

IRAQ WATCHING BRIEFS

OVERVIEW REPORT

July 2003

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



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IRAQ



PREFACE

Shortly after the end of the most recent war in Iraq, UNICEF and the World Bank discussed the idea of preparing a series of “Watching Briefs” covering key social sectors namely health, education, water and environmental sanitation and child protection. The purpose was to contribute to building a knowledge-base and enhancing partnership and cooperation between the UN and the World Bank.

The Watching Briefs are a joint product. Financing was shared between UNICEF and the World Bank. The Briefs themselves were prepared by a team of consultants, who worked at UNICEF Regional Office for the Middle East and North Africa in Amman, Jordan. The team was supported by the UNICEF Country Office for Iraq and by UNICEF Headquarters in New York. The team included a full-time expert provided by WHO and supported by the Regional Office in Cairo, its country office in Baghdad, and its Headquarters in Geneva. The World Bank contributed technical comments, as well as the financial support mentioned above. UNESCO assisted in identifying consultants and in sharing documentation.

It is our sincere hope that the Watching Briefs will contribute to a rapid restoration of social services, better lives for the people, especially for the children of Iraq.

EXECUTIVE SUMMARY

The current post war scenario in Iraq is both fluid and uncertain. While in the short term, Iraq will require major humanitarian assistance within an emergency situation, in the medium term it will require rebuilding and rehabilitation of the social infrastructure, destroyed by the war and consequent looting. However, in the longer term, Iraq will also need to restructure and redesign the institutional and social policy framework, within which the different social services and public goods are provided, as new political and economic governance structures and models take root.

Social reconstruction is being seen as a comprehensive, long-term intervention that impacts, synergistically all dimensions of human development. While one dimension is the rehabilitation of the social infrastructure that provides essential social services to the population, such as healthcare, education, water, sanitation, and other services, there are many other interrelated issues that need to be addressed in a social reconstruction plan. This includes the promotion of care and protection practices for vulnerable groups, such as children and women, not only by the state, but also by communities. It also includes a creation of institutional space for communities and ethnic cultural groups to represent themselves and exercise their rights within the social and economic system. Finally, social reconstruction is closely interrelated to issues of food security, income levels and employment that impact social indicators in the long term.

Purpose and Scope

The purpose of this social sector watching brief is to establish a baseline that tracks the trends in the indicators of social development and social sectors in the past two decades in Iraq, particularly from 1990 onwards. It briefly analyses the existing institutional capacities for social service delivery within Iraq, as well as the institutional and policy frameworks that guided Iraq's social sectors in the past. It further analyses the baseline information on the pre 2003 war situation and the situation caused by the 2003 war and its aftermath within Iraq, in order to recommend certain key areas of action for the short term and medium term. It also proposes areas of focus for future detailed assessments. While the watching brief generalizes for Iraq as a whole, social and security situations vary in different parts of Iraq. Hence, to ensure that the issue of vulnerability and regional equity is addressed more fully, disaggregated analysis will be required in future assessments.

The scope of the watching brief covers the three sectors of education, water and sanitation, and health and nutrition, as well as the cross-sectoral themes of child protection and HIV/AIDs prevention. The methodology used for preparing the watching brief included a desk review of documents analysing the pre 2003 situation, discussions with key informants and review of ongoing assessment findings for the post 2003 war situation.

Historical Synopsis

To identify the underlying causes of trends in social indicators and institutional functioning that characterise Iraq. It is thus necessary to briefly explore the relationship between the political-military and economic phases that contemporary Iraq has gone through in the past three decades and how this has affected the social sectors.

From the mid 1970s to the mid 1980s, Iraq invested a reasonable part of its oil revenues in providing fully subsidized social services to all its citizens, without any discrimination. However, specific estimates of investment in the social sector are unavailable for Iraq, as government budgeting processes have never been in the public domain. The public health, education, drinking water and sanitation systems were maintained at fairly high levels of quality, often by expatriate technical personnel. The Iraqi dinar was a strong currency (with one Iraqi dinar equivalent to around US\$ 3) and real salary levels of public servants were high level. The facilities for social services put in place, while being of high quality, using modern imported technology was highly centralized and managed top down through vertically organized ministries at the Central level. All social services were fully subsidized through investing a part of the oil revenues and there were never any user fees for majority of the services. The exception was the water and sanitation sector where a tariff structure had been designed, but has not been strongly implemented. The community was seen primarily as consumers of such services and never considered as participant stakeholders.

Such systems required substantial generation of centralized public finances to maintain them and began to be strained from the end 1980s with the decade long Iraq-Iran war. The situation in Iraq changed dramatically with the 1991 Gulf War and the economic sanctions that followed. The ban on oil exports, exodus of all expatriate technical personnel (particularly from the public health system), critical imports needed in sectors such as electricity generation and water supply, the closing down of the economy from international trade and restrictions on foreign travel by Iraqis to gain technical know-how, combined with the rapid depreciation (by over 5000%) of the Iraqi dinar, severely strained the social services provided by the state. The pre-1990 levels of coverage and quality could not be maintained. Definitive estimates of the decline in investment in the social sectors are not available, although the Government of Iraq estimated the decline in investment in the social sectors to be over 90% from the pre 1990 levels.

The institutional structure for delivering subsidized social services through sectoral organised ministries continued. However, this structure did not have adequate coordination mechanisms across sectoral ministries and directorates to address important cross-sectoral issues in the social sectors as a whole, such as the link between health, education and water and sanitation in addressing issues of hygiene practices, child rearing practices and nutrition. With financial resources becoming scarce, the management of the social service system became even more centralized and bureaucratic leading to inefficiencies. Financial resources, both for rehabilitating the social infrastructure as well as maintaining ongoing expenditure became a critical bottleneck.

The United Nations Security Council passed resolution no. 986 on 14th April, 1995 to establish the Oil for Food Programme (OFFP). The programme was primarily designed to temporarily provide essential humanitarian needs for Iraqi people. On 20th May 1996, the Government of Iraq signed the Memorandum of Understanding (MOU) for the Security Council Resolution (SRC) 986, to implement the programme through the Government of Iraq for the 15 central and southern Iraq Governorates. In the three autonomous northern governorates, the UN took part in directly implementing the OFFP, with local governorate authorities. The OFFP also provided a cash component for the three northern governorates. However, this only covered expenditure on activities such as training, capacity development and certain kinds of local contracting. It did not include salaries of public

servants or other running costs. The southern and central governorates MOU had no such component.

The situation improved from 1997 with the OFFP under the U.N. resolution SCR 986. The programme allowed generating some resources for the social sectors. It also allowed importing food and other essential raw materials and equipment needed by the social sectors, through a rather stringent inspection and purchase mechanism. The programme however, only allowed material and hardware imports for the social sectors in southern/central Iraq and did not provide payment of salaries or expenditure on other running costs. The programme managed, over eight years of its existence (1996 to 2003), to stabilize the social situation in north Iraq (with a population of 3.2 million). The social situation in southern central Iraq (population 23 million) continued to get worse and the OFFP was inadequate to maintain a return to pre-1990 levels of social investment. In essence, the OFFP was an adhoc humanitarian assistance programme, renewed every six months, rather than a comprehensive reconstruction plan. There has been 13 phases of OFFP over a period of eight years. Because of the very short duration of each phase, and some uncertainty on its renewal at the end of every phase, long term planning for the social sectors could not be achieved.

The Iraqi regime also became increasingly autocratic and centralized over the years, with virtually no space for local institutions or civil society organizations to participate in any kind of social action. Decision-making on routine matters was often also centralised above the level of local authorities and governorates. The political military situation took on primacy from 2002 onwards. While regular functioning of the social sectors continued within the Government of Iraq continued, the situation became more politically complex and directly affected the functioning of all government bodies.

Major Trends in Social Indicators

Some of the trends in the social indicators characterizing Iraq, prior to the 2003 war, included the following:

- The modern Iraqi economy had been largely dependent on oil exports. In 1989, the oil sector comprised 61% of the GNP, services (primarily in the public sector) contributed to 22%, followed by other industries with 12% and agriculture with 5%. The oil sector however, does not have strong horizontal and vertical linkages with the domestic economy that could have a multiplier effect on employment and economic growth. One of the results of this over-dependence on oil export economy has been the narrowing of the economic base over the last three decades, with the agricultural sector's contribution rapidly declining in the 1970s. Therefore, the imposition of sanctions post 1990 had a particularly severe effect on Iraq's economy and food security levels of the population. The State of the World's Children Report, 1997 (UNICEF) states that the per capita income in Iraq dropped from \$3510 in 1989 to \$450 in 1996. The average salary dropped to 3 to 6 US dollars per month by 1999, largely due to a rapid depreciation of the Iraqi dinar.
- Not being self sufficient in food production, after the sanctions, the Iraqi government introduced free food rations comprising of 1000 calories per person/day or 40% of the daily requirements. After 1997, with the introduction of the OFFP this gradually

increased over time. Only in 1999, could the per capita food consumption per day increase to approximately 2150 calories, following two years implementation of the OFFP. In 2000, it was estimated by UNDP that the average family spent as much as 75% of their income on food. Since 1991, when the current public food distribution system was put in place by the government, most Iraqis became dependent on the food rations they received through this system. It is estimated that 60% of the Iraqi population rely on food rations to substantially supplement their daily food requirements.

- A survey on the extent and geographical distribution of poverty in central and southern Iraq in March 2003, by the World Food Programme (WFP), found that even with the above food rations, one in five Iraqis suffered from chronic poverty and were unable to meet all their basic needs. The systematic identification and targeting of social programmes to this poorer segment of the population has never constituted an explicit policy in the social planning of the past. The focus of the Iraqi government had always been on universal service provision and a denial of the existence of specific needs of special groups within Iraqi society.
- The national survey carried out in 1997 placed the total population of Iraq at 22 million with an average annual growth rate of 2.95% between 1987 and 1997. OFFP estimated the population of Iraq in 2002 at 27.2 million, based on the registration for food rations. The population is marked by its youth, with 45% of the total being under 14 years of age in 2000. Over 65s only accounted for 3.5 % of the total population.
- This dimension of the demographic profile of Iraq has a variety of implications for social planning. The youth of Iraq face a unique set of problems today, in addition to those characterizing youth everywhere. They have been essentially born and grown up during the 1990s, when both the economic and social well-being of Iraq's population was rapidly declining, as well as various kinds of freedom lost to an increasingly repressive regime. Hence, they faced a variety of deprivations and vulnerabilities. The sanction period was characterized by a gradual decline in the mainstream of social services as well as not having any social policies that support young people specifically. Life skills based education, which includes both psychosocial care and more functional skills have never been an important part of the educational sector in Iraq. Absence of freedom to express themselves in the political climate of Iraq has deprived them of their right to recreation and freedom. Sexual education, critical for HIV/Aids prevention, is nonexistent in the public domain of Iraqi society. The absence of social policies and programmes for youth has grave implications in the current post war context and for the future of Iraq. The demographic profile illustrates the need for social policies and related programmes to focus on children and youth in Iraq today.
- Infant Mortality rates in southern central Iraq rose to 107 per 1000 live births in 1999, over double of the 47 per 1000 live births in 1989. Similarly under 5 mortality rates rose from 56 per 1000 live births in 1989 to 131 in 1999. However, the situation was quite different in the three governorates of northern Iraq. While between the period 1989 to 1994, the infant and child mortality rates rose marginally (IMR: 63 to 71; U5MR: 80 to 89), when there was both a civil war and persecution by the Saddam regime. This rise was not evident in northern Iraq because of the adequate flow of

resources provided by the OFFP. The dramatic changes in the child survival rates in southern central Iraq have been attributed to a variety of factors such as the declining economic well being of the population, its effect on mother and child nutrition levels, as well as the declining access to healthcare and food security.

- Over 22% of the children in southern central Iraq and 12% in northern Iraq suffer from chronic malnutrition. Reduced levels of food intake, widespread prevalence of anaemia among childbearing women and general poverty were some of the causes identified for such a situation.
- The daily per capita share of drinkable water reduced from 330 litres per day in 1990 to 150 litres in 2000 in the capital city of Baghdad. In other urban centres this share was less at 110 litres, and in rural areas even less at 65 litres per day. However in reality the actual water available was far less, as the above figures are based on water production rather than on what was delivered at the household level. Distribution losses were estimated to be as high as 50% and water quality continued to be uneven. Those vulnerable groups residing at the end of the distribution channels barely got any water supply. Inadequate electricity supply, non-standardised imported spare parts, due to fixed suppliers under the OFFP and a lack of modern know-how by local technical personnel are some of the reasons attributed to the failure of the water supply systems built in the pre-1990 period.
- A survey carried out by UNICEF in May 2000 noted that close to half the children under 5 years suffered from diarrhoea. Over half of the children suffered from fever and over one third of the children suffered from acute respiratory infections. An Iraqi child suffered on average fifteen diarrhoea spells before the age of 5 years. The scarcity of clean drinking water in adequate quantity, the absence of sanitation systems in specific locations, poor hygiene practices for childcare, feeding and limited access to healthcare services all contributed to this situation.
- The literacy rate in Iraq had reached 78% in 1977. More distinctly, the adult female literacy rate had reached 87% by the year 1985, but declined rapidly since then. Between 1990 and 1998, over one fifth of Iraqi children stopped enrolling in school, increasing the number of non-literates within a decade and losing all the gains made in the previous decade. By the year 2000, the number of children of primary school age not attending school increased to 23.7%, even though education until primary school is compulsory and secondary level had been free in Iraq since 1976. One of the main reasons identified for this decline was the inability to expand the number of schools due to a lack of financial resources. While drop out rates from schools continued to be relatively low, a large number of schools, particularly in the major cities, were highly overcrowded and ran multiple shifts.
- Iraq has a well defined legal framework relating to children, prevention of child labour, orphans and juveniles. However both the institutional and legislative framework put in place by the erstwhile government focused more on the state as the sole provider of services (i.e. a purely institutionalised approach) rather than alternative, more child friendly, community based approach. With the economic hardships increasing in the 1990s, the implementation of these laws for the protection

of children in vulnerable situations also weakened and more and more children entered the informal labour force. Although no definitive estimates exist as to the prevalence of street and working children, the decade of the 1990s saw a dramatic increase in their numbers, from a virtually nonexistent level in the 1980s.

- Iraq has been one of the few countries in the Middle East, which made a social investment in women's education. It submitted its second and third reports to the Committee that monitors the implementation of the Convention on the Elimination of Discrimination of Women (CEDAW) in 1998. While labour law legislation formulated in 1971 guaranteed women equal opportunity in government employment and women continued to be a majority in some professions (65 % of all teachers at both the primary and secondary school level are women), they are less well represented in other professions.

However, this situation started changing from the late eighties with increasing militarisation and conflicts on the one hand and declining economic situation in the 1990s on the other. The maternal mortality rate rose from 117 deaths for every hundred thousand births before 1990 to 294 in 1998. Although a decline in both general healthcare services and education is largely responsible for this, deep-rooted gender biases in many segments of Iraqi society also started playing a role. Nearly 30 % of young girls no longer attend primary school. While dropout rates for both boys and girls are low at the primary school level, in fifth grade, the difference increases being 7.8% for boys and 16.4% for girls. The MICS 2000 survey by UNICEF showed that adult female literacy was only 63.5% compared to 83.7% for males. Nearly 30% of women gave birth without a professionally qualified medical professional in attendance. One of the consequences of the economic hardships and war casualties in the last two decades has been the increase in the number of women headed households, a majority of who have joined the informal labour force.

The rise in the maternal mortality ratio from 117 to 294 per 100,000 live births within a decade is of concern. It constitutes one third of all deaths among women aged 15 to 49. The two main causes for this is the absence of quality healthcare at the time of delivery and the prevalence of malnutrition amongst pregnant women. There is also the issue of early marriage in Iraq, 40% of women in Iraq are married before the age of 18. Birth intervals were also short with 41% of births being spaced at less than two years. The total marital fertility rate ranged between 6.9% in urban areas to as high as 9.9% in rural areas. All the above data shows that there is an increasing trend where the vulnerabilities of women have increased over the decade of the 1990s.

Impact of 2003 War and Post War Situation

The most direct impact of the current war has been the damage caused to the social infrastructure due to collateral damage and by the extensive looting of facilities and equipment. Other than specific loss to different buildings due to collateral damage, much of the movable assets within the social infrastructure have been lost due to extensive looting in the post combat phase. It is estimated that 500 schools in Baghdad are damaged and all equipment and material looted from the majority of the schools within greater Baghdad. Fifty percent of the 1410 water treatment plants in Iraq are no longer functioning and all the sewage treatment plants in Baghdad are out of action. Electricity supply to nearly forty percent of all water and sewage treatment plants have yet to be restored. It is estimated that

nearly US\$ 500 million worth of spare parts, equipment, water treatment chemicals and service vehicles have been looted or destroyed. Whilst some of the hospitals within the urban centres, that escaped damage or looting, have started functioning with minimum levels of equipment, a majority of the primary healthcare facilities are yet to renew their functioning. Both staff as well as users of such services, particularly women and children, are refraining from attending either school or health facilities due to the adverse security environment.

The collapse of the political regime has not only meant a major change in the political governance structure in Iraq, but also the near total collapse of the public administration that has been traditionally responsible for all social services in the country. The extreme centralization that characterized the management of the social services system, through different central ministries, has compounded the problem of reactivating the system at the local level. Unless all the various central level ministries, many of which are shut down after the war, (either due to collateral damage or extensive looting or senior personnel not reporting for duty) start functioning fully, it is difficult to revive their functioning at the local level.

The second immediate impact of the war and the consequent regime collapse has been the continuing social instability and highly insecure environment that has come to characterize many of the major cities in Iraq at present. How long this phase will continue is difficult to say, given the fluid situation on the ground currently. This environment is not only affecting the safe transportation, storage and supplies of emergency material, but also created problems for the rapid re-functioning of many of the previous service facilities.

Lessons Learnt

The story of each social sector highlights the major achievements accomplished in the past, but also the weaknesses in the perspectives that guided the policy and programme approaches for their rehabilitation and development. In the health sector, the emphasis had been on establishing a hospital based curative healthcare system, with specialized disease control approach, rather than a community based public health approach. Similarly in human resource development, emphasis had been placed on training of specialist doctors rather than nurses and parameds who can do the majority of the functions in a public health programme. With the HIV/Aids pandemic on the horizon, the same approach came to characterize Iraq's HIV/Aids prevention programme.

In the water and sanitation sector, the focus had been on rehabilitation of the large water and sewage treatment plants. Less emphasis was given to ensure that water, of adequately safe standards reaches the vulnerable population groups at the end of the distribution channels. Hygiene and sanitation practices, which could have prevented the rapid rise in morbidity and mortality, especially in infants and children, were not adequately addressed. Choice of technologies has often been inappropriate, especially in the rural context. Dependence has been solely on large sophisticated plants, for which indigenous technical capacity did not exist. In education, while adequate emphasis had been given in the past to primary education compared to higher levels, knowledge inputs required in the learning process in today's context has been stagnant. Curricula have not changed in Iraq's schools for over two decades, and in-service teacher training has been virtually absent. In child protection, the approach had been to provide solutions for vulnerable children such as the

disabled and orphans through a highly institutionalised approach, rather than more effective community based approaches. Problems such as the growing number of street and working children have been largely ignored by the earlier government.

The OFFP and the continued presence of UN agencies throughout the period of the 1990s attempted to bring about certain changes through introducing new types of social programmes. They were partially successful in the autonomous governorates of northern Iraq, where both the share of resources and the cash component in the OFFP were better. Additionally, the UN was directly responsible for the programme's implementation. Social policies within Iraq continued to ignore these lessons, both positive and negative.

Future Focus and Assessments

The 2003 war followed by the extensive looting of much of the social facilities has in many ways put the clock back to where it was in 1991. Rehabilitation of the physical social infrastructure, and ensuring the technical human resources that managed the social sectors are brought back, are two obvious priorities in the immediate short term. The size of the social infrastructure in Iraq is however large, with approximately 13000 schools, 3000 health facilities and just over 1400 water and sewage treatment plants. This would require substantial financial resources, more than what Iraq's oil exports can pay for in the short run.

Simultaneously, there is a need for both immediate humanitarian assistance and the need to design and implement a comprehensive safety net for the most vulnerable sections of the population. With increasing sections of the population becoming vulnerable there is a need for identifying such segments of the population for special targeting of social policies and programmes. Of particular importance is the need to formulate policies and programmes for the extremely vulnerable population of youth within Iraq today. Also, geographical distribution of poverty and other dimensions of vulnerability need to be taken into consideration for the future, as these issues were left unanswered in social policy formulation in the past. In the long run however, there is a need for major system reforms that encompass new social policies and institutional structures in each of the social sectors. Such reforms will need to create conditions for markets to function, local communities to participate and own social programmes, civil society institutions to form and build themselves up.

Several assessments as to the exact situation on the ground and needs of each social sector are ongoing within Iraq. These will provide estimates of the financial needs of each sector. There is a need to fill in other information gaps for planning more comprehensively in each of the social sectors. These include a systematic human resource and institution inventory of current availability and capacity, as well as training needs assessment of present staff in each social sector. For the purpose of new social policy formulation, a review of the laws, acts, and government decrees that guide the functioning of each social sector is required. All such assessments should incorporate the gender dimension through gender segregated data collection, to ensure that the rising gender disparities within Iraq are closely monitored. In addition, there are certain specific assessments required by each of the social sectors. In health and nutrition, there is a need to constantly monitor the health and nutritional status of specific population groups and settlements to target programmes better.

A disease surveillance system, already initiated by WHO, needs to be institutionalised throughout Iraq to ensure early warning systems for controlling disease outbreaks and epidemics. In water and sanitation there is a need for an assessment of technologies that are being currently used in the sectors, in order to evaluate their appropriateness. Also, an assessment of the drinking water distribution system needs to be carried out together with its access and reach to different population groups. In education, there is a need to review the entire curricula and teacher training system. In child protection, there is a need to identify the extent of the most vulnerable children in the population as well as the children out of school and without healthcare.

In essence, the 2003 war post war looting and its consequences, as well as the underlying weaknesses in Iraq's social sectors, calls for a more comprehensive reconstruction effort than solely humanitarian assistance or physical rehabilitation of social facilities. They need to be centred on systems of reform processes.

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I. OVERVIEW

1. Background and Purpose

The current post war scenario in Iraq is both fluid and uncertain. While in the short term Iraq will require major humanitarian assistance within an emergency situation, in the medium term it will require rebuilding and rehabilitation of the social infrastructure destroyed by the war and consequent looting. However, in the longer term, Iraq will also need to restructure and redesign the institutional and social policy framework within which the different social services and public goods are to be provided, as new political and economic governance structures and models take root.

Social reconstruction is being seen as a comprehensive long-term intervention that impacts, synergistically, all dimensions of human development. Whilst one dimension is the rehabilitation of the social infrastructure that provides essential social services to the population, such as healthcare, education, water, sanitation, and other services. There are various other interrelated issues that need to be addressed in a social reconstruction plan, these include promotion of care and protection practices for vulnerable groups, such as children and women, not only by the state but also by communities. It also includes the creation of institutional space for communities and ethnic cultural groups to represent themselves and exercise their rights within the social system. Finally, social reconstruction is closely interrelated to issues of food security, income levels and employment that impact social indicators in the long term.

Iraq's case for social reconstruction is unique for two reasons. First, until 1990 and the imposition of economic sanctions, Iraq's progress along certain dimensions of human development had been very rapid compared to most other countries in the region. Through an extensive system the country had subsidized social services to all its citizens within a short period of time, Iraq had also progressed in the field of education and healthcare to a near developed country status. However, after 1990 the trends were reversed, as dramatically as within a short span of ten years. Such a rapid regression of development creates a situation whose dynamics are very different from other developing countries.

Second, even before 1990, Iraq's progress along different dimensions of human development was skewed, and does not fit a typical pattern characterizing other countries. While social services were of high quality and social legislation was comprehensive, particularly regarding children and women, the social sectors were centrally controlled and guided by the state. There was no representation in the social sector from different communities or civil society. The perspective that guided social development was that of the state providing services, such as education and healthcare, as another subsidized public good to its citizens, and not that of education or healthcare being a necessary investment in human development. This was partly a consequence of the political structure of dictatorship on the one hand and the economic structure of sole dependence on oil exports for all resources on the other. Primarily it was a result of the model of social development chosen by Iraq.

The rehabilitation and development efforts in Iraq will require a multidimensional and well-planned response, both from the Iraqis themselves and the wider international community. A collective of institutions will need to pool their know-how and resources in a

complementary and integrated manner. The starting point for such an endeavour will have to be founded on both an analysis of the past trends in the key social sectors within Iraq, as well as an assessment of the damages caused by the war and consequent looting of the social infrastructure. Establishment of reliable data sources and continuing assessments of the evolving situation will be an ongoing necessity for responding constructively to the needs of the population of Iraq.

The purpose of this social sector watching brief is to establish a baseline that tracks the trends in the social development indicators and social sectors in the last two decades in Iraq, particularly from 1990 onwards. It briefly analyses the existing institutional capacities for social service delivery within Iraq, as well as the institutional and policy frameworks that guided Iraq's social sectors in the past. It analyses the baseline information on the pre 2003 war situation and the situation caused by the 2003 war and its aftermath within Iraq, in order to recommend certain key areas of action. It also proposes areas of focus for future detailed assessments. There are variations in the social and security situation within different parts of Iraq. While the watching brief generalizes for Iraq as a whole, situations vary in different parts of Iraq. Hence to ensure that the issue of vulnerability and regional equity is addressed more fully, further disaggregated analysis will be required in future assessments.

The scope of the watching brief covers the three sectors of education, water and sanitation, health and nutrition as well as the cross-sectoral themes of child protection and HIV/AIDs Prevention. The methodology used for preparing the watching brief included desk review of documents that help analyse the pre 2003 situation, discussions with key informants and a review of ongoing assessment findings for the post 2003 situation.

This overview chapter provides the general context and the summary of the key findings and recommendations that are common to the different sectors, based on which assistance strategies can be planned for Iraq. The proceeding chapters of the watching brief explores further the situation and needs in each of the social sectors of nutrition and health, basic education, water and sanitation and the cross-cutting issues of child protection and HIV/Aids prevention.

2 Pre 2003 War- Trends and Social Policy Perspectives

2.1. TRENDS IN SOCIAL INDICATORS

The national survey carried out in 1997 places the total population of Iraq at 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 of children noted that the total population had reached 23.97 million by the year 2000. (Males: 11.92 million, females: 12.04 million). OFFP estimated the population of Iraq in 2002 at 27.2 million, based on the registration for food rations.

The population of Iraq is however unevenly dispersed over the 437000 sq km of Iraqi territory. 67.5% of the population resides in urban centres, with greater Baghdad currently accounting for over 6 million or 20% of the total population. Administratively, Iraq is divided into 18 governorates, 11 central, 4 southern and 3 northern. The three northern governorates dominated by the Kurdish population, have had an autonomous administrative

structure since the mid 1980s, after years of conflict with the central regime. Table1 shows the population of Iraq in 2002 by governorates.

Youth under the age of 14 in Iraq make up 45% of the total population, in the year 2000. Over 65s are accounted for only 3.5 % of the total population. This dimension of the demographic profile of Iraq has a variety of implications for social planning. The youth of Iraq face a unique set of problems today, in addition to those characterizing youth everywhere. They have essentially been born and grown up in the 1990s when both the economic and social well-being of Iraq's population was rapidly declining, as well as various kinds of freedom lost to an increasingly repressive regime. Hence, they face a variety of deprivations and vulnerabilities. The sanctions period was characterized by a gradual decline in the mainstream of social services and did not have any social policies supporting young people specifically. Life skill based education, which includes both psychosocial care and more functional skills were not considered important parts of the education sector in Iraq. Absence of freedom to express themselves in the political climate of Iraq has deprived them from their right to recreation and freedom. Sexual education critical for HIV/Aids prevention, is nonexistent in the public domain of Iraqi society. The absence of social policies and programmes for youth has grave implications in the current post war context and for the future of Iraq. The demographic profile shows the need for social policies and related programmes to focus on children and youth in Iraq today.

The modern Iraqi economy has been largely dependent on oil exports. In 1989, the oil sector comprised 61% of the GNP, services (primarily in the public sector) contributed to 22%, followed by other industries at 12% and agriculture with 5%. The oil sector however, does not have strong horizontal and vertical linkages with the domestic economy that could have a multiplier effect on employment and economic growth. One of the results of this over dependence on the oil export economy has been the narrowing of the economic base over the last three decades, with the agricultural sector's contribution rapidly declining in the 1970s. The imposition of sanctions post 1990 therefore had a particularly severe effect on the Iraqi economy and food security levels of the population. The State of the World's Children Report, 1997 (UNICEF) states that the per capita income in Iraq dropped from \$3510 in 1989 to \$450 in 1996. The average Iraqi salary dropped from 6 to 3 US dollars per month by 1999, largely due to a rapid depreciation of the Iraqi dinar.

Not being self sufficient in food production, following the sanctions, the Iraqi government introduced free food rations comprising of 1000 calories per person/day or 40% of the daily requirements. After 1996 with the introduction of the OFFP, the per capita food consumption gradually increased over time, from 1300 calories per person/day in 1991 to 2150 in 1999. Estimates of the caloric intake per capita/day, prepared by FAO and the World Food Programme, between the years 1990 and 2002 shows it to be 3315 in the pre 1990 period, falling to 1300 in the year 1991, 1093 in the year 1995, and then rising up to 2215 in 2002. In 2000 it was estimated by UNDP that the average Iraqi family spent as much as 75% of their income on food. Since 1991, when the current public food distribution system was put in place by the Iraqi government, most Iraqis became dependent on the food rations they received through this system. It is estimated that 60% of the Iraqi population rely on the food rations to substantially augment their daily food requirements.

A survey conducted by the United Nations World Food Programme in March 2003, on the extent and geographic distribution of poverty in central and southern Iraq, found that even with the above food rations, one in five Iraqis suffer from chronic poverty and are unable to

meet all their basic needs. The systematic identification and targeting of social programmes to this poorer segment of the population has however never constituted an explicit policy in the social planning of the past. The focus of the Iraqi government has always been universal service provision and a denial of the existence special needs of specific groups within Iraqi society.

Because of the above standardised policy perspectives there were certain disparities, which were continuously emerging within Iraqi society that were never reflected in the social policy perspectives of the Government of Iraq. Little data is available on such disparities for the very reason that they did not inform policy formulation. The United Nations World Food Programme conducted a preliminary study on the extent and geographic distribution of chronic poverty in Iraq' centre/south region (May 2003). The study indicates that the occurrence of chronic poverty is concentrated within a relatively small number of districts within the region, a majority of them in eastern and southern Iraq. Twenty districts, out of a total of 86 districts in southern/central Iraq have approximately 3.3 million people living in chronic poverty i.e. 72% of the total of the chronically poor in southern/central Iraq. Two clusters of chronically poor districts are located towards the east of the country bordering Iran and include the governorates of Taamim, Salah al din, Diyala, and Wassit. The second cluster is located in the southeast corner of Iraq, and includes governorates of Basrah and Missan. Within these governorates, there are disparities between the urban and rural areas. In general the incidence of poverty is higher in those districts with a higher percentage of population residing in rural areas. Hence, both the regional dimension of poverty and the disparity between rural and urban poverty needs to be kept in mind for social planning in Iraq for the future.

The Infant and Child Mortality survey carried out in 1999, the Multiple Indicator Cluster survey (MICS) carried out across Iraq by UNICEF in 2000, followed by the more comprehensive Situational Analysis in 2002, provided important insights into the demographic and social sector dynamics within Iraq, especially in the decade of the 1990s. Some of the trends in the major social indicators that characterised Iraq included the following:

- Infant Mortality rates in southern/central Iraq increased to 107 per 1000 live births in 1999, over double of the 47-per1000 live births in 1989. Similarly under 5s mortality rates had risen from 56 per 1000 live births in 1989 to 131 in 1999. However, the situation was quite different in the three governorates of northern Iraq. Whilst the period between 1989 to 1994, the infant and child mortality rates rose marginally (IMR: 63 to 71; CMR: 80 to 89), when there was both a civil war and persecution by the Saddam regime, this rise ceased in northern Iraq by the adequate flow of resources provided by the OFFP. The dramatic changes in the child survival rates in southern/central Iraq have been attributed to a variety of factors such as the declining economic well being of the population, its effect on child nutrition levels and the declining access to healthcare and food security.
- Over 22 % of children in southern/central Iraq and 12% in northern Iraq suffered from chronic malnutrition. Reduced levels of food intake, widespread prevalence of anaemia among childbearing women and general poverty were some of the causes identified for such a situation.

- The daily per capita share of drinkable water reduced from 330 litres per day in 1990 to 150 litres in the year 2000 in the capital, Baghdad. In other urban centres this share was less at 110 litres, and in rural areas even less at 65 litres per day. However, in reality the actual water available was far less, as the above figures are based on water production rather than on what was delivered at the household level. Distribution losses were estimated to be as high as 50% and water quality continued to be uneven. Those vulnerable groups residing at the end of the distribution channels barely got any water supply. Inadequate electricity supply, non standardised imported spare parts due to fixed suppliers under the OFFP and a lack of modern know-how by local technical personnel are some of the reasons attributed to the failure of the water supply systems built in the pre-1990 period.
- A survey carried out by UNICEF in May 2000 noted that close to half the children less than 5 years of age suffered from diarrhoea within the previous two weeks of the survey. Over half of the children suffered from fever and over one third of the children suffered from acute respiratory infections. An Iraqi child suffered on average fifteen diarrhoea spells before the age of 5. The paucity of clean drinking water in adequate quantity, the absence of sanitation systems in specific locations, poor hygiene practices for childcare, feeding and the limited access to healthcare services all contributed to this situation.
- The literacy rate in Iraq had reached 78% in 1977. More distinctly, the adult female literacy rate had reached 87% by the year 1985, but declined rapidly since then. Between 1990 and 1998, over one fifth of Iraqi children stopped enrolling in school, increasing the number of non-literates within a decade and losing all the gains made in the previous decade. By the year 2000, the number of children of primary school age, not attending school increased to 23.7%, even though education until primary school is compulsory and secondary level had been free in Iraq since 1976. One of the main reasons identified for this decline was the inability to expand the number of schools due to a lack of financial resources. While drop out rates from schools continued to be relatively low, a large number of schools, particularly in the major cities, were highly overcrowded and ran multiple shifts.
- Iraq has a well defined legal framework relating to children, prevention of child labour, orphans and juveniles. However both the institutional and legislative framework put in place by the erstwhile government focused more on the state as the sole provider of services (i.e. a purely institutionalised approach) rather than alternative, more child friendly, community based approach. With the economic hardships increasing in the 1990s, the implementation of these laws for the protection of children in vulnerable situations also weakened and more and more children entered the informal labour force. Although no definitive estimates exist as to the prevalence of street and working children, the decade of the 1990s saw a dramatic increase in their numbers, from a virtually nonexistent level in the 1980s.
- Iraq had been one of the few countries in the Middle East which made a social investment in women's education. It submitted its second and third reports to the Committee that monitors the implementation of the Convention on the Elimination of Discrimination of Women (CEDAW) in 1998. While labour law legislation formulated in 1971 guaranteed women equal opportunity in government employment and women continued to be a majority in some professions (65 % of all teachers at

both the primary and secondary school level are women), they are less well represented in other professions.

- This situation started changing from the late eighties with increasing militarisation and conflicts on the one hand and declining economic situation in the 1990s on the other. The maternal mortality rate rose from 117 deaths for every hundred thousand births before 1990 to 294 in 1998. Although, a decline in both general healthcare services and education is largely responsible for this, deep-rooted gender biases in many segments of Iraqi society also started playing a role. Nearly 30 % of young girls no longer attend primary school. While dropout rates for both boys and girls are low at the primary school level, in fifth grade, the difference increases being 7.8% for boys and 16.4% for girls. The MICS 2000 survey by UNICEF showed that adult female literacy was only 63.5% compared to 83.7% for males. Nearly 30% of women gave birth without a professionally qualified medical professional in attendance. One of the consequences of the economic hardships and war casualties in the last two decades has been the increase in the number of women headed households, a majority of who have joined the informal labour force.
- The rise in the maternal mortality ratio from 117 to 294 per 100,000 live births within a decade is of concern. It constitutes one third of all deaths among women aged 15 to 49. The two main causes for this is the absence of quality healthcare at the time of delivery and the prevalence of malnutrition amongst pregnant women. There is also the issue of early marriage in Iraq, 40% of women in Iraq are married before the age of 18. Birth intervals were also short with 41% of births being spaced at less than two years. The total marital fertility rate ranged between 6.9% in urban areas to as high as 9.9% in rural areas. All the above data shows that there is an increasing trend where the vulnerabilities of women have increased over the decade of the 1990s. The above trends show the need to integrate the issue of rising gender disparities in future social planning in an explicit manner. Although the context of Iraq is quite different from its neighbouring countries Table 2 gives a comparative picture of the key social indicators that characterise them.

2.2. HISTORY OF SOCIAL SECTOR DEVELOPMENT IN IRAQ

To identify the underlying causes of trends in social indicators and institutional functioning that characterize Iraq, it is necessary to briefly explore the relationship between the political-military and economic phases that contemporary Iraq has gone through in the past three decades and how this has affected the social sectors.

From the mid 1970s to the mid 1980s, Iraq invested a reasonable part of its oil revenues in providing fully subsidized social services to all its citizens, without any discrimination. However, specific estimates of investment in the social sector are unavailable for Iraq, as government budgeting processes have never been in the public domain. The public health, education, drinking water and sanitation systems were maintained at fairly high levels of quality, often by expatriate technical personnel. The Iraqi dinar was a strong currency (with one Iraqi dinar equivalent to around US\$ 3) and real salary levels of public servants were high level. The facilities for social services put in place, while being of high quality, using modern imported technology was highly centralized and managed top down through vertically organized ministries at the Central level. All social services were fully subsidized through investing a part of the oil revenues and there were never any user fees for majority

of the services. The exception was the water and sanitation sector where a tariff structure had been designed, but has not been strongly implemented. The community was seen primarily as consumers of such services and never considered as participant stakeholders.

Such systems required generation of substantial amounts of centralized public finances to maintain them and began to be strained from the end 1980s with the decade long Iraq-Iran war. The situation in Iraq changed dramatically with the 1991 Gulf War and the economic sanctions that followed. The ban on oil exports, exodus of all expatriate technical personnel (particularly from the public health system), critical imports needed in sectors such as electricity generation and water supply, the closing down of the economy from international trade and restrictions on foreign travel by Iraqis to gain technical know-how, combined with the rapid depreciation (by over 5000%) of the Iraqi dinar severely strained the social services provided by the state. The pre-1990 levels of coverage and quality could not be maintained. Definitive estimates of the decline in investment in the social sectors are not available, although the Government of Iraq estimated the decline in investment in the social sectors to be over 90% from the pre 1990 levels.

The institutional structure for delivering subsidized social services through sectoral organised ministries continued. However, this structure did not have adequate coordination mechanisms across sectoral ministries and directorates to address important cross-sectoral issues in the social sectors as a whole, such as the link between health, education and water and sanitation in addressing issues of hygiene practices, child rearing practices and nutrition. With financial resources becoming scarce, the management of the social service system became more centralised and bureaucratic leading to inefficiencies. Financial resources, both for rehabilitating the social infrastructure as well as maintaining ongoing expenditure became a critical bottleneck.

The United Nations Security Council passed resolution no. 986 on 14th April, 1995 to establish the Oil for Food Programme (OFFP). The programme was primarily designed to temporarily provide essential humanitarian needs for Iraqi people. On 20th May 1996, the Government of Iraq signed the Memorandum of Understanding (MOU) for the Security Council Resolution (SRC) 986, to implement the programme through the Government of Iraq for the 15 central and southern Iraq Governorates. In the three autonomous northern governorates, the UN took part in directly implementing the OFFP, with local governorate authorities. The OFFP also provided a cash component for the three northern governorates. However, this only covered expenditure on activities such as training, capacity development and certain kinds of local contracting. It did not include salaries of public servants or other running costs. The southern and central governorates MOU had no such component.

The situation improved from 1997 with the OFFP under the U.N. resolution SCR 986. The programme allowed generating some resources for the social sectors. It also allowed importing food and other essential raw materials and equipment needed by the social sectors, through a rather stringent inspection and purchase mechanism. The programme however, only allowed material and hardware imports for the social sectors in southern/central Iraq and did not provide payment of salaries or expenditure on other running costs. Over the eight years of its existence (1996 to 2003), the programme managed to stabilize the social situation in north Iraq (with a population of 3.2 million), but was inadequate to maintain a return to pre-1990 levels of social investment in central/southern Iraq. In essence, the OFFP was an adhoc humanitarian assistance programme, renewed every six

months, rather than a comprehensive reconstruction plan. There have been 13 phases of the OFFP over a period of eight years. Because of the very short duration of each phase, and some uncertainty to its renewal at the end of every phase, long term planning for the social sectors could not be achieved.

In addition to the above general features of the OFFP, there were certain other features, which differentiated the programme between central/southern governorates and the three autonomous Northern governorates. Throughout the programme, the per capita availability of funds for central/southern Iraq, as compared to northern Iraq was significantly lower. Once the allocation for claims for compensation and other costs were deducted in the case of central/southern Iraq, only 53% of the funds were available for 87% of the population in Iraq. The allocation for food basket within the OFFP was equal and assured for every person in both parts of the country. However, this also implied that remaining resources for sectoral allocation between the two parts of the country became even more skewed. Over the life of the OFFP there was a gradual increase in resource availability as the ceiling was raised from US\$ 2.6 billion to US\$ 5.2 billion and then finally an elimination of the financial ceiling, as well as a reduction of the compensatory allocation from 30 to 25%. Hence, the situation in both parts of Iraq only improved gradually over the period of the OFFP, but much more so in the north than in the centre and south of Iraq. Pre 1990 levels of achievement could not be achieved in the central and southern Iraq region.

The Iraqi regime also became increasingly autocratic and centralized over the years, with virtually no space for local institutions or civil society organizations to participate in any kind of social action. Decision-making on routine matters was often also centralised above the level of local authorities and governorates. The political military situation took on primacy from 2002 onwards. While regular functioning of the social sectors continued within the Government of Iraq continued, the situation became more politically complex and no integrated social planning took place.

2.3. SOCIAL POLICIES AND LEGISLATIVE FRAMEWORK

The legislative framework and majority of the laws that guided the social policies and institutional framework in Iraq, till the present war, were formulated between 1975 and 1985, with some modifications thereafter. The Iraqi Social Welfare Law 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 also defined all the legal aspects relating to orphaned children. The Law of Care for the Juvenile, formulated in 1983, provided for juvenile justice. There was also legislation to ban child labour. Primary education was made compulsory and free in Iraq in 1976, followed by the enactment of the "Illiteracy Eradication Law" in 1978. The law of Pension and Social Security and the Maternal Law were formulated as early as 1971 to guarantee women equal opportunities with men in the civil service.

Similarly the water and sanitation sector was governed by a set of legislative acts. Act no. 25 of 1967 related to water resources management: Act no. 2 of 1997 related to environmental protection and development. In 1974, the Ministry of Health established the drinking water quality standards. Hence, there was an ongoing process of legislation in the sector to regulate, monitor and set up operational guidelines for the water and sanitation sector over the years.

The above examples highlight the comprehensive social legislative framework put in place in Iraq for guiding the social sectors. The laws were rigorously implemented till the early 1990s, when the economic situation turned for the worse and social services could no longer be maintained at their previous levels. Many of the social security measures such as pension for widows, stopped being paid from 1993 onwards. No comprehensive review of the efficacy and appropriateness of the laws in each sector has however been conducted. New directions required to determine future course of action in each social sector would need such a review for social and sectoral policy formulation.

2.4. INSTITUTIONAL FRAMEWORKS AND CAPACITIES

The institutional framework that guided the implementation of all the laws relating to the social sectors, as well as the delivery mechanisms for providing the different social services to the citizens of Iraq, centred on sectoral organised ministries and directorates. The ministries which were critical to the social sectors at the central level are Ministry of Health for all public health systems, Ministry of Education for primary education, Ministry of Higher Education and Scientific Research for secondary and university education, Ministry of Labour and Social Affairs for issues relating to labour laws and protection of children under special categories. The actual implementation of programmes and management of social facilities, such as schools and primary healthcare centres, was the responsibility of directorates in each of the eighteen governorates of Iraq and coordinated by the office of a Director General at the central level. The Ministry of Planning had an important role within the centrally planned economy of Iraq, with the responsibility for overall social planning and coordination.

The water and sanitation sector had a more complex institutional framework. Whilst the Baghdad Water Authority was responsible for the water supply system for Baghdad, the General Corporation for Water and Sewerage, under the Ministry of Interior, was responsible for other governorates in southern/central Iraq. The solid waste collection and disposal functions however were under the different Municipality Directorates. The multiplicity of institutions managing the different systems in the water and sanitation sector increasingly created problems of coordinated central planning and programme implementation, as financial resources became more expensive.

The above institutional framework followed the classical, vertically organized, line ministerial framework developed for managing centrally planned economic structures. In the initial years of establishment of this system when resource constraints did not exist, the system functioned efficiently and at high levels of quality. There was also some role given to the municipalities and autonomy to the governorates in the management of the different services. However over time, from the second half of the 1980s, and increasingly so in the 1990s, as political power and resource allocations began to be centralized in the office of the President, the planning and management of all public social services began to be highly centralised. Public finances and resource allocations were directly supervised by the office of the President and not well known to public officials. The roles of the different ministries were reduced in the policy making processes.

Another problem in the way that the ministries were structured was the absence of adequate coordination mechanisms, across the ministries that could address cross- sectoral issues in the social sectors as a whole. For example whilst the Ministry of Interior was responsible for water supply, the Ministry of Health was responsible for water quality and there were

inadequate coordination between the two to ensure that both dimensions of water supply were addressed. Similarly, a large number of issues in the social sectors cut across sectoral boundaries. For example, issues in nutrition and even disease control like diarrhoea can only be addressed through an integrated approach which covers healthcare, appropriate food intake, child rearing education, hygiene practices and safe water supply. Issues in child protection covers education and health issues, as well as special protection measures for children in disadvantaged situations.

The functioning of the administrative system that characterized the different social sectors also suffered from complete isolation from developments in the rest of the world since 1990. No foreign travel by Iraqi professionals was allowed. A large number of highly skilled technical professionals such as lawyers, doctors and engineers left the country after 1990. The higher education system and training institutions could not cope with the training needs of the social sectors, due to both scarcity of finance and the knowledge gap that increased over the years with rest of the world. Technology imports were limited to repair and replace equipment of pre 1990s, particularly in the water and sanitation sector. Curriculum in both primary and secondary schools has not been changed in Iraq for the last twenty years. All the above factors contributed to the reduction of the dynamism and capacities of the Iraqi social services. Hence, under the present circumstances, while crisis management capacities do exist within Iraqi institutions, longer-term development of the different social sectors would require substantive investment in building up technical and management capacities across all the social sectors.

There was a lack of institutional space given to civil society institutions, and the few NGOs that existed were either promoted by the government or had strong links to the Baath party. These included: The General Federation of Iraqi Women, Youth and Students, the Family Planning Association, and the Child Welfare Society. These institutions played an active role in campaigns for social mobilization in different social programmes. In the northern governorates however, several NGOs emerged after 1996 and participated in different social programmes.

2.5. INVESTMENTS IN THE SOCIAL SECTORS

Public finances and budgetary processes within Iraq had been opaque and beyond the public domain. There is lack of comprehensive information on the annual budget allocations to different sectors within Iraq. In the year 1988/89, it was estimated that approximately 4% to 6% of Iraq's GNP was invested in the education sector and a slightly higher percentage in the health sector. Out of the education budget, approximately 46 % was allocated to primary education and 27% for secondary education. However, after 1990, estimates were not available on government allocations to the different social sectors. In fact the whole budgetary and planning process began to breakdown.

From 1996 onwards, the investments made in each of the three key social sectors by the OFFP was made available. In the 13 phases of the OFPP, allocated investments in the health and nutrition sector was US\$ 4749 million, in the education sector US\$ 1744 million and in the water and sanitation sector US\$ 3012 million. These allocations were primarily for hardware and material imports for the three sectors. The above estimates exclude the allowed food imports, which went into maintaining the food ration system. It primarily includes direct investment made in a sector such as medicine and equipment for the health system. OFFP investment allocations do not cover any running costs allocated directly by

the Government of Iraq. Hence, there is a real data gap in terms of the overall budgetary information and social investment patterns in the case of Iraq.

3. Post 2003 War Situation

3.1. IMPACT OF WAR

The most direct impact of the war has been damage to the social infrastructure due to either collateral damage or in the post combat phase, by the extensive looting of facilities and equipment. In general, other than certain specific buildings damaged during the combat phase, all the losses in movable infrastructure, as well as the burning down of buildings such as warehouses, occurred due to the post combat looting. It is estimated that 500 schools in Baghdad are damaged and all equipment and material looted from the majority of the schools within greater Baghdad. 50% of the 1410 water treatment plants in Iraq are no longer functioning and all the sewage treatment plants in Baghdad are out of action. Electricity supplies to nearly 40% of all water and sewage treatment plants have yet to be restored. It is estimated that nearly US\$ 500 million worth of spare parts, equipment, water treatment chemicals and service vehicles have been looted or destroyed. Whilst some of the hospitals within the urban centres, that escaped damage or looting, have started functioning with minimum levels of equipment, a majority of the primary healthcare facilities are yet to renew their functioning. Both staff and users of such services, particularly women and children, are refraining from attending either school or health facilities due to the adverse security environment.

Assessments done by the UN and other agencies following the conflict show that less than 50% of the Iraqi population are able to access medical care and education they need due to insecurity. A rapid assessment of the immunization programme in May 2003 revealed that routine immunizations stopped with the beginning of the conflict and majority of the vaccine stocks have been lost due to the stoppage of electricity supply. The immunization programme has since then been restarted. Malnutrition rates among children have started increasing dramatically in the post conflict situation. A majority of the institutions under the Ministry of Labour and Social Affairs have collapsed and children (disabled, orphans) in such institutions have been left to fend for themselves

The disruption of public social services on such an extensive scale has already started having an adverse impact on the lives of the people, particularly the more vulnerable groups such as children and women. Rapid increase in acute malnutrition in children, mainly due to diarrhoea and cholera, particularly in Southern Iraq, is being reported by various humanitarian agencies. In the absence of both clean drinking water supply and sewage disposal, the outbreak of epidemics like cholera is on the rise. Basra has already had seventy reported cases of cholera and probably many more unreported. The supply of clean drinking water and healthcare for families and settlements has become a priority for the majority of the population, along with the need for food security and some form of livelihood generation.

3.2. ONGOING RAPID ASSESSMENTS

The detailed post war status of facilities, which are still functioning but damaged, and needs in the different sectors are provided in the sector specific chapters.

A number of rapid assessments are ongoing in each of the social sectors to measure the extent of damage and identify needs. WHO is working in coordination with other agencies in estimating the deficiencies and stock levels of different essential drugs. Coordinated efforts for inventory and distributing future drug supplies are underway. WHO has also established a countrywide surveillance network to detect outbreaks of communicable diseases and track prevalence of the most common public health threats. Surveillance activities are ongoing in all 86 districts of southern/central Iraq. As of June 20th 2003, WHO assessed 570 of the 3061 health facilities, 1000 of primary healthcare facilities and 100 out of the 203 hospitals are being currently assessed by different agencies. The water and sanitation sector is carrying out assessments and need analysis for the water and sanitation situation through the coordination body, set up with different agencies. UNICEF and five NGOs in thirteen governorates of southern/central Iraq initiated an assessment for children in need of protection. An assessment of the status of primary and secondary schools in need of rehabilitation is being done for each of the governorates. UNDP is assessing the situation of internally displaced persons (IDPs) in Iraq. A review of food safety laws, support to the enforcement of current regulations and rapid assessment of food inspection systems has been initiated by the National Task Force for Food Safety. WFP is undertaking an assessment of vulnerabilities. A series of coordinated efforts on rapid assessments and coordinated humanitarian response is also ongoing in the education and child protection sectors. Information from these assessments is still being collected and compiled for each governorate.

3.3. SOCIAL SITUATION AND LOCAL CIVIC ACTION

The second immediate impact of the war and the consequent regime collapse has been the continuing social instability and highly insecure environment that has come to characterize many of the major cities in Iraq at present. How long this phase will continue is difficult to say, given the fluid situation on the ground currently. This environment is not only affecting the safe transportation, storage and supplies of emergency material, but also created problems for the rapid re-functioning of many of the previous service facilities.

Many public officials, especially those working in the public social services, such as teachers and water treatment plant personnel, are yet to report back to duty in adequate numbers. The limited functioning of the primarily state managed delivery mechanism for all the social services has become a major bottleneck for reaching humanitarian aid to different segments of the population. There is still uncertainty on payment of salaries to different personnel in the different social service sectors and this is contributing to becoming a major disincentive for personnel joining back for regular duty.

Local civil society institutions and NGOs were largely banned and persecuted under the previous regime and are virtually non-existent in Iraqi society today and hence unable to provide a viable alternative in the short run. Spontaneous local level civic action initially started to protect neighbourhoods and hospitals from being looted, are increasingly coming to play a role in voluntarily providing emergency services to different segments of the local population. Such informal bodies have formed even within the state owned institutional structures and may be the seeds of a more vibrant civil society in the future.

3.4. MANAGEMENT OF SOCIAL SERVICES AND INSTITUTIONAL CAPACITIES

The collapse of the political regime has not only meant a major change in the political governance structure in Iraq, but also the near total collapse of the public administration that has been traditionally responsible for all the social services in Iraq. The extreme centralization that characterized the management of the social services system, through different central ministries, has compounded the problem of reactivating the system at the local level. Unless all the various central level ministries, many of which are shut down after the start of the war function at the central level, it is difficult to revive their functioning at the local level in the short term. However, this needs to be seen in context, that there is a need and possibility of major system reform processes that are being initiated in Iraq towards greater decentralisation and introduction of free market mechanisms in the social sectors.

The above situation is a direct result of increased centralization and politicisation of the public administrative system in Iraq over the years. The directorates under the different line ministries at the governorate level, as well as the municipalities in the townships had little decision making authority. Local representation in the management of social services was virtually non-existent. The role of the private sector or other civil society institutions in the social sectors has only been marginal. The Iraqis have had little experience in decentralised management of systems. Any long-term reconstruction efforts in Iraq would therefore require the formation and extensive capacity building of social institutions, simultaneously with the rehabilitation of the social infrastructure.

While some of the ministries at the central level have started to function again, it is not as yet clear what kind of institutional structures will characterise them in the future. Hence, an integral part of future social policy formulation and reform will have to include the design of new institutional frameworks within the government. It is important that such designs include both local representation and community management of services. This is important not only because of the need for more accountable and decentralized governance structures, but also because a variety of social issues cutting across sectoral boundaries can only be addressed through community-based institutions.

The erstwhile centralised welfare state of Iraq as originally designed, had certain strengths. In situations where the central ministries have restarted functioning, they have quickly been able to get certain essential services functioning again. A case in point is that of the Ministry of Trade working together with the World Food Programme (WFP) to restore the food rations for the population and reaching such rations to many areas within Iraq. The social legislative framework is comprehensive and relatively progressive. In the short term it could serve as a basis for working in different social sectors until a more thorough review and reform process can be initiated.

4. Recommendations

In addition to the specific priorities and recommended areas of action for each of the social sectors, there are certain generic needs and cross sectoral concerns that have to be addressed within humanitarian and reconstruction strategies formulated for Iraq, given the current situation.

4.1. SHORT TERM

- Identification and mapping of especially vulnerable groups and settlements within Iraq for targeted programme delivery, as well as a design of special programmes for such groups. Within this exercise it is necessary to take into account several disparities, which were ignored by previous social policies and programmes. The disparities highlighted in the trends in social indicators include the disparities between the districts with high incidence of chronic poverty, especially in the south-eastern governorates of Iraq, and the differences in the urban and rural profile of vulnerability.
- The trends in social indicators also highlighted the emerging gender disparities within Iraq, which were much less in the 1980s, when the socio-economic context was different. Hence, in all future assessments as well as the consequent social policy and programme planning processes, there is a need to integrate the gender dimension of disparities and vulnerabilities.
- Rehabilitation and organisationally reactivating the critical institutions at the local level, through community participation and local representation. Such institutions include organizations responsible for the water supply, sanitation and waste disposal systems in townships, primary healthcare facilities, primary and secondary schools. The challenge is to actively promote local civic action in a country used to a centralized delivery of services.
- The full functioning of certain critical central Ministries, who were responsible for a majority of social services in the past. These include the Ministries of Health, Public Works, Education, Labour and Social Affairs. This is essential to draw on the expertise and capacities of the existing system to manage the social services within Iraq.
- The establishment of secure but decentralised warehouses at the governorate level to ensure adequate and systematic stocking and distribution systems for essential supplies such as medicine, equipment and other materials.
- The re-establishment of the management information systems set up in the 1990s for monitoring health and education systems. This will regularise the flow of information and continually monitor the situation in those two sectors. Related to this is the need to install a countrywide disease surveillance system for tracking disease and epidemic outbreaks. The challenge is to institutionalise this in the present context.
- The reopening of the existing primary and secondary schools to ensure children rejoin schools in the next academic year. This is not only needed for children to exercise their rights to learning in all situations, but also the need to reach children fast with a variety of other programmes such as supplementary feeding, healthcare, and psychosocial support. The challenge is to provide adequate teaching-learning material quickly enough as well as rehabilitate a large number of schools that were looted after the combat period.
- Reactivation and expansion of targeted programmes by different humanitarian and UN agencies, such as distribution of food rations, reopening of special institutions for

vulnerable children, immunisation programmes, nutrition programmes and specific disease control programmes particularly for diarrhoea and cholera prevention. This is essential, due to the increasing incidences of malnutrition in the post war period.

- In addition to repairing and restarting of the larger water and sewage treatment supply systems, priority to the repair of the water distribution system should also be given, which even in the pre war days had losses of up to 50%. Focus on water quality through water monitoring systems at the users end, is also needed to ensure the prevention of spreading waterborne diseases.
- Establishing adequate inter-institutional and cross-sectoral coordination mechanisms so that the critical issues of Iraq's social development are addressed holistically in the future.

4.2. MEDIUM TERM

- Restoration of service levels to the pre war levels, through rebuilding and re-equipping damaged facilities. In many cases, this would also involve re-designing and introducing new technology that is more appropriate and up to date than what existed previously. A case in point is the water supply systems, which are largely of pre 1990 designs.
- Recruitment and training particularly in-service training, to all frontline technical personnel in the social services sector. This includes; nurses in the health sector, water and sanitation engineers, teachers of primary and secondary schools and counsellors for child protection. An integral part of this need for a new generation of technically qualified human resources, would be the rehabilitation and redesign of training institutions and universities within Iraq. Such institutions have been isolated from the world for over 13 years and lost out on all knowledge advances. Thus, an important need is to link such institutions with others outside the country. The entrance of a market economy within the social services would also require that quality standards be maintained in such services.
- A specific need in both the education and health sectors is the complete re-design of curricula, teaching methods and teacher/nursing training courses, as the education system in Iraq has undergone no change since the 1980s. There is a need to introduce both new pedagogies and new courses in the schooling system, as well as in the higher education system within Iraq.
- The demographic profile of Iraq shows the need to formulate specific policies and programmes for youth and adolescents in Iraq who are especially vulnerable in the post war period, particularly where social norms and values are rapidly changing. The importance of such policies and programmes for the long-term stability and positive future of Iraq is critical in the current context. Programmes and policies for youth have to be freshly designed, as such programmes did not exist as a special focus area in the past. Such programmes and policies also need to include cross-sectoral child protection programmes for homeless children, special neighbourhood schooling facilities for girl children until the security environment normalises, health and nutritional care for pregnant women and infants, and special drinking water distribution systems for those not reached by the main water supply systems. Over

time such programmes need to be integrated into a social safety net for the most vulnerable groups as Iraq restructures its economy and polity.

- Redesign, strengthening and capacity building of the institutional structures responsible for social services at the local and governorate levels, is needed to reverse the over centralisation of the institutional structures of the past and maintain the quality of services at the community level. This is also required as programme approaches need to be changed from centre based care (e.g. hospitals, institutions for orphans) to a more community-based approach. As the broader political structure undergoes change and becomes more representative, the need for strong institutions at lower levels will also increase.
- Review and reform of the social policy and regulatory framework in each of the social sectors is needed, as new forms of government and economic structures are introduced in Iraq. New regulatory frameworks are required where private sector participation is encouraged, such as in the water and sanitation sector, in order to ensure that vulnerable groups are not excluded from services that have to be paid for. Social policies pertaining to the labour market is required to ensure that social equity considerations are not ignored. Social legislation for children is required so that their rights can be realized, not only through the welfare state, but also through the community. New laws pertaining to civil society institutions and their role in the social sectors need to be introduced to enhance their involvement in the future.

4.3. NEED FOR FURTHER REVIEWS AND ASSESSMENTS

Due to the uncertain and fluid situation on the ground as well as the incomplete nature of the information available of the exact post war situation, there will be a constant need for reviews and assessments to plan reconstruction activities. The key assessments that need to be pursued in the next phase of planning include the following:

- Monitoring of nutritional, health and educational status of the population, (particularly women and children in different locations and regions within Iraq), with the aim of identifying and mapping vulnerable groups for targeted programmers.
- Assessment of quality of services being provided to the population through different services.
- Assessments of the physical infrastructure, equipment and material needs of different social facilities such as primary health facilities, schools, water and sewage treatment plants, special institutions for children, and rehabilitation of pre war level social infrastructure.
- Assessments of the appropriateness of existing technologies and methodologies, such as water supply and distribution systems and curricula in schooling systems.
- Financial assessment of different sectoral systems and subsystems towards an installation of new financial control systems.
- Studies on the possibilities of introducing user fees and revenue generation, towards partial financial sustainability in different social services.

- Review of technical capacities, knowledge levels, attitudes and practices, in different sectoral systems, in order to identify capacity building and training needs, particularly at the points of interaction between users and service providers (e.g. classroom practices in education, nursing practices in primary healthcare facilities etc.,).
- A sector wide review of institutional capacities, especially at the, ministerial, governorates and local service authority levels. Estimation of human resource levels and assessment of system management capabilities.
- Social policy and regulatory frameworks review that aims to provide better service quality provision, greater representation, community participation, private sector involvement, and provision of safety net for vulnerable population group.

6. Conclusions

The post 2003 war situation, as well as the lessons gained from the humanitarian efforts undertaken in the OFFP, highlights the need to keep certain concerns in mind when planning for the reconstruction efforts in Iraq for the future, which include:

- The security environment in Iraq continues to be fragile, placing severe limitations on what can be done on the ground currently. Hence all plans and strategies will need to be vetted by what is feasible given the current security environment.
- The war has compounded the already fragile situation on conditions of the population before the war. The vulnerability situation of large sections of the population is increasing, in terms of nutritional status, food security, access to services and supply of basic necessities such as clean drinking water. Children and women from the already poor communities are the ones affected the most. The OFFP and the pre war service delivery systems did not make clear targeting of the most vulnerable people as one of its explicit goals. Whilst the rehabilitation of the mainstream systems is necessary, policies and programmes that particularly target the most vulnerable need to be included in sectoral policies and programmes since they adopt different institutional mechanisms such as the creation of the private sector and free markets.
- The entire social services system has been increasingly focused on a highly supply driven institutionalised approach, with little scope for community outreach or participation. This is most visible in the healthcare system, its dependence on hospitals, and the institutional system for children needing special care such as orphans, disabled and juveniles. The results of this approach have severe limitations in terms of effectiveness. The rehabilitation of the old facilities through hardware without changing basic programming approaches, as happened in the past, will therefore fail to address the real needs of the vulnerable population.
- The food ration system, while providing an important safety net in times of crisis has not been able to reduce the levels of malnutrition in Iraq. This is because it has not been integrated or consistent with other sectoral programmes such as nutrition and health education. A case in point is the contradiction between supply of powdered milk food on the one hand and promotion of breastfeeding on the other. Unless these

contradictions are addressed and sectoral programmes more integrated, the effectiveness of individual sectoral programmes will continue to be limited.

- The tradition of social service provision in Iraq has been to provide them at zero cost. User fees and other related concepts are totally alien to the Iraqis. A sudden change in this system to total cost recovery will be both harmful to the vulnerable sections and may not be socially acceptable in the short run.

The history of the social sectors in Iraq, over the last three decades has been characterised by wide fluctuations that are directly related to the different phases of Iraq's political-military and economic upheavals. The analysis of the trends in the social indicators through a time line of Iraq's contemporary history shows four distinct phases. The first phase from the 1970s to 1989, shows a country, which invested substantially in building up its social infrastructure to provide universal access of basic social services to all its citizens. This was followed by the 1990 Gulf War and the related economic sanctions, which led to a rapid deterioration of the services provided by all the social sectors and consequently a sharply adverse decline in the key social indicators. This phase lasted till 1996, after which there was a partial recovery for a short period of time, through the Oil for Food Programme that allowed humanitarian imports through Iraq's oil export proceeds. This phase lasted till the current war of 2003, which has again led to a slide back to the levels of 1990 or worse. These contextual factors have had an overriding influence on how the different social sectors have developed over the years.

However, partly because of its dramatic conflict ridden history, but primarily because of the model of social development chosen by Iraq, there are many underlying factors that have not received adequate emphasis in social planning and policy formulation in Iraq. Emphasis in reconstruction efforts in the past has always been to get the existing system back on its feet to its original form, through rehabilitation and hardware inputs. The inherent weaknesses of a top down command economic structure, that has also come to characterize social sectors, has neither been systematically analysed nor attempted to be reformed, using alternative paradigms of social development. Ironically, the current period offers that opportunity comprehensively for the first time.

The story of each social sector highlights the major achievements accomplished in the past, but also the weaknesses in the perspectives that guided the policy and programme approaches for their rehabilitation and development. In the health sector, the emphasis had been on establishing a hospital based curative healthcare system, with specialized disease control approach, rather than a community based public health approach. Similarly in human resource development, emphasis had been placed on training of specialist doctors rather than nurses and paramedics who can do the majority of the functions in a public health programme. With the HIV/Aids pandemic on the horizon, the same approach came to characterize Iraq's HIV/Aids prevention programme.

In the water and sanitation sector, the focus had been on rehabilitation of the large water and sewage treatment plants. Less emphasis was given to ensure that water of adequately safe standards reaches the vulnerable population groups at the end of the distribution channels. Hygiene and sanitation practices, which could have prevented the rapid rise in morbidity and mortality, especially in infants and children, were not adequately addressed. Choice of technologies has often been inappropriate, especially in the rural context. Dependence has been solely on large sophisticated plants, for which indigenous technical

capacity did not exist. In education, while adequate emphasis had been given in the past to primary education compared to higher levels, knowledge inputs required in the learning process in today's context has been stagnant. Curricula have not changed in Iraq's schools for over two decades, and in-service teacher training has been virtually absent. In child protection, the approach had been to provide solutions for vulnerable children such as the disabled and orphans through a highly institutionalised approach, rather than more effective community based approaches. The earlier programmes have largely ignored problems such as the growing number of street and working children.

The political regime that characterized Iraq also ignored the increasing vulnerability of special segments of the population, especially those belonging to different ethnic or religious groups. The institutional structures developed to manage the social sectors and services within them also became increasingly centralised and inefficient. Civil society in general and institutions in particular had no role to play in the social sectors within Iraq and were largely banned.

The OFFP and the continued presence of UN agencies throughout the period of the 1990s, attempted to bring about certain changes through introducing new types of social programmes. They were partially successful in the autonomous governorates of northern Iraq, where both the share of resources and the cash component in the OFFP was better. Additionally, the UN was directly responsible for the programme's implementation.

The 2003 war followed by the extensive looting of much of the social facilities has in many ways put the clock back to where it was in 1991. Rehabilitation of the physical social infrastructure, and ensuring the technical human resources that managed the social sectors are brought back, are two obvious priorities in the immediate short term. The size of the social infrastructure in Iraq is however large, with approximately 13,000 schools, 3,000 health facilities and just over 1,400 water and sewage treatment plants. This would require substantial financial resources, more than what Iraq's oil exports can pay for in the short run.

Simultaneously, there is a need for both immediate humanitarian assistance and the need to design and implement a comprehensive safety net for the most vulnerable sections of the population. In the long run however, there is a need for major system reforms that encompass new social policies and institutional structures in each of the social sectors. Such reforms will need to create conditions for markets to function, local communities to participate and own social programmes, civil society institutions to form and build themselves up.

Several assessments as to the exact situation on the ground and needs of each social sector are ongoing within Iraq. These will provide estimates of the financial needs of each sector. There is a need to fill in other information gaps for planning more comprehensively in each of the social sectors. These include a systematic human resource and institution inventory of current availability and capacity, as well as training needs assessment of present staff in each social sector. For the purpose of new social policy formulation, a review of the laws, acts, and government decrees that guide the functioning of each social sector is required. In addition, there are certain specific assessments required by each of the social sectors. In health and nutrition, there is a need to constantly monitor the health and nutritional status of specific population groups and settlements to target programmes better. A disease surveillance system, already initiated by WHO, needs to be institutionalised throughout Iraq

to ensure early warning systems for controlling disease outbreaks and epidemics. In water and sanitation, there is a need for an assessment of technologies that are being currently used in the sectors, in order to evaluate their appropriateness. Also, an assessment of the drinking water distribution system needs to be carried out together with its access and reach to different population groups. In education, there is a need to review the entire curricula and teacher training system. In child protection, there is a need to identify the extent of the most vulnerable children in the population as well as the children out of school and without healthcare.

In essence, the 2003 war and its consequences, as well as the underlying weaknesses in Iraq's social sectors, calls for a more comprehensive reconstruction effort than solely humanitarian assistance or physical rehabilitation of social facilities. System reform processes would be an integral part of such an effort.

II. SUMMARIES OF SECTORAL REPORTS

1. Health and Nutrition

Situation in 1970s and 1980s

The Iraqi health system was developed throughout the 1970s and 1980s according to a highly centralized, hospital based, capital-intensive model of curative care. It required continuous large-scale imports of medicines, medical equipment and even service workers like nurses. It focused mainly on sophisticated hospitals for advanced medical procedures, provided by specialist physicians, rather than population based care through primary care practitioners.

As this system expanded to cover the majority of the population, it produced notable results. The health system was fully subsidized and free health care was provided to all Iraqis. As the public health system provided free services of high quality and also paid high salary levels, the private health sector in Iraq declined.

The rate of mortality among young children was already falling when deaths in the Iran-Iraq war (1980-1988) led the Government of Iraq (GoI) to push for policies to stimulate population growth. As part of this policy, a child survival campaign was initiated from the mid 1980s. This included setting up a network of rural and urban primary health facilities, and immunization and breastfeeding campaigns. The programme was associated with a steep decline in mortality among young children in the late 1980s. Medical care reportedly reached 97% of the urban population and 71% of the rural population. Nonetheless, most resources invested into the health care system continued to focus on hospital based curative care.

Rising economic standards, a subsidized health system and targeted population programmes, led to reduced morbidity and mortality amongst Iraqi children. Infant mortality rates fell from 80 per 1,000 live births in 1974, to 60 in 1982 and 40 in 1989. A similar trend characterized under 5 mortality rates, falling from 120 per 1,000 live births in 1974, to around 60 in 1989.

Post 1990 Situation

The situation changed dramatically from 1990 onwards due to the Gulf War and the impact of economic sanctions. Shortages of food and medicine limited the access to essential goods for the majority of the population immediately after the war. The food rations provided by the GoI met only part of the population's food needs. Many hospitals and health centres were damaged, expatriate medical personnel (especially nurses) left the country, and financial resources for the health sector declined precipitously. In the 8 months following the 1991 war, mortality rates among children under 5 years of age rose from around 50 per 1,000 live births to 120. The crisis brought out the inherent weakness in a health system based on a capital-intensive model of care. First, the absence of systematic outreach, combined with damages to hospitals and other facilities, immediately reduced the access of the population to any kind of medical services. Second, most foreign personnel left the country. This was especially problematic for nursing, and showed the weakness of not building an indigenous cadre of allied health personnel within the country. Third, as the

supply of electricity became erratic, most health facilities could not function effectively, showing the interlinked nature of the social sectors on the one hand and, the excessive dependence of the health system on sophisticated medical equipment on the other. Finally, with the food and water crisis, the epidemiological profile of the population underwent a change. Deaths due to diarrhoea rose fivefold and malnutrition-related diseases such as respiratory infections became widespread. The health system did not adapt adequately to the changed disease profile. There were few public health specialists. Nutritional issues, through specifically targeted programmes, had not previously been necessary due to the generally high-level of economic well-being of the population.

The health sector and the status of health and nutrition among the population continued to deteriorate over the next six years. Mortality rates continued to range between 90 and 100 for infants and 110 to 120 for children under five. This was the situation in 1996, when the Oil for Food Programme (OFFP) was initiated. Health sector imports had fallen from US\$ 500 million in 1989 to US\$ 50 million in 1991. Spending per capita fell from a minimum of US\$ 86 to US\$ 17 in 1996. The capacity of the curative health system was, by then, greatly reduced but also failed to reorient itself to the changing health needs of the population. The child survival campaign, first initiated in the 1980s, was not reactivated.

Women's Health Status

Maternal mortality (MM) is high in countries with both poor living conditions and inefficient health services. A demographic survey calculated MM to be 294 per 100,000 women aged 15–49 during 1989–1998. This represents a more than doubling of the rate of 117 per 100,000 estimated in 1989. Most maternal deaths occur after delivery (61%) or during pregnancy (24%). Prenatal care or delivery with trained assistance and referral can prevent most such deaths. Some 65% of births occurred outside formal health institutions; 79% of these were attended by traditional birth attendants (TBAs) in 1998. The proportion of women delivering without trained assistance went up during the 1990s, to 30% in urban areas and 40% in rural areas. About 80% of women reportedly received some kind of prenatal care, but only 60% received postnatal care. Since 90% of newborns receive postnatal care, an opportunity to improve coverage care among post-natal women exists. Of those women who delivered in public or private health institutions, many received inadequate care because essential drugs were missing, transport to more advanced institutions was poorly organized, or doctors lacked training in emergency obstetrics. It is mainly referral institutions at the district level that have the capacity to attend complicated births; about half of these lack key resources to provide appropriate care. Women are at increased risk of poor birth outcomes with high rates of anaemia, short birth intervals (41% spaced less than 2 years apart), high total fertility (7.7) and early marriage (40% prior to age 18). Some 15% -20% of deliveries are at high risk and need advanced medical support.

Contraceptive prevalence went up from 14% - 25%, but this still fell below the average demand of 51 % for Arab countries. Only 550 of the country's more than 1,700 public hospitals and health centres are equipped to provide emergency obstetric care. Addressing the primary health care needs of pregnant women, and the secondary care needs of women with complicated deliveries, will greatly improve birth outcomes and reduce maternal mortality.

Oil For Food Programme (OFFP)

The OFFP began in 1996 and the first imports started coming in from 1997. Over the next six years, within the thirteen phases of the Oil for Food Programme US\$ 4,749 million was allocated to the health sector (73% of this was for Central/Southern Iraq and 27% for Northern Iraq). Half of this was for medicines and half for medical equipment and other supplies. This provided a value of annual humanitarian imports of nearly two thirds of that imported in 1989. During the OFFP, investment in important medical goods was not matched by internal investment in salaries, training and recurring expenses. The OFFP thus created an imbalance in the health system making it commodity rich but poor in human resources and service quality. The weakness of the training systems built into the health system, of dependence on foreign personnel for nursing in the 1980s continued throughout the 1990s. The experience of the OFFP has provided an important lesson for the future reconstruction of Iraq, proving that a solely commodity based reconstruction plan, without systems reform and human resource investment, will not have a rapid impact on key human development indicators.

While the general focus within the OFFP continued to be curative health care, certain targeted programmes expanded and met basic needs. While vaccination for childhood diseases as a whole fell dramatically in the early 1990s, but by 1996 the coverage began to improve and by 2000 coverage rates had recovered to pre-1990 levels. Issues of quality continued to plague the health system and even in the vaccination programme there were problems of maintaining vaccine quality through the cold chain. Other issues in public health like maternal mortality and mental health continued to receive little attention compared to curative treatment in hospitals.

Human Resource and Health Professional Training

Human resources and professional training in health received little attention in the 1990s. This weakness was a legacy of the past where the mix of health personnel was skewed in favour of specialist medical education rather than allied health or community health personnel. In Central/Southern Iraq in 1999 there were 3,028 specialist physicians; 7,804 generalist physicians; 2,003 dentists (i.e. 10,832 qualified doctors); 2,044 pharmacists; 10,780 nurses; 1,389 dressers; and 19,507 other staff. Data for 2002 showed that while there were 53 doctors per 100,000 of the population, there were only 44 nursing staff per 100,000. The number of doctors was slightly low compared to the regional average, but the nursing staff was woefully low. Eighty % of this nursing cadre were either high school graduates or graduates of post high school nursing institutes. A much larger group of nurses will be needed to rebuild the health system towards primary care.

Public health does not exist as a field in Iraqi medical schools. There are only three university levels nursing schools and no licensing procedure for nurses. Medical and nursing schools have not reviewed their curricula since 1990 and curricula content is determined centrally by the Ministry of Health (MoH) rather than individual schools. Teaching quality has been deteriorating. A major reform of the health education system, with a reorientation towards public health, is therefore essential and needs to be a part of/inherent to the health sector reform process.

Health Infrastructure

The public medical system in Iraq before the war included 282 hospitals; 1,570 primary health care centres; 146 warehouses; 14 research centres and 10 drug production plants. Few institutions have facilities and staff to provide triage, trauma and emergency medical care. The MoH maintains Blood banking facilities solely within central urban facilities. The military medical system had 31 hospitals with 11,000 staff that can be converted to public health facilities. Most local pharmaceutical production facilities closed down following 1990. In 1999, the Two Year Assessment and Review Exercise of the Security Council Resolution (SCR) 986 operation estimated that the reconstruction of the health care system required investments of US\$ 2-3 billion.

The mix of public and private services in Iraq is complicated. Prior to 1990 it was dominated by the public sector, but since 1994, the GoI facilitated private and semi-private practice. This was done to prevent physicians from leaving the country. A policy of allowing hospitals to charge the cost of a recovery fee was allowed in 1998. The private and semi-public sector in Iraqi health care was strong.

Post 2003 War Situation

After the 2003 war, health and nutrition status continued to be a major concern. Physical facilities and human resources have depleted from pre-war levels. Adverse malnutrition, child morbidity/mortality and disease prevalence amongst the population can be improved now and major rehabilitation of the health system should begin.

If effective results in public health are to be achieved, the focus of the health system must change to primary health care, patient education, population-based care, and evidence based practice. In the programmes within the sector, it is necessary to design vertical, targeted programmes, through an extensive outreach system, that focuses on factors leading to high morbidity and mortality amongst vulnerable groups. Solutions include the promotion of breastfeeding; Oral Rehydration Solution (ORS) distribution; expanded coverage of immunization, especially for measles; and Targeted Nutrition Programmes (TNP) around therapeutic feeding; as well as micronutrient supplies of Vitamin A and iron.

Future Assessments

The health and nutrition sector generates a good deal of data. Specific assessments needed are:

- Elaboration of a permanent system of monitoring of population health status, including assessment of nutritional status, KAP regarding use of medical care services, young child nutrition, hygiene, and treatment of diarrhoea and ARI. A system of monitoring birth weights should be established. Monitoring should be longitudinal in nature, and cross-sectional surveys should only be carried out as part of an on-going plan for monitoring.
- Development of information sources on specific population groups, about whose needs little is known, is necessary. This includes children over age five, adolescents, older adults, internally displaced populations, widows, female-headed households, street children and orphans, those with mental health needs, and those with disabilities.

- Expanded monitoring of access to micronutrients and human micronutrient status is needed, especially with regards to Vitamin A, iron, iodine, fluoride, etc.
- Establishment of a large scale national system for monitoring environmental health status, including biological, chemical, and nuclear contaminants.

2. Water and Sanitation

Three main rivers flow through Iraq, the Tigris, Euphrates and the Karun. The Euphrates and Tigris have their sources in Turkey and flow in a southern direction of over 1,000 and 1,300 kilometers respectively before they converge at Al Qurnah. Downstream of the confluence, the Shatt Al-Arab River is formed and it continues its journey south for another 200 kilometres to the Persian Gulf. The Karun River originates in Iran and flows a western direction until it joins the Shatt Al-Arab at Khorramshahr. Between them, all three rivers (and tributaries) contribute over 61 cubic kilometres of fresh water to Iraq. Of these 61 cubic kilometres of water, about 43 are withdrawn, whereby, 90% go to agriculture, 5% go to industry and 3% are given over to domestic needs.

To ensure that Iraq has enough water all year-round it relies heavily on dams for water storage during low river flow periods and to control flooding during river surges. Until 1997, Iraq had a total dam storage capacity of slightly over 13.7 cubic kilometres of water, primarily on the Tigris. However, in the 1980s the Ministry of Irrigation (which is responsible for water resources development, irrigation, drainage, operation and maintenance of dams and water courses) accelerated its dam construction and other water storage efforts by building several large dams.

Water Resources Management

The need to improve water resource management is vital for sustaining Iraq's social and economic development as well as its ecosystem reliability. To date, insufficient attention has been given to ensure a holistic approach to water management, especially integrated and inter/intra sectoral planning, development and management of water in five key areas: basic needs, food security, cities, industry, energy, and for maintaining ecosystem reliability. Future efforts for integrated water resource management will require improved governance to facilitate the participation of all those with a vested interest in water (and sanitation) including women, to enable them to contribute fully to policy development and water management. This will necessitate a beneficial water policy that takes into account all related sectoral needs: basic needs, agricultural, health, environment, industry and power as well as water security in drought prone areas of the centre and south. As well as macroeconomics, privatisation, decentralisation, gender, cultural needs and safety net provisions for the poor and marginalised segments of society. See Annex 5 for more detail.

One of the areas that future assessments needs to explore in further detail is the rationalisation of water usage and management systems for Iraq as a whole.

Service Coverage

During the decade of the 1980s, Iraq made tremendous progress in providing water and sanitation services to all sections of its population. It relied heavily on renewable river water for its water resources, which accounts for slightly more than 60% of its water usage. Access to safe water and sanitation services peaked at the end of the 1980s decade, with drinkable water supply being accessible to 95% of its urban population and 75% of its rural population. Sanitation coverage was also high, particularly in urban areas, where almost 75% of the population had sewerage or septic tank connections. Per capita production of water for domestic use stood at 330 litres/person/day in urban areas. The corresponding figure in the rural areas was 180 litres.

Iraq achieved this progress in water and sanitation coverage by investing and embarking on an ambitious plan to develop modern, large, high technology water supply systems and sewerage treatment plants. The plants were fully imported and used state of the art technology. Often, the key technical management of the plants were through expatriate personnel. The impact on social health indicators of such an extensive water and sanitation system combined with a modern health system, were extremely positive.

Post 1990 Situation

However the 1991 Gulf War and the economic sanctions completely changed the picture in the water and sanitation sector. The very modern, capital intensive, import based nature of the systems which were its strengths in the past, became its weakness, highlighting the link between technology and its contextual appropriateness. Following the Gulf War, the sector experienced damage in the infrastructure, tremendous resource constraints with budgets being cut by 90%, an exodus of expatriate personnel and a ban on imports of equipment, spare parts and water treatment chemicals. Electricity supply, a critical input for powering the water and sewerage plants, was also badly affected. Consequently, over 70% of water and sanitation services were impaired, with production levels dropping below 30%. The drop in safe drinking water supply, combined with cross contamination of drinking water from leaking sewers, resulted in an immediate sharp rise in child morbidity and mortality.

For the next five years, the water and sanitation systems continued to deteriorate for a variety of reasons. While emergency repairs were made, erratic and fluctuating electricity supply further damaged the sophisticated systems. All elements of the integrated systems could not be balanced and managed by the local technical personnel. The manual control of the systems, necessitated by damage to instrumentation, was difficult and time consuming. There were no opportunities for local technical staff to train anywhere and they learnt on the job, whatever was feasible.

Oil For Food Programme

The introduction of the OFFP in 1995 and its first imports from 1997 provided an opportunity for the sector to improve its situation. Funding from the OFFP met about a quarter of the actual needs of the sector, even though in absolute terms, total funding to the sector stood at US\$ 3012 million in the eight years of OFFP's existence. The absence of a cash component in the centre and south of Iraq in the OFFP combined with limited internal resource allocation, limited the impact of OFFP. Within the allocation to the sector from OFFP, priority was given to water production at the expense of water distribution and water

quality. Within sanitation, priority was given to pumping equipment for centralised sewerage plants. The partial activation of complex, integrated water supply systems and sewerage treatment plants could not prevent the slow deterioration of the system. Systems and procedures for supplies were also complicated and inefficient leading to delays, delivery of inappropriate equipment and in some cases, supply of poorer quality equipment.

However, in northern Iraq, the programme made several innovative interventions that were focussed on small, community managed, water supply systems that used technology such as gravitational water distributional systems. In rural sanitation, individual latrines using the low cost single and double pit systems were promoted. This resulted in substantive increases in the coverage of water and sanitation in northern Iraq, during the OFFP period.

The OFFP effectiveness in northern Iraq was greater in achieving water and sanitation coverage, because it focussed on water distribution and quality issues right from the beginning. It also gave priority to smaller, rural water supply systems and individual family level sanitation solutions. The cash component available in the OFFP for northern Iraq also allowed for adequate investment in training of frontline technical personnel. Consequently, both water and sanitation availability and their impact on health indicators were better in the north of Iraq.

Three important lessons emerged from the OFFP's experience, in both regions of the central, southern and northern. First, is that contextual change and resource constraints demand that choice of technology is smaller, more manageable systems of water and sewerage treatment plants are given priority. Second, whatever be the context of reconstruction, it is critical for hardware and software inputs such as training and human resource development to go hand in hand. Third, it is important to prioritise the objectives of what is required by a water and sanitation system. If the goal is to impact human development indicators, including children's health, then water distribution, access, water quality, sanitation and hygiene practices need to be focussed upon and not just water supply. A need to strategise the rehabilitation of the existing systems of water and sewage treatment is important, taking into account the above lessons learnt, rather than from limited perspectives of repairing all older systems.

Institutional Arrangements

One of the 'invisible' factors, which had an impact on the development, and consequent deterioration of the water and sanitation sector, was the complex web of institutional arrangements that characterised the sector. The functions of the sector in Baghdad are divided between the Baghdad Water Authority responsible for water supply, the Baghdad Sewerage Authority responsible for sanitation and the nine Municipality Directorates responsible for solid waste disposal. For the rest of the governorates, the fifteen Directorates for Municipalities, under the Ministry of Interior, were responsible for both water and sanitation. Northern Iraq essentially followed the same structure with respective Directorates under Municipalities. Without resource constraints and initially with some autonomy to the governorates and municipalities, the system functioned effectively. However, over time with greater need for coordination and with increased centralisation, the above institutional system became inefficient. Inter agency coordination, resource allocation, equipment prioritisation all became complex and beyond the capacities of the management in the Ministries and local Directorates involved. Future strategies for the reconstruction of the sector need to take account of these institutional issues with clearer

roles, responsibilities, authorities, and interagency coordination mechanisms. Of particular importance, is the need for inter ministerial coordination bodies, as the Ministry of Agriculture is responsible for delivering bulk raw water, whilst that of delivering safe drinking and domestic water in the governorates other than Baghdad is that of the Ministry of Interior.

Policies

The water and sanitation sector is broadly guided by a set of policies that cover choice of technology, establishment of standards, tariff structures, and personnel policies. In the choice of technology, the Government of Iraq first went for large integrated systems, and then within the OFFP, went for import of smaller compact units for pumping water, especially in rural areas. Both had failed because of non-standardisation and consequent problems of spare parts availability. Standard setting, in terms of per capita consumption levels, access criteria and water quality is important in the water and sanitation sector. However, there was no standard setting done in the sector, resulting in a production bias at the expense of water quality and access to different population groups. A tariff structure for water supply was originally designed when the plants were installed in the 1980s. Nevertheless, tariff and collection mechanisms for water and sanitation were vague, since only 10% of all buildings had water metres thus a need for a complete re-design of the tariff and collection structure would be currently required under the changed context. A systematic review of the Acts that guide the sectoral policies would also be necessary.

Human Resources

One of the major problems faced by this sector is the need for rationalisation of human resources and recruitment structure. While in the pre-Gulf War period and before 1990, planning for personnel was systematic, the system broke down with the exodus of expatriate personnel and the need to relocate scarce Iraqi technical personnel wherever mostly required. Current estimates of human resources employed by the sector in different categories vary and future estimates would depend on technologies chosen. While it is critical to retain a majority of them in the rehabilitation process because of their in-depth knowledge of the existing system, a more systematic training needs assessment and human resource register would be essential to plan for the reconstruction phase of the sector.

Neglected Areas

There are several neglected areas within the water and sanitation sector that were given low priority one of which is previous policies and programmes that guided the sector. Since Iraq is within a high water scarce region and with increased vulnerability of different population groups, these neglected areas need to be fully integrated in any reconstruction efforts for the sector.

First, is the whole issue of water conservation and resource management. This is partly a regional issue, with the surface water flowing in from Turkey, Syria and Iran and certain agreements bind them. However, within Iraq, because of the easy availability of resources through oil exports, a culture of conservation has been largely absent. The need for water conservation and rationalisation of water resources has been clearly brought out through the negative impact of recurring droughts. At the micro level, more surface water is often pumped out, than eventually distributed to the household level.

Second, is the neglect of health and hygiene promotion within the scope of the water and sanitation sector. The whole orientation in the sector's development and programmes focus has been on technological solutions through hardware. However, if one of the ultimate goals is to provide safe drinking water for improving health, then awareness raising of safe hygiene practices is critical. This is particularly so in the current context, when access to water is limited and health indicators are sliding down rapidly.

Third, no role had been given to representation by different stakeholders. The system is technically driven, top down and production oriented. Issues around rationalisation of water distribution systems demand and need estimation, local community management of water distribution structures have had insufficient roles to play, even in the smaller water systems in rural areas.

Finally, is the issue of equity and access to water by different groups, especially the vulnerable and poor. Until universal access to adequate safe water and sanitation is achieved through an affordable tariff structure, there is a need to ensure that alternative models of water supply and distribution are designed for the poor and vulnerable. The water and sanitation facilities in the IDP settlements within Iraq have never functioned properly and often not linked to the main water supply systems. The growing slum areas of Baghdad do not frequently have connections to the main sewerage and water distribution systems. If the water and sanitation sector is to serve its social purpose then a social safety net for the poor and vulnerable, within the water and sanitation sector, is essential.

Future Assessments

The reviews and assessments that are required for preparing the reconstruction plan for the water and sanitation sector includes the following:

- Assess the new institutional arrangements for the water and sanitation sector to determine if they are conducive to sustainable integrated water resources management and appropriate to challenges facing the sanitation and solid waste management, especially recycling and sanitary landfill management.
- Assess all legislation and policies governing the sector, to determine their appropriateness under the new institutional arrangements, current and foreseeable economic and technical resources and the socio-economic and cultural needs within Iraq.
- Assess technologies and systems, particularly for sanitation and sewage treatment with the view to create awareness of global experiences in new and more appropriate ways in managing and re-using valuable nutrients from excreta that is beneficial to public health and the environment. As well as recommend how urban and rural sanitation coverage could be accelerated locally in a cost-effective and environmentally sustainable manner.
- Assess human resources in the sector, at all levels, but especially in the areas of immediate critical needs to ensure optimal planning, management, operations and maintenance of water distribution networks, water quality control and the proper

treatment of sewerage prior to the waste matter being reused or discharged into the river systems.

- Assess the extent and characteristics of un-served and under-served populations regarding access to safe water of sufficient quantities at the family level, particularly those in marginalised urban and rural areas.
- Assess as soon as possible the potential for the development of an integrated water resource management plan through reviewing the major constraints and opportunities in the sector and interviewing key informants in the various sub-sectors and other important stakeholders (see recommended first step in annex 5).
- Assess the potential role of the private sector, especially opportunities that quickly solve technical and human resources deficit problems, whilst building local capacity to sustain these services. But also, examine the work of the private sector to see if it follows internationally accepted development principles for the sustainability of the sector.

3. Education

Iraq's investment in building an extensive infrastructure for primary and secondary education was unique in the Arab World during the 1980's. Primary education was made free and compulsory in 1976, while over the next fourteen years, Iraq had achieved universal access to education for all its children. An integral part of universalisation of education, is educating the girl-child, yet this had not been given explicit policy emphasis. However, with the 1990 Gulf War and the consequent economic sanctions, the education system faced severe limitation of resources and thus had stopped expanding to meet the growing education needs by an expanding population of children.

Primary Education Coverage

The number of primary schools only increased from 8,052 in 1989 to 8,749 in 2001 in central/southern Iraq. The corresponding number for northern Iraq was 2,960 primary schools for a population of 3.5 million. Just over 4 million children were enrolled in primary schools in Iraq in 2001. The OFFP had limited allocation for the education sector in the initial three years and could not even partially meet the needs of the infrastructure that already existed. Schools, especially in the larger cities, were often overcrowded and ran multiple shifts, thereby threatening the quality of education offered. By the year 2000, primary education enrolment rates had fallen and the MIC Survey of UNICEF indicated that 23.7 % of primary school children were out of school, i.e. nearly 800,000 children did not have access to primary education. The percentage was higher for girls as it reached 30%. In the rural areas the same survey showed that 50% of girls of primary school age did not attend school. Hence, access to education was becoming an important issue within primary education by the year 2000.

Drop out rates however, continued to be low ranging from 2 to 3% throughout the 1990s. This implied that once a child was enrolled it was less likely for them to leave primary school level education. This was the case for both boys and girls.

Secondary Education Coverage

A total of 1.3 million children were enrolled in intermediate and secondary schools in 2000-2001 throughout Iraq. However, the gross enrolment ratio had dropped from 47% in 1991 to 38.3% in 2000. Enrolment rates dropped as after 1991 not many new schools could be opened and secondary schooling became less accessible due to various reasons. However, considering the sharp decline in other socio-economic indicators, secondary school enrolment did not drop as sharply. In the northern Iraq region secondary school enrolment grew by 78 % during the same years, as the number of secondary schools rose from 419 in 1996 to 758 in 2001.

At this level, both repetition levels (34.4% for the intermediate level) and dropout rates (43%) were high, indicating that many children either left school, or could not cope with the examination demands. It is difficult to attribute specific reasons for these trends and include the pressure to work due to economic hardships, a drop in both quality and employment value of education and lack of an adequate environment for academics. While the enrolment rates for males had dropped, the female enrolment rate remained marginally lower than that of; at a constant 39% throughout the 1990s. This trend reveals several social dimensions. Firstly, once in school, gender bias disfavouring the girl child is minimal. Secondly, there seems to be greater tendency or pressure for boys to drop out of secondary education. Thirdly, girls had a much lower repetition rate (only 12% in central southern regions) providing on average that they performed better than boys.

Technical and Vocational Education

Although Iraq had over 65,000 students in 235 technical schools in the year 2000, this reflected less than 2% of Iraqi students. The decline in enrolment in these institutions was almost 100% of the 1990-1991 level. Clearly, the vocational education system could not match the country's vocational and technical employment needs. Vocational and technical education sector was neglected with far reaching implications for young people's knowledge and skill development, employability and their eventual contribution to the country's labour market needs. A major re-design and an upgrading of the technical and vocational educational system should become part of the educational reform process.

Non-Formal Education

Following the adult illiteracy eradication campaign of the early 1980s, the non-formal education component of the education sector virtually disappeared, as the principal policy focus was on an expanded formal education system. Even the drastic change in the situation of the 1990s, when a major non-formal education programme could have absorbed some of the losses in literacy levels, did not lead to a revival of a systematic and major non-formal system.

Early Childhood Education

In recent years, the importance of integrating early childhood education into strategic priorities has been highlighted by various international agencies at the global level and by many national programmes. However, it has received little attention within Iraq. The number of pre-primary schools within the government schooling system remained static at around 600 schools across both regions of Iraq. Consequently, the number of teachers

remained static at around 4600. In fact the number of children enrolled in such pre-primary schools went down in southern/central Iraq from 79 thousand in 1991 to 68 thousand in 2001. This is due to two reasons; first, the Iraqi education system has primarily focused on a formal, institutionalised system of state-run education. However, for early childhood development to be effective it has to rely more on child education within families and communities. Second, trends in integrated approaches to early childhood development suggest less formal methods of dealing with children and greater co-operation amongst sectors that deliver services for this population group. However, Iraq's isolation from the international community has denied it the kind of exchange that would facilitate modernisation of its approach to early childhood development.

Policy and Institutional Framework

During the 1990s in Iraq, when the existing centrally managed schooling system was strained due to financial constraints, it also clearly highlighted the strengths and weaknesses of the education system. There are several strengths to the education system in Iraq that need to be built upon during reconstruction. First, the existing policy framework which guides the education system and which obligates the state to provide universal access to all Iraqi children for free and compulsory education at the primary level. Second, the relatively coherent institutional framework that manages the education system at the primary level. Under the overall administrative supervision and policy guidance of the Ministry of Education at the central level, the state-run primary schooling system is managed through Director Generals of education in each governorate. While there is scope for greater decentralised management of the system, the structural design of the institutional system is functionally effective. Third, the monitoring systems and EMIS that were established need to be revived, combined with systems for student evaluation, examination and school supervision. Although the basics for the system exist, the design of this system may need more flexibility and alignment with the new concepts in education. Finally, is the value of education given by society. Education, particularly for children, has come to be accepted across Iraq as a desired social value and is a positive supporting factor to introduce educational programmes. Demand generation is not a major issue in primary schooling, except for certain small, rural pockets, or where poverty forces children to drop out of school.

There are certain weaknesses in the education system when it is viewed from the learning needs of various groups of Iraqi children. The focus is on issues of restoring access to schooling and to learning for the large number of children currently out of school. The quality of education provided to children in schools and the related issue of teacher training and human resource development that supports the education system for children. All these weaknesses have been aggravated by the impact of the current war. One of the lessons learnt from the Oil- for-Food Programme was that there is a danger of hardware and construction for rehabilitation that would dominate the reconstruction efforts in the education sector; thus, the importance of software around issues such as quality of education is given second priority. This would negate the very purpose of education.

Access to Education

The Multiple Indicator Survey 2 carried out by UNICEF in 2000 across Iraq, revealed that 23.7% of children attending primary school (6-11 years of age) are not enrolled in school. A disaggregated analysis of this shows that the issue is more acute for the girl child (30.2%)

and even more pronounced in rural areas (50.8% of girls do not attend primary school). Further, an analysis of the dropout rates in 2000 shows that the proportion of children enrolled in grade 6 was only 45% of that in grade 1. Although between grade 1 and 5, the dropout rates for both males and females were very low. These trends show an increasing number of children not enrolling in school at all or if they do, they only continue education up to the primary level. The declining education and enrolment level of children in Iraq is caused by many interrelated factors. The demand for school seats by an expanding child population increasingly outnumbers the supply of a non-expanding school system. Economic hardships lead children to drop out in search of employment after primary levels and the functional value of education in gaining appropriate employment has been seriously undermined since the 1990s. The quality of education has been steadily deteriorating in schools while the number of schools has remained the same in rural areas. The present war, which has further accentuated the problem of access, has made the situation worse.

Quality of Education

Several factors determine the quality of education, which includes the learner, the content, the school and classroom environments in terms of qualitative inputs, processes, teaching quality, co-curricula, recreational activities, and the nature of support provided through the broader educational management system.

Several qualitative studies highlight the deteriorating quality of education in Iraq during the 1990s. Some of these factors related to the quality of education could be directly attributed to overall budgetary constraints which leads to shortage of essential materials and equipment, (textbooks, libraries, science laboratories), school enabling environments that are not conducive to learning and recreation due to over-crowding and lack of space in city schools. As well as, absence of adequate teaching learning materials plays grounds, teacher training and fresh recruitments to meet increasing teacher supply demands. In Iraq's context, there are also major weaknesses in the quality of education due to non-financial factors, as the school curricula have not been changed for the past two decades. Conventional methods continue to focus on one-way transmission of knowledge from teacher to students and formal examination systems. Certain external constraints such as restrictions of foreign travel by Iraqis and its isolation from the world for thirteen long years also prevented new ideas from flowing in and improving quality parameters in education. The Government of Iraq through the Ministry of Education began a process of re-examining and revising the curricula. The post 2003 war situation provides a unique opportunity to take a new look and improve all dimensions that contribute towards quality education, as the severe restrictions that had been imposed on what can and cannot be taught would have been lifted.

As in the primary schooling system, a similar set of problems overwhelmed Iraq's secondary education system, both before and after 1990. However, the number of teachers (74,000) throughout the decade increased substantially at the secondary level (by 47%), as compared to the primary level and the student teacher ratio was exceptionally low at 17:1. Additionally, even at the secondary level, women teachers continued to be a slight majority (56%). Issues that created problems in the secondary schooling system included the failure to upgrade curricula, severe book shortage, equipment, science labs, isolation from the rest of world, inability to upgrade and modernize its overall education quality to incorporate new subjects such as ICT and computer applications. Furthermore, it was estimated that

half of the school buildings required repair and maintenance, and even at the secondary level, many schools had double shifts in the cities.

Human Resource Development and Teacher Training

The existing schooling system in Iraq had in the year 2000 (in both northern, central and southern Iraq) 4,560 pre-school teachers; 190,650 primary school teachers and 62,800 secondary school teachers. All the teachers are formally trained prior to recruitment and after high school, through a three year specialised teacher-training course in special teacher training institutes. While this basic system of pre-service teacher training continued until 2000, in-service training declined dramatically. Teaching as a profession was highly valued in Iraqi society and relatively well paid compared to other countries during the 1980s. However, from the 1990s, a drastic fall in real salary levels of teachers combined with non-expansion of the schooling system led to devaluing of teaching as a profession and a drop in both demand and supply for school teachers.

The current war has only accentuated this situation further, with the payments of salaries to existing teachers still uncertain. A majority of the existing teachers have not undergone in-service training after recruitment. Both the capacity and quality of the network of 139 teacher-training institutes spread over Iraq has been steadily deteriorating. All the factors that apply to quality of education in schools also apply to these teacher-training institutes where academic standards have stagnated.

The starting point for the longer term, in rehabilitating and developing the school education system in Iraq, has to be a [national consensus building on a new vision for education and defining a national philosophy of education that centres around the rights and learning needs of children. This should be followed by a framework or action to rebuild the system that will include](#) strengthening and capacity-building of the teacher training institutional networks. An expanded in-service teacher-training system would be essential to address the needs of improved quality of education in the medium term. The institutional capacity to provide in-service training to over 250,000 existing schoolteachers would therefore be a necessity, even prior to new curricula development and other interventions in the education sector.

Post 2003 war Situation

The present war has caused extensive damage to the already inadequate, existing system of schooling, a large number of schools suffered from collateral damage and looting. Majority of the schools remain closed and both teachers and students stopped attending them because of the insecure environment. The Ministry of Education which managed the primary schooling system and the Ministry of Higher Education and Scientific Research which managed the secondary education system is yet to become fully functional. The extensive Education Management and Information System (EMIS), built up to monitor the school system has been portrayed as dysfunctional. A large part of the equipment within schools have been destroyed or looted. With the new academic year approaching there is still uncertainty whether the schooling system can be made operational, although nearly fifty percent of the students did sit for their annual examination after the current war. With a majority of children out of school and large numbers in the streets, their collective vulnerability increased and the need for schools to re-open became a necessity, not only for

learning but as a measure for child protection on the one hand, and a building up of confidence in the population that there is a slow return to a normal way of life on the other.

The immediate need of the education sector is to rehabilitate, re-equip and re-open the majority of the existing schools in Iraq, through repair of school buildings, supply of essential equipment and provision of teaching learning materials as well as arrangements for payment of regular salaries to the 160,000 primary school teachers and 62,000 secondary school teachers. A resource plan for this would require a consolidated assessment of the situation and needs of the schooling system in the immediate term, for each of the governorates.

However, until all individual schools can be rehabilitated and fully functional in a formal sense and a more stable security environment returns to Iraq, it is necessary to provide alternative learning and recreational opportunities to children in Iraq. Localised community-based, non-formal schools at the neighbourhood level is one possibility that needs to be explored further by different humanitarian agencies working in Iraq. Such schools will be useful to prepare children, especially girls, for re-enrolment in the formal education system as it is rehabilitated.

Neglected Areas

There are many other aspects of the education sector [that](#) are important for a more holistic development of a country's education system, but they have not been touched upon in the Watching Brief. [They](#) include the whole issue of early childhood development, which is critical as it affects learning at later stages in life; the issue of vocational training and non-formal education for adolescents, who have missed out on formal education due to conflict and economic hardships. The issue of adult female literacy as a means for women empowerment and the impact it has on child-rearing and healthcare practices and the issue of continued vigour in ensuring equal opportunities to education for the girl child as people turn to traditional Islamic Institutions in times of crisis. The expanded treatment of these issues has been avoided in the limited scope of the watching brief for two reasons. First, in the current post war context of Iraq where the formal education system has collapsed, priority has to be given to its rehabilitation. Second, all these issues are either new or did not previously have extensive efforts done on them. Hence, they need to be thought through and designed from virtually zero levels.

Future Assessments

The specific assessments required in the education sector for planning the rehabilitation of the sector include:

- Assessment of the teacher skill levels and review of all teacher training institutions and curricula for strengthening quality of education.
- Review of curricula in both primary and secondary level schooling systems.
- Assessment survey of specific groups of children not enrolled in school in order to address the issue of access to schooling and design alternative education programmes.
- Needs Assessment of teaching learning material and equipment of existing primary and secondary schooling system.

7. Child Protection

Prior to 1990, Iraq had developed a system of laws and institutions for the protection and rehabilitation of vulnerable children such as orphans, children with disabilities, street/working children and young offenders. Interventions were mainly institutional based. The number of children with protection needs seems to have been limited under the conditions of the Iraqi welfare state, yet precise information is not available. The northern Kurdish provinces encountered however, first larger scale child protection problems in the 1980s due to their conflicts with the central government.

Post 1990 Situation

The 1990 Gulf War and the following decline in economic status of the population changed the way that protection of vulnerable children had to be looked at. A significant increase in the number of children with special protection needs, especially street/working children and orphans, combined with a depletion of human and material resources in the social services sector. Laws could no longer be enforced and resources for the creation of adequate responses to new child protection needs were nearly nonexistent. Both the central government and the local Kurdish authorities had to concentrate first of all on the pressing survival needs of the whole population and did not pay attention to the special needs of vulnerable children. Since the mid-1990s, conditions for child protection improved slightly in northern Iraq due to the involvement of local and international NGOs and increasing collaboration between them, the local authorities and UNICEF.

Following Iraq's report and signature to the Convention of the Rights of the Child (CRC) in 1996, and the concluding observations of the CRC committee in 1998, child protection became subject of an official dialogue between the Government of Iraq, local Kurdish authorities and international and UN agencies. Plans were agreed upon to improve the national technical capacity in child protection, review the existing legislation in light of international standards and strengthen such child protection strategies that promote prevention, early detection and interventions in the children's immediate family and community. The financial and human resources for this however remained extremely limited under the OFFP.

Central and southern Iraq had progressed partially into a national capacity building program for psychosocial rehabilitation, and preparations were underway for the establishment of the first drop-in centre for street/working children. Northern Iraq had collected a number of valuable experiences, mainly through the initiative of NGOs, in securing street/working children's protection needs and reintegrating orphans and juveniles in conflict with the laws into their families. A review of the Juvenile Justice System and the Penal Code had also taken place and local juvenile care councils had been reactivated in the north. A number of local and regional sample surveys, mainly conducted in Northern Iraq, had provided insight into the situation of certain groups of vulnerable children, yet a comprehensive assessment and monitoring system for children with protection needs was still nonexistent. All efforts geared towards the development of adequate child protection policies and practices were, however, hampered by severe lack of funds and personnel and limitations in technical expertise.

There are still several areas of work which have not been given adequate emphasis in the past concerning child protection issues within Iraq. They need to form the basis for future work in the area of child protection. They include the following:

- Iraqi society has always cared much for its children, yet ignorance about children's needs and rights prevails in certain sectors of society.
- The period of the 1990s depleted many family and social resources for child-care and protection.
- No assessment, documentation and monitoring system has ever been created to determine the real size and nature of children's vulnerability.
- Iraqi society owns to some extent legal, institutional, organizational, project and human resources that can be drawn upon for the development of new child protection policies, strategies and practices.
- The quantity and quality of technical resource persons and experienced staff in the field of child protection is however, extremely limited compared to the actual needs.
- Communities lack experience with regard to being agents of social change.
- The existing child protection coordinating committees present an opportunity for a collaborative development of new child protection policies.

Post 2003 war Situation

The 2003 war exacerbated the situation of Iraqi children in need of protection, considerably both with regard to the number of children threatened by neglect, abuse, exploitation, violence, the extent and kind of risk factors they are exposed to. Their protective environment has weakened even further. Their exact situation is however, still unknown. As of July, UNICEF and five international NGOs are conducting a comprehensive child protection assessment that will cover the whole country.

Future Priorities

Effective child protection requires collaboration between new state authorities and civil society. Short- and medium term actions need to be coordinated in order to find solutions to the most pressing child protection problems and to pave at the same time the way for a first of its kind system of child protection policies, strategies and practices that maximizes prevention and early intervention.

The following short-term actions are proposed:

- Priority should be given to finding responses to the needs of street/working children in their local communities
- Use principles of community based rehabilitation for community empowerment
- Raise community awareness
- Promote collaboration of community child protection committees with local authorities in assessments and actions for street/working children and others
- Integrate technical know-how through a pool of resource people
- Supply funds for the work of community child protection committees
- Establish safe and child-friendly multi-purpose community centres for children
- Collaborate with families to secure children's education

- Expand the work of community child protection committees to reach other groups of vulnerable children
- Establish a child protection documentation system
- Integrate the work of community child protection committees into a new national system of child protection

The following medium-term steps are proposed to reach to this new system of policies, strategies and practices

- Establish child protection as a public subject
- Create appropriate child protection bodies for the development of new policies on different government levels
- Promote civil society participation
- Create a national monitoring and evaluation database for child protection
- Develop a new community-based, cross-sectoral service structure for child protection
- Build national technical capacity in child protection
- Create a new national legislation
- Allocate appropriate financial resources for child protection

Future Assessments

Beyond the countrywide child protection assessment that is currently conducted by UNICEF and its partner NGOs, further assessments of community levels needs to be carried forward throughout the country with regard to:

- Child victims of physical and mental neglect, abuse and exploitation in families and institutions and at work places, including former child soldiers
- Concrete risks as well as protective resources in the living conditions of various groups of vulnerable children and potential entry points for protective interventions
- The situation of vulnerable children of different gender and age groups
- Child protection awareness and concepts among caregivers and children themselves
- Protective strategies that are currently applied by children themselves, their families and local communities

These assessments will create a more comprehensive, valid and reliable data for further planning and action. Furthermore, an inventory of resource institutions and persons for child protection should be created at governorate and national levels.

8. HIV/AIDS Prevention

Vulnerability of Iraq to HIV/AIDS

Iraq is currently experiencing the early stages of the HIV/AIDS pandemic. With only 231 reported cases of HIV/AIDS, and an estimated HIV prevalence of less than 0.01% of the total adult population (of ages 20 to 49) in 2001. According to the Ministry of Health of Iraq, 84% of reported HIV cases in 2001 were through contaminated blood or blood products. The next most frequent modes of transmission of infection were related to sexual transmission comprising 11%, bisexuals (9%) and mother to child transmission (5%). Moreover, 73% of the reported HIV cases have been found in men of whom most (61%)

are aged between 20-49 years, while 37% are aged 5-19 years. There were no detected cases on injecting drug user, homosexuality and male and female commercial sex workers, due to denial and stigma, as well as an official ban of commercial sex work in Iraq. There is however a real danger that in the current context, this scenario of low prevalence is going to change drastically. Though the number of detected HIV cases in Iraq has been extremely low in number, the current collapse of the nation's health system, looting of medical supplies (including testing kits), absence of strict screening for all travellers at the border, active sexual behaviour and increasing drug use among the youth makes Iraq very vulnerable to the rapid spread of HIV.

Previous National Programme for HIV/AIDS Prevention

Over the past two decades the number of HIV+ cases has risen by more than 30% (from 152 HIV+ in 1990 to 222 HIV+ in 2001) in Iraq. The former Government of Iraq had launched the National Aids Control Programme (NAP) in as early as the late 1980s. It was developed on religious and "cultural doctrines of delimiting extra-marital relationships". It has well established objectives, such as preventing the transmission of STIs, dissemination of health information through the formal education system, blood and blood product safety, infection control, and care and support for people living with disease. Moreover, the Ministry of Health also invited some non-governmental organisations such as the Union of Iraqi Women, Union of Youth and Students along with other NGOs (Red Crescent) to implement HIV/AIDS preventive activities in their programmes. Mother and care centres also played some role in delivering HIV preventive education initiatives. However, in actual practice, the NAP was extremely limited in scope. The virtual absence of a comprehensive and realistic social perspective in the conceptualisation of the programme and the adoption of a narrow medical approach led the NAP to ignore various issues that could have provided a real solution to HIV prevention.

HIV preventive education was integrated, albeit in a very limited manner, into biology and health subjects in the Iraqi school curriculum at elementary, intermediate and secondary levels. Teacher training institutes could not offer HIV preventive education in their curriculum due to lack of knowledge and resource material development. Other limiting factors included an absence of general public awareness of HIV/AIDS. Mass media and other communication means were rarely used for providing HIV prevention messages. The very limited publication of educational materials and the lack of professional development for health workers on how to deal with the issue of HIV have all contributed in making the NAP laudable in its objectives but weak in both perspective and implementation.

Recommendations

Under the changed current circumstances, a fresh policy and programme initiative for HIV prevention needs to be formulated in Iraq. Such an initiative needs to cover different dimensions that can prevent the pandemic from suddenly erupting in Iraq. The following recommendations may be made for the short and medium term.

Restarting of an Enhanced National AIDS Control Programme through scaling-up existing activities on HIV/AIDS/STIs awareness and prevention needs to be designed on an integrated and multi-sectoral approach with an NAP co-ordinating secretariat. The enhanced NAP multi-sectoral committee needs to be placed directly under the apex governing structure at the central level, rather than just within a sectoral ministry. Greater

involvement of people living with or infected by HIV/AIDS as well as representation of young people and NGOs within apex programme committees, is critical to provide a socially sensitive perspective to such a programme.

Focus on HIV prevention through active participation of high risk behaviour groups on HIV/AIDS/STIs, as well as life skills education interventions, need to be designed by targeting high-risk groups such as gypsies, sex workers, MSM, truck drivers, people living with HIV/AIDS, drug users, including out-of- school adolescents and street youth, vulnerable girls and women at the community level. Life skill education needs to be employed as a strategy for designing training and resource materials to put knowledge into practice. Peer educators cadre needs to be built up from scratch, within Iraq, to do this.

Advocacy strategies need to focus on the development of effective policies and programmes based on knowledge related to STI/HIV/AIDS infection level, sexual behaviour and HIV/AIDS awareness in the general population and in high-risk behaviour groups. Active participation of young people and explicit messages through media needs to be an integral part of such advocacy strategies. A series of HIV/AIDS/STIs awareness raising educational seminars for prisoners, factory and organised workers may also be included in such strategies.

Care, support and counselling, through greater involvement of GIPA, young people and of drug users' programme, needs to be designed on a comprehensive approach to provide quality care to children and parents living with HIV/AIDS, young people and drug users. The programme needs to address the needs for food, medicine, emergency cover and educational assistance to their children, and motivational activities for infected families (PLWHA), in monthly meetings. Moreover, the programme needs to address detoxification and to meet the survival needs of DUs.

Education, Training and Research interventions on HIV/AIDS/STIs and ABCs prevention (Abstain from sex, Be faithful to one partner, Consistently use condoms) should focus on adolescents of the primary (upper), intermediate and secondary school-aged groups, especially vulnerable girls from rural areas. Non-formal education modules need to be employed as strategies in designing training and resource materials for a life skills approach for such vulnerable groups.

Monitoring and Surveillance Systems are essential for drawing-up an accurate picture of the rising incidents of HIV/AIDS in Iraq, in the coming times. There is also a need to rebuild the infrastructure for screening and data collection. The currently reported HIV cases in Iraq appear to be unrealistically low. Other factors associated with under-reporting of HIV/AIDS will need to be addressed. A module of a social sector information system that processes data on socio-economic factors likely to be correlated with the incidence of the disease needs to be built up to facilitate the design of more focused and targeted future interventions.

Further assessments

Further assessments required before the design of a scaled-up national programme on HIV/AIDS prevention, should include the following:

- Identify, locate and provide health, food and other services to those people living with HIV/AIDS who had been quarantined before and after the 1990 Gulf War and released prior to the 2003 War.
- Conduct a baseline survey on KABP (Knowledge, Attitude, Behaviour and Practice) at the general public, to measure levels of HIV/AIDS/STIs awareness and prevention. Such a survey should also target different high-risk behaviour groups, vulnerable women and girls, in-and out-of-school adolescents and drug users.
- Review the curriculum of health education for primary, intermediate and secondary school-aged groups and teacher training modules and resource materials on health education in relation to HIV/AIDS/STIs.
- Review training modules and analytical capacities of surveillance and screening units.

III. ANNEX (Tables)

1. Table 1: Population Distribution by Governorates

Population of Iraq

Southern and Central Iraq				
Governorate	Total	% Grand Total	Adults	Children under One
<i>Baghdad</i>	6,499	24.01%	6,329	170
<i>Ninevah</i>	2,521	9.31%	2,455	65
<i>Basrah</i>	1,981	7.32%	1,922	59
<i>Thi-Qar</i>	1,538	5.68%	1,492	46
<i>Babylon</i>	1,408	5.20%	1,374	34
<i>Diala</i>	1,271	4.70%	1,239	31
<i>Anbar</i>	1,270	4.69%	1,234	36
<i>Salah Al-Din</i>	976	3.61%	949	26
<i>Najaf</i>	950	3.51%	923	27
<i>Wasit</i>	938	3.47%	915	23
<i>Qadisiya</i>	915	3.38%	891	24
<i>Tameem</i>	881	3.26%	859	21
<i>Maysan</i>	848	3.13%	817	30
<i>Kerbala</i>	741	2.74%	722	19
<i>Muthana</i>	569	2.11%	553	16
Sub-Total	23,306	86.12%	22,674	627

Northern Iraq				
Governorate	Total	% Grand Total	Adults	Children under One
<i>Suleimaniyah</i>	1,605	5.93%	1,582	23
<i>Erbil</i>	1,334	4.93%	1,310	23
<i>Dohuk</i>	817	3.02%	799	18
Sub-Total	3,756	13.88%	3,691	64
Grand Total	27,062	100.00%	26,365	691

Source: Distribution plan XIII, Oil for Food Programme, Ministry of Trade/Government of Iraq

2. Table 2: Key social indicators of Iraq and neighbouring Countries

Selected Social and Economic Indicators- Iraq and Neighbouring Countries

DEMOGRAPHIC INDICATORS

		Iraq	Iran	Jordan	Saudi Arabia	Syria	Kuwait
1.	Total Population (Millions)	27	64	5	21	16	2
2.	Urbanized Population (% of total population)	67	62	74	86	55	96
3.	Total Fertility Rate	4.95	3.6	4.4	5.7	3.8	2.7

SOCIAL INDICATORS

		Iraq	Iran	Jordan	Saudi Arabia	Syria	Kuwait
1.	Infant Mortality Rate	105	28	28	24	24	9
2.	Under Five Mortality per 1000 births	130	41	34	29	29	10
3.	Adult Female Literacy Rate	45	N.A	84	67	60	80
4.	Net Enrolment in Primary Schools Ratio	84	N.A	88	73	98	94

ECONOMIC INDICATORS

		Iraq	Iran	Jordan	Saudi Arabia	Syria	Kuwait
1.	Per capita G.N.P (in US \$)	<900	1680	1710	7230	940	20,000

Source: The State of the Arab Child (UNICEF), November 2002
Arab Human Development Report (UNDP), 2002

List of Acronyms

ARI	Acute Respiratory Infection
CEDAW	Convention on the Elimination of Discrimination Against Women
CRC	Convention on the Rights of the Child
DOE	Directorate Of Education
DOH	Directorate Of Health
DoMs	Directorate of Municipalities
DSA	Directorate of Social Affairs
DWS	Directorate of Water and Sewerage
EFA	Education For All
FAO	Food and Agricultural Organization
GCWS	General Corporation for Water and Sewerage
GDP	Gross Domestic Product
GNP	Gross National Product
GER	Gross Enrolment Rate
GOI	Government of Iraq
ID	Iraqi Dinar
IDPs	Internally Displaces Persons
IMR	Infant Mortality Rate
IT	Information Technology
KAP	Knowledge, Attitude and Practices
MICS	Multiple Indicator Cluster Survey
MOE	Ministry of Education
MOH	Ministry of Health
NER	Net Enrolment Rate
NGOs	Non-Governmental Organizations
OFFP	Oil For Food Programme
ORS	Oral Rehydration Solutions
PHCs	Primary Health Centres
PLWHA	People Living with HIV/AIDS
SCR	Security Council Resolution
U5	Under 5 years
U5MR	Under-Five Mortality Rate
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Family Planning Agency
UNICEF	United Nations Children's Fund
UNOHCI	United Nations Office of the Humanitarian Coordinator for Iraq
UNOPS	United Nations Office for Project Services-Iraq
WES	Water and Environment Sanitation
WFP	World Food Programme
WHO	World Health Organization