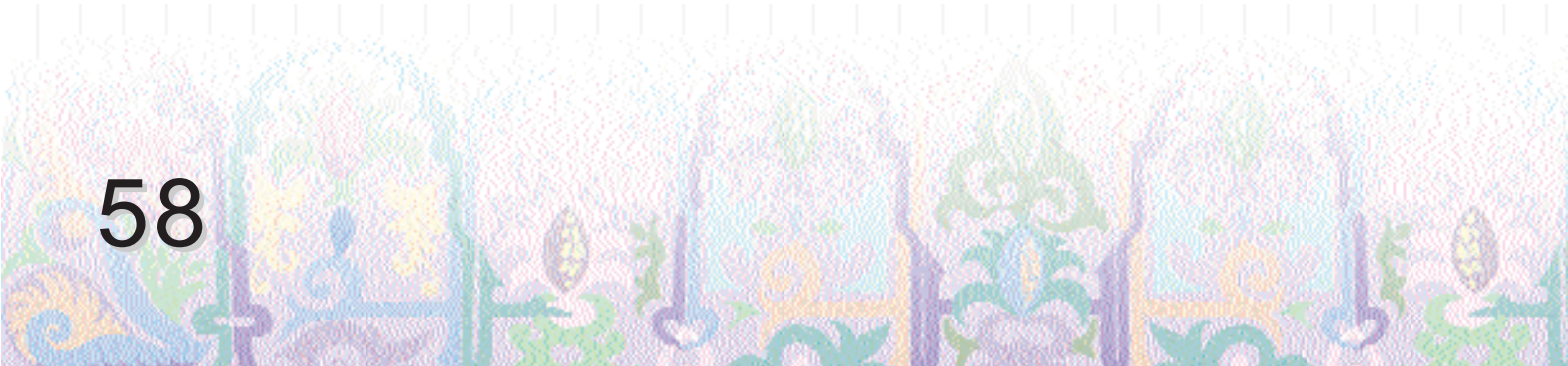
c. Conclusions

Women's right to survival emerges as an important issue given the sharp rise in the maternal mortality ratio. This is an indication that health services are not providing the emergency obstetric care that women experiencing obstetric complications

need to save their lives, and/or that women do not have access to facilities that provide such care.

The education of girls is a major concern, given that 30.1% of girls do not attend primary school, with grave implications for their future and that of their children. Household factors play an important part in securing the human rights of women, as regards attitudes towards fertility, birth spacing, and education. Here, public information campaigns help.

Economic need is driving low and middle income women into the work force, but the opportunities available are constrained by the overall economic situation as well as by traditional views of women's roles as homemakers who do not have primary responsibility for household finances.



7. Conclusions and Recommendations

Iraq's situation is in many ways unique: following an eight year war with Iran in the 1980s, comprehensive sanctions were imposed in 1990 after the Iraq-Kuwait war; subsequent battles greatly damaged Iraq's infrastructure; arrangements for funds for humanitarian interventions to alleviate the impact of sanctions on the population did not come into effect until seven years after sanctions; until recently, the funds available have not been of a magnitude to undertake comprehensive rehabilitation, even assuming sufficient human resources to undertake the task; and the system of operation introduced by the MOU has been continuously refined as problems are addressed.

The past decade has witnessed the emergence of a large body of wasted, stunted and impoverished children, in violation of the right to life and survival. A substantial proportion of boys and girls are not able to exercise their rights to learning and recreation, as well as opportunities for life-long learning. These children will be the parents of future generations, and they will not be in a position to provide their children with rights and opportunities. Girls and women in particular are facing a learning gap of major proportions. The longer the present conditions are in force, the larger the pool of ill-health and illiteracy, the further the detriment to future generations, and the compounding of violations of rights. Securing the rights of children

not only guarantees the well-being of the present generation, but also that of future generations.

Against this background, the causal approach applied throughout this Situation Analysis reveals that unless basic causes leading to the denial of children's rights to life, survival, and education are addressed, the best that can be hoped for from programme interventions is to arrest deterioration and to mitigate the situation. To date, programme interventions have addressed some of the immediate causes and underlying causes, but have not addressed basic causes. Moreover, many programme activities are discrete and time bound, whereas comprehensive planning based on secure and regular resources is necessary for investment in the sectors concerned.

Given these realities, it would seem that organizations promoting the rights of children as well as of women in Iraq should place rights-based advocacy at the top of their list of priorities. Rights-based advocacy could promote the understanding necessary to secure a change in the present conditions, and, in particular, to secure the resources necessary to rehabilitate key service sectors in a sustained and sustainable manner, and to support a shift from humanitarian efforts to comprehensive long-term development planning.

Rights-based advocacy will, in turn, require solid data to support it. Programme interventions are,



of mitigating the situation, and by providing a rich source of data and experience, but advocacy and research are crucial in a situation like that of Iraq. The recommendations below are made for the consideration of national authorities and international organizations promoting the rights of children as well as those of women in Iraq.⁶⁹

a. Rights-Based Advocacy and Future Research

1. Advocacy should highlight the importance of securing the requisite resources to rehabilitate each of the water and sanitation, electricity, health, and education sectors both for present users and to meet population growth.

Further research is necessary on the plans and resources for each sector, the inter-relations amongst these sectors, the obstacles to rehabilitation, the gaps in skills and capacities and the impact this has on the rights of children. It is particularly striking, for instance, that 70% of under-five deaths are caused by easily preventable diseases like respiratory illnesses and diarrhea, which are not so much health as environmental issues. Capacity for data collection and analysis would be supported in the relevant institutions.

2. Another key issue for advocacy is the need to shift from a humanitarian approach, which by definition consists of discrete and standalone activities, to a comprehensive medium- to long-term development approach. While it is possible to target and overcome a problem like polio, most other issues require sustained development strategies. Moreover, current circumstances keep citizens focused on basic needs, and not on the future and on the rapid changes taking place world wide.

3. A further issue for advocacy is that Iraq be able to use its financial resources to purchase locally supplied goods and services in order to ignite the economy and give families more opportunities to earn a living wage. The point was frequently made during the research for this report that teachers, for example, require a living wage and not merely additional incentives.

4. The existence of vulnerable groups of children, and the need for resources to promote the human rights of these groups, is an important point to highlight.

5. Advocacy for behavioural change is necessary on issues like girls' education and the use of scarce resources such as water and electricity.

b. Proposed Programme Interventions

Cross-sectoral

6. Programme interventions that support stronger links between the education, health and nutrition, and water and sanitation sectors would enable optimum use of scarce resources.

7. A better understanding of how the systems function in each of the sectors and where the national and local bottlenecks and capacity gaps are would greatly assist future development in general, and effective and timely co-ordination and decision making on cross-sectoral issues in particular.

Health and Nutrition

8. A more comprehensive plan for health information campaigns would make better use of scarce resources, factoring in a range of health, nutrition, environmental, and behavioral issues, including family planning, birth spacing, early marriage, exclusive breast-feeding, as well as disease control, water quality, personal hygiene, and disposal of sanitation.

Education

9. The quality of education emerges as a major issue, in particular the revision of the curriculum and investment in teacher and management salaries, capacities and skills.

⁶⁹ Some of the conclusions and recommendations set out in this Chapter were made at the Brainstorming Workshop convened by the Planning Commission 27-28 May 2001 to discuss an outline of this Situation Analysis. The Workshop involved 50 experts, civil servants and representatives of national and international organizations from different sectors.

10. Girls' education and related household factors need to be addressed through targeted support, as well as public awareness campaigns.

11. Further involvement of the community in school support and management is necessary, and the value of education and of the role played by teachers needs to be part of awareness campaigns.

12. Further investment is necessary in management information systems, and data is needed in several areas, for example, what are children no longer enrolled in schools doing with their time?

Water and Sanitation

13. More popular awareness of and community involvement in resource use, along with modest user fees would assist in conserving and rehabilitating the water and sanitation, and electricity sectors, and in protection of the environment.

14. More comprehensive planning would assist the rehabilitation of the sector.

Children with Disabilities, Orphans, and Working Children

15. Collaboration between the Ministry of Labour and Social Affairs and the Ministry of Health could

help to address the issue of avoidable disability during delivery. Collaboration between the Ministry of Labour and Social Affairs and the Ministry of Education could help integrate children with disabilities into the education system. Awareness campaigns for the community and guidance for the family are needed.

16. For orphans and street/working children, it would be useful to put mechanisms in place to detect families and children at risk, who could then be given special support.

17. In the case of street/working children, a review of laws, procedures and the skills of law enforcement agencies could help to avoid compounding these children's difficulties.

Women

18. Introducing emergency obstetric care as part of regular services in clinics and at hospitals will save pregnant women's lives.

19. Support is necessary to expand the business and employment opportunities available to women, particularly women in low income households or female heads of household.

20. Special support for women's education and eradication of illiteracy is needed.

Table 9 Monitoring the World Summit Goals - Selected Indicators for Iraq⁷⁰

Indicator	1990	1991	1995	1996	1999	2000	Sources
Under-5 mortality rate (probability of dying between birth and age 5)	56 (avgc. 84-89)		91.5 (avgc. 89-94)		131 (avgc. 94-99)		Child and Maternal Mortality Survey (CMMS)
Under-5 mortality rate female/male	104.5 for females and 117.3 for males, average 90-99						CMMS
Infant mortality rate (probability of dying between birth and exact age one year)	47		79		108		CMMS
Maternal mortality ratio (women dying of pregnancy-related causes per 100,000 live births)	117				294		MOH for 1990; CMMS for 1999
Underweight prevalence		9.3%		23.4%		15.9%	GOI-UNICEF, 2000a for 1991; MICS 1996; MICS 2000
Underweight prevalence female/male				23% F 74% M		15.6% F 16.1% M	MICS 1996; MICS 2000
Stunting prevalence		18.7%		32%		22.1%	Ibid
Wasting prevalence		7%		11%		6%	Ibid
Use of safe drinking water				82%		83%	Ibid
Use of sanitary means of excreta disposal				77.1%		92%	MICS 1996; MICS 2000
Children reaching 5 th grade	89.1%		95.4%			88.2%	Ibid
Net primary school enrolment ratio	87.2%		89.1%	84.4%	1998: 90.3%		Ibid
Net primary school regular attendance ratio	92.3%		78.6%	73%		76.3% 82.5% M 69.8% F	Ibid
Birth weight below 2.5kg	4.3%		21.5%			12.4%	MICS 2000
Households consuming iodized salt						40% 47.6% U 33.4% R	Ibid
Children receiving Vitamin A supplements [aged 6-59 months, in previous 6 months]						12.3%	Ibid
Exclusive breastfeeding						17%	Ibid
Polio cases (annual)	56		17		78	4	MOH
Neonatal tetanus cases (annual)	393		64				MOH

⁷⁰ A total of 75 indicators were developed to monitor progress towards realization of the goals.

⁷¹ It should be noted that these percentages reflect access to water as defined by the indicator - ie. whether water is piped, from a public pipe/tap, bore hole, protected well, etc - and not the quality of the water

⁷² These percentages reflect the sanitation system in use (toilet, latrine, etc) and not its quality.

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