

**United Nations Supplementary Country Analysis for Iraq  
Thematic Working Group on Essential Services**

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## I. Introduction

The United Nations in Iraq is undertaking a process to develop its five-year strategic programming framework for the period 2011-2015. This framework, known as the UNDAF (United Nations Development Assistance Framework), will describe the collective response of all UN Agencies, Programmes and Funds in Iraq to priorities outlined in the Government's new National Development Plan, the Kurdistan Regional Government's 5+ Multi-Sectoral Plan, and the Poverty Reduction Strategy for Iraq.

To that end, the United Nations recently held two very important familiarization sessions with key Government counterparts: a two-day UNDAF Launch Workshop in Baghdad on 22-23 June 2009, followed by a four-day technical workshop in Amman, Jordan, on 27-30 June. At the end of the Amman workshop, it was decided that work would proceed in three Thematic Working Groups (TWGs) to be co-chaired by the Government and the United Nations: **Essential Services**, **Inclusive Growth** and **Governance**. These TWGs are mandated to identify the main development challenges in Iraq for the five-year period, analyze causes that give rise to such challenges, and define the comparative advantages of the United Nations in assisting national authorities to address development needs.

As a first step in making the UNDAF process operational, the Government and United Nations members of the Essential Services TWG are engaging in a cross-sectoral analysis to generate consensus about priority development issues in Iraq and their underlying and root causes, as well as the critical capacity needs and assets at all levels to generate action. The analysis will be guided by four inter-related principles of the United Nations, including:

- Human rights-based approach<sup>1</sup>
- Gender
- Poverty/vulnerability
- Conflict analysis

These principles also include the embedding of such key concepts as results-based management (RBM)<sup>2</sup> and capacity development.<sup>3</sup> Identifying United Nations comparative advantages in priority areas will be a critical part of the analysis. In addition, the analysis will give attention to other priority crosscutting areas, including:

- Millennium Declaration/Millennium Development Goals (MDGs)<sup>4</sup>

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<sup>1</sup> Every United Nations Member State has undertaken international legal obligations for human rights, such as ratification of the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). When governments ratify such Conventions, every person in the country is entitled to have those human rights respected, protected and fulfilled. The United Nations supports actions that help Member States to fulfill these obligations and reach these goals.

<sup>2</sup> A strategic management approach to plan, cost, implement, monitor and measure the changes arising from cooperation between the United Nations and the Government, rather than only inputs provided or activities conducted. Using RBM, the United Nations ensures that its assistance contributes to a logical chain of results that increases in complexity and ambition.

<sup>3</sup> Capacity development is central to achievement of long-term economic and social development. It is broadly understood as the process whereby people, organizations and society undertake to create, strengthen, adapt and maintain their abilities to manage their affairs successfully over time. It is important to note that capacity development is much more than a simple "training" approach with regard to sectoral or technical capacities and that it moves toward emphasizing the use of strengthened national systems and decision making through tangible, crosscutting components such as human resources; public sector accountability; access to information; and inclusion, participation, equity and empowerment.

<sup>4</sup> The Millennium Declaration, adopted by all 189 United Nations Member States in 2000, sets out within a single framework the key challenges facing humanity in the 21<sup>st</sup> Century, outlines a response to these challenges and establishes concrete measures for judging performance through a set of inter-related commitments and

- Protection
- Employment
- Youth
- Environment
- Emergency preparedness
- Civil society participation

All this will support and strengthen the National Development Plan 2011-2015 that is being finalized, to which the United Nations also is offering substantive comments.

UNICEF has been chosen as the United Nations co-chair of the Essential Services TWG. For the purposes of this analysis, the Essential Services TWG will focus on issues of education, health and nutrition, water and sanitation, food security and housing, as well as aspects of social protection. It is important to note that under all these issues, wide variations exist in socioeconomic indicators, by region, rural-urban divide and gender.

## **II. Key Issues Related to Quality Essential Services to Achieve the MDGs**

### **2.1 Context**

A fundamental need exists to ensure the rights to education, health, food, clean water and decent housing in Iraq – and to an adequate standard of life in general, in a climate of security and protection. Only then will rights holders in Iraq be able to claim their rights and will achievement of the MDGs be within reach, with educated, healthy citizens able to take advantage of opportunities provided in a market-oriented economy.

A deeply complex mosaic of factors that affect all aspects of people’s daily lives contributes to the need for strengthened social well-being: continued armed violence and insecurity, a legacy of economic sanctions, deteriorated education and health systems, acute shortage of clean water and improved sanitation facilities, inadequate nutritional intake, outdated management styles, and underdeveloped family and community knowledge, skills and practices. In particular, the burden of Iraq’s unprecedented population growth in recent decades, with its attendant youth/adolescent “bulge,” is directly felt in the field of social progress and essential services. Access of rural dwellers to a myriad of essential services likewise is acutely constrained.

Infrastructure has been destroyed or severely damaged in nearly all sectors. Many precious human, institutional and knowledge resources have been lost through years of violence, politicization and inattention. Displacement in Iraq has reached dangerous levels;<sup>5</sup> although figures from various sources differ widely, from 1 million up to 4.5 million persons have been internally displaced or become refugees, seriously depleting human capital in the country.<sup>6</sup> For example, about two-thirds of heads of Iraqi families now in Jordan hold a diploma or university degree, many in the sciences, while few have lower than technical or

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targets on development, governance, peace, security and human rights. It has given rise to eight Millennium Development Goals for addressing extreme poverty in its many dimensions, to which Member States have committed by 2015: (1) Halve poverty and hunger; (2) Achieve universal primary education; (3) Promote gender equality and empower women; (4) Reduce child mortality by two-thirds; (5) Improve maternal health by three-quarters; (6) Reverse the spread of HIV/AIDS, tuberculosis and other communicable diseases; (7) Ensure environmental sustainability; and (8) Develop a global partnership for development.

<sup>5</sup> National Report on the Status of Human Development in Iraq 2008.

<sup>6</sup> Ibid.

secondary school certification.<sup>7</sup> Despite efforts already undertaken to assist IDPs and returning refugees, these groups remain among the poorest and most vulnerable in Iraq; addressing issues surrounding their reintegration, particularly for women and girls, remains essential to resolving key human rights concerns with regard to essential services.

In all, however, institutional capacities to deliver quality services are highly circumscribed or missing altogether. The role of non-State actors, including civil society organizations, communities and the private sector, in providing services remains underdeveloped, weakening effectiveness and circumscribing the ability of rights holders to claiming their rights. Although the role of these new types of service providers is steadily growing as the State's role diminishes through market liberalization, privatization and decentralization, clear delineation of responsibilities remains to be determined. Yet non-Government actors can make a large contribution by representing the voices of users and monitoring service quality.<sup>8</sup>

Thus, basic needs remain very difficult to ensure – particularly for vulnerable groups, including women, and in rural areas as well as areas of high insecurity or high return of internally displaced persons (IDPs). All these factors have particular impact on children and youth, who are the chief resource of any country and who form at least 45 percent of the Iraqi population. It will be essential to improve the delivery of services in a way that responds to the effective needs of the population, with priority given to ensuring adequate budget allocations, simplifying and clarifying institutional systems, addressing obstacles to delivery, and strengthening needed skills and capacities.

Iraq's human development indicators, which 30 years ago ranked it as perhaps the most developed country in the Middle East, have plummeted in several cases to lower than those of some of the poorest countries in the world. While starting to improve recently, these social indicators continue to highlight challenges needed to be overcome in order to achieve the MDGs and further strengthen living standards.

Because of the rapidly evolving political and security environment, Iraq has largely not had the opportunity to revisit its policies and systems that are a prerequisite for development. Many policies are outdated, and a number of new ones are under development. The Ministry of Planning and Development Cooperation (MoPDC), which is mandated to establish mechanisms for the formulation of policies, plans and programmes, is reviewing the status of social policies, particularly those related to women's and children's issues, to provide more baseline information. At the same time it will be important to strengthen the fight against corruption, to which the Government has committed. Corruption gives right to inequality and erodes macroeconomic and fiscal stability. It reduces the impact of development assistance, distorting public expenditure decisions and channeling urgently needed resources away from social sectors.

Achieving quality services that contribute toward realization of the MDGs therefore requires effective human rights-based and management approaches, including rule of law, increasing economic opportunities, gender equality, effective community and civil society participation, and empowerment of women and youth. As such, development plans should consider demographic change, population growth, forced migration and the transformations in the

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<sup>7</sup> Ibid.

<sup>8</sup> Starting a civil society organization in Iraq remains difficult, however; their registration is highly regulated, forcing many groups to operate without due legal status. In addition, some local officials lack understanding of civil society groups' role in development and do not proactively bring their initiatives into play.

economic status of families. To bridge the gender gap in particular, it will be important to focus on gender- and child-friendly budgets that reflect Government commitments and ensure effective planning.

The following sections of this analytical paper examine seven crucial areas for essential services: education, health, water and sanitation, food security, housing, aspects of social protection, and transport and communications. In so doing, it provides a brief situation analysis for each that examines how immediate causes of an issue manifest. It then identifies underlying and root causes for some of the key issues, as well as the United Nations' comparative advantages in assistance to address them.

## **2.2 Ensuring Quality Education Services**

Education is particularly crucial to Iraq given its strongly youthful population and its history as one of the most literate populations on Earth, people who value learning and culture. It is central to realization of the way forward through converting “black gold into human gold” in a post-oil-dependent society, with close links to economic growth and poverty reduction, as embodied in the MDGs. Moreover, it can contribute significantly to social reconciliation, conflict prevention and inclusion as well as providing Iraq with qualified human resources.

Iraqi schooling is **improving only slowly**: An increase in enrolment has been reported, and the gap between male and female education achievements has narrowed. Primary school enrolment continues to climb and reached 87 percent in academic 2007-2008, encompassing more than 4 million pupils, according to the Ministry of Education and the Central Organization for Statistics and Information Technology (COSIT), Ministry of Planning and Development Cooperation. Schools are being rehabilitated, including the construction of additional classrooms, and more timely gender- and geographically-disaggregated data are being made available. More alternatives also are now available for thousands of out-of-school children and adolescents, especially girls.

Nonetheless, Iraq's **capacity to nurture the skills of the next generation still faces significant challenges**, given that the MDGs related to education are not on track. No formal Education Sector Policy has yet been developed, although efforts are under way. School governance requires further strengthening to include the involvement of children themselves – as rights holders able to claim their rights – and their parents. Lack of infrastructure and overcrowding leads to 1 in 3 schools delivering lessons in two or even three shifts;<sup>9</sup> this also exposes girls in particular to harassment, further discouraging families from sending their daughters to school and inhibiting MDG achievement. Large class sizes also make it difficult to attend to the needs of individual students. Yet ensuring that all boys and girls – including orphans, children with disabilities, children from IDP families, children in institutions and children of minorities – complete a full course of compulsory education cannot be achieved without eliminating the barriers that keep children out of school.

Children from poor families, especially girls, leave school – or never attend at all – and are unable to fulfill their right to education because of prevailing socio-cultural norms or the necessity to contribute to household income. **Gender disparities remain high**, with, for example, some 55 percent of rural women aged 15-24 unable to read and write, according to the Multiple Indicator Cluster Survey 2006. In addition, it is assumed that thousands of children with learning difficulties or other disabilities are not in the mainstream education

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<sup>9</sup> Extrapolated from MOE 2007/2008 EMIS figures.

system, although overall figures are not available. The education of IDPs also remains an issue, given that areas with high IDP density often lack professionals offering quality education curricula. Critically, even among those Iraqi children who attend school, only about 40 percent eventually progress from primary up to secondary level; national expansion of compulsory education to intermediate level thus represents a key need.

**Overall quality of learning has sharply declined**, equipment and textbooks are lagging, teachers have been undervalued, and the majority of schools have not had functioning toilets. Reform of education planning and management likewise is required not only to meet MDG targets and Education for All goals, but also to cope with the anticipated devolution of powers to governorates, as stipulated in the 2005 Constitution. All this is complicated further by the “brain drain” that has occurred among Iraq’s skilled and educated, thousands of whom left the country following the start of the latest armed conflict in 2003.

Comprehensive key challenges that need to be addressed to ensure availability of and access to education in Iraq include:

- Expanding availability of adequate learning spaces and essential teaching-learning materials, along with addressing inadequate teacher capacity development and compensation
- Ensuring equal opportunity to obtain education and expanding compulsory education to grade 9
- Improving the overall quality of education, including establishing the labour market linkages noted above; updating the curriculum; and exploring possible approaches to encourage qualified personnel in universities and research institutes
- Ensuring good health of students at all levels
- Strengthening institutional capacity to plan and manage education institutions
- Increasing education financing

#### *2.2.1 Issue: Dual Education System*

In practice, Iraq has a **dual education system**: that of the federal Government administered by the federal Ministry of Education, covering most governorates, and that of the Kurdish Authorities, administered by its own Ministry of Education, covering the governorates of Dahuk, Erbil and Suleimaniyah. Each system also has its own Ministry of Higher Education and Scientific Research (MoHESR), which is responsible for the administration of universities, institutes, colleges, commissions and research centres. Critically, the duality in educational planning has produced some notable differences in policy and administration, including the Kurdistan Regional Government’s (KRG’s) compulsory requirement of 9 years of basic education versus the federal Government’s compulsory requirement of only 6 years of primary education.

#### *2.2.2 Issue: Weak Linkages to Labour Market Needs*

One of the most critical constraints to effective and quality basic and higher education in Iraq stems from the fact that **education often is not linked to the needs of the labour market** and development perspectives (see also Inclusive Growth TWG analytical paper). Limitations of the private sector are compounded by a serious lack of skills and employment

opportunities for youth, especially in technical or technological occupations. In addition, the role of the employer in training and employment of candidates is sometimes ill-defined; in particular, strengthened interrelations are required among educational establishments and the labour market, employers and business circles, enterprises and organizations. A need also exists to review higher education policies to cope with market needs for graduate and post-graduate education.

### *2.2.3 Issue: Destroyed or Deteriorated Infrastructure*

A high percentage of **school infrastructure** – some 17 percent, or more than 2,700 institutions – has been vandalized, damaged or destroyed during the conflict since 2003. Now, while more than 23,000 schools are operating, school buildings total fewer than 17,000 – a gap of nearly 6,000 facilities.<sup>10</sup> In spite of huge investments already made in construction and rehabilitation of school facilities, many remain in poor condition; the continuing issue of rights to usable land also represents a major constraint to school construction. In addition, the Government reports that nationally only about 1 in 3 have drinkable water, 1 in 2 have toilets, and 3 in 4 have no containers for garbage; the situation is even worse in schools of the central and southern parts of the country. A clear strategic framework of adjusting physical infrastructure to demand remains to be formulated.

### *2.2.4 Issue: Constraints to Enrollment, Attendance and Girls' Education*

Turning to **enrollment**, total primary school enrollment for 2007/2008 was 4.3 million (2.4 million boys, 1.9 million girls). The most recent major surveys, including the Comprehensive Food Security and Vulnerability Assessment (CFSVA 2007),<sup>11</sup> found that the Multiple Indicator Cluster Survey (MICS) 2006<sup>12</sup> indicator of 85.8 percent also has at least been maintained. Yet while enrollment rates show a degree of progress, they are insufficient to realize MDG targets.<sup>13</sup>

The CFSVA, for example, also showed that 86 percent of children under age 15 **do not attend school regularly** and reported absenteeism; around 3 in 5 reported lack of security or distance to school as the main reasons. Findings of UNICEF humanitarian assessments in August-September 2008 indicate small pockets of acute vulnerability in the education sector in nearly all governorates. In the most deprived communities of Anbar, Babil and Basrah, fewer than 60 percent of children aged 6-11 were regularly attending school – but in Baghdad, Nineveh and Tameem, the figure plunges to below 30 percent, an alarming decline.

As noted above, **many girls especially do not benefit from education**: the lowest rate of primary enrollment is among rural girls, at 68 percent, with a secondary school enrollment rate of just 13.6 percent. More children also attend in urban areas than in rural areas; overall, Kurdistan Region governorates have higher rates than south or centre governorates.<sup>14</sup>

Many **children in IDP families** also have had no schooling since leaving their homes; reasons range from lack of access to schooling facilities for those in camps or abandoned

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<sup>10</sup> Ministry of Education.

<sup>11</sup> Conducted by the Central Organization for Statistics and Information Technology, Ministry of Planning and Development Cooperation; Kurdistan Region Statistics Office; Nutrition Research Institute, Ministry of Health; and World Food Programme.

<sup>12</sup> Conducted by the Central Organization for Statistics and Information Technology, Ministry of Planning and Development Cooperation; Kurdistan Region Statistics Office; Ministry of Health; and UNICEF.

<sup>13</sup> National Report on the Status of Human Development in Iraq 2008.

<sup>14</sup> MICS 2006.

houses, to family decisions to suspend children's education in the hope that displacement was temporary. In some cases, education was not considered a priority under adverse circumstances. Meanwhile, among Iraqi refugees abroad, thousands have been unable to send their children to school.<sup>15</sup>

Household poverty also continues to limit access to education and, especially, secondary education; parents must bear many unofficial education costs. In general, **“push” factors** include not only the low valuation of girls' participation – often linked to early marriage – but also the lack of space and education materials; insecurity and displacement; poor learning environments; repetition and exam performances; and competing demands on children's time. The MICS 2006 indicated preschool attendance to be very low, with only 3 percent of children aged 36-59 months attending preschool overall, although the figure was slightly higher in Kurdistan Region governorates, at 4 percent.

### *2.2.5 Issue: High Illiteracy*

At the same time, **illiteracy** remains a major concern. The Labour Force Survey 2006 by COSIT found that about 78 percent of adults in Iraq are functionally literate, meaning that some 1 in 4 still are not; the MICS 2006 found adult literacy even lower, at only 65.6 percent, with wide variations between governorates.<sup>16</sup> The rate of illiteracy among women is twice as high as that of men, at 24 percent versus 11 percent; in 20 districts, mostly rural areas, more than 44 percent of women are illiterate. Most worrisome, the literacy rate among 14- to 24-year-olds in 2006 had fallen to only 70 percent overall, below the 78.6 percent registered in 1990; in addition, the disparity in illiteracy rates between women and men were as high among younger people as among older people.

### *2.2.6 Issue: Low Transition to Secondary Education*

Overall, a **sharply lower number of students are able to make the transition to secondary education**: Net enrollment in intermediate schools for academic 2007-2008 was estimated at only 38.1 percent (1.03 million boys, 0.74 million females). The estimated net enrollment ratio (NER) for preparatory and upper secondary schools falls to only 20.6 percent – even lower in rural areas. In addition, Government data indicate large numbers of overage and underage children in the Iraqi school system.<sup>17</sup>

**Major secondary education enrollment disparities** also exist across the country; in particular, rural areas show lower enrolment rates than urban areas such as Baghdad and Basrah. At secondary level, the highest net enrolment rates, more than 50 percent, are registered in the Kurdistan Region governorates of Dahuk, Erbil and Suleimaniyah, where compulsory education extends to grade 9. Estimates for Missan and Muthana, by contrast, are under 30 percent, while Mosul and Wassit average about 30 percent. In upper secondary, net enrolment rates exceed 30 percent in Baghdad, Dahuk, Erbil and Kirkuk; far lower rates are registered in Missan, Muthana, Thi-Qar and Wassit. In all, an insufficient number of intermediate and upper secondary schools also has hindered access to education and contributed to low enrollment because of the lack of capacity of the school system to absorb graduating classes.<sup>18</sup>

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<sup>15</sup> National Report on the Status of Human Development in Iraq 2008.

<sup>16</sup> Baghdad and Al-Anbar, 79 percent and 77 percent literate respectively, while only 48 percent and 53 percent in Missan and Dohuk.

<sup>17</sup> For example, NER at class level for intermediate schools stands at only 29 percent.

<sup>18</sup> Ministry of Planning and Development Cooperation, National Report on the Status of Human Development 2008.

### *2.2.7 Issue: Limited Enrollment in Technical and Vocational Education*

**Technical and vocational education (TVE) also has undergone a sharp decline** approaching 40 percent, from around 99,000 students in 1995/1996 to about 63,000 students in 2007/2008.<sup>19</sup> Enrollment in TVE was particularly affected by sanctions that stymied economic activities, drastically reduced employment opportunities, and limited access to modern teaching equipment, leading to the loss of qualified staff and programmes that particularly do not match labour market demands. Women make up fewer than 1 in 5 TVE students, with significant gender disparities across subject fields. As noted above, far stronger linkages with the private sector will be critical to ensure optimal relevance for education with regard to employment needs. A significant need also exists to financially and logistically support higher education infrastructure, including buildings and laboratories.

### *2.2.8 Issue: Damage to Higher Education*

**Higher education still suffers the consequences** of past underinvestment and great damage inflicted by the latest violent conflicts. As with lower levels of education, infrastructure – particularly laboratories and resource centres – requires development and access to modern technology, in addition to revised curricula and teaching methods to better cope with employment market requirements. Institutional capacities are weak in planning, designing and managing higher education programmes of good quality, as well as in data collection and analysis; quality assurance mechanisms likewise are lacking. Capacity strengthening of university-level administrators, teachers and researchers, particularly in modern sciences and ICT usage, will be crucial.

**Enrolment in higher education is slowly increasing**, from 12 percent in academic 2004/2005 to 14 percent in 2008/2009; even so, this figure remains lower than in neighbouring countries. The total number of students enrolled in tertiary education in 2008/2009 was more than 450,000, of which 383,000 were under the federal Ministry of Higher Education and 77,000 were in education institutions administered by the KRG.<sup>20</sup> The ratio of women to men in tertiary education in 2007 was 0.62, still far from MDG global targets for 2015.<sup>21</sup> At the same time, the Ministry of Higher Education reported for 2008-2009 that women constituted 58 percent of all students registered for “morning colleges” and comprised the majority of admissions to medical, engineering and general science colleges. The lowest gender parity index for net secondary school enrolment is registered in Al-Anbar, Salahuddin, Mosul and Kirkuk. Overall, student/teacher ratios remain high.

Education reforms may need to more deeply **assess the effectiveness of higher education** in Iraq, as well as to promote community awareness of both the role of education for national development and the role of higher education institutes as unbiased sources for promoting traditions and cultural values. Provision of university supplies may be necessary to empower poor and vulnerable groups to continue their children’s education at higher levels.

It will be critical to diversify research into strategic national needs (development challenges including financing, management, ICT, media impact) and to standardize research methodologies to ensure quality. Sources of information for higher education students, including libraries, multimedia centres and educational satellite channels, require updating.

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<sup>19</sup> Ibid./additional COSIT data.

<sup>20</sup> Federal and Kurdish Ministries of Higher Education in Iraq.

<sup>21</sup> National Report on the Status of Human Development in Iraq 2008.

In addition, it would be useful to ensure that Iraqi students and professors of higher education have access to international research, studies and knowledge sharing, given that recurrent conflict and economic sanctions have severed many ties with the outside world and contributed to a critical “brain drain.”

#### *2.2.9 Issue: Declining Quality of Education*

Turning to **quality of education, which has deteriorated for a variety of reasons**, underlying factors include insufficient financial resources, shortage of supplies, crumbling infrastructure, overcrowded classes, teaching methods focused on memorization rather than analysis and creativity, and constrained motivation of teachers resulting from low salaries and long hours. **Teacher and administrator qualifications** have been weakened by an acute need for stronger capacity development, in part caused by gaps in teacher education paired with large disparities in the distribution of supplies and facilities such as libraries or laboratories within schools.<sup>22</sup>

All this contributes to **high student dropout rates, particularly for girls and poor children**, at both primary and secondary levels, as well as increasing repetition rates that have sometimes forced students with an age difference of up to six years to remain in the same classroom. However, while those who have dropped out of school to work now have additional opportunities to receive non-formal education, these too are constrained by the lack of available teaching spaces in the country. At the same time, a wide and worrisome gap exists between enrollment for boys and girls in accelerated learning programmes for out-of-school children and youth; at the end of academic 2007/2008, the number of boys enrolled was triple that of girls.

Decreasing quality of education also has been reflected in **very low pass rates** in national school exams; in 2008, for example, preliminary findings by the Ministry of Education indicated that only 15 percent of students who sat for their high school exams passed, with 45 percent passing at intermediate level. In 2009, the pass rates for both scientific and literary streams rose but still remained low: from 19 to 26 percent in science, and from 11 to 27 percent in literary.<sup>23</sup> The current **curriculum does not keep pace with ongoing global developments**, which again affects the qualifications and preparation of students, particularly for the labour market; likewise, the curriculum could be further strengthened by embedding lessons in civic values that could promote peace-building. In addition, many schools have dropped sports, music and art lessons and have inadequate libraries – or none at all – which further limits mental and cultural development opportunities for children. ICTs as a teaching tool have not been utilized. In addition, **violence among students**, especially males, needs to be addressed.<sup>24</sup>

#### *2.2.10 Insufficient Budget Allocations*

Lastly, the education sector has **not received enough financing** to meet the requirements of comprehensive reform during Iraq’s reconstruction. Nearly all allocations – some 95 percent – are spent as salaries, according to Government data, and more allocations are spent on higher education than on primary and secondary education. At the same time, recurrent costs for infrastructure – such as for school maintenance – fall considerably short and represent a continuing key challenge.

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<sup>22</sup> Ibid.

<sup>23</sup> Ministry of Education.

<sup>24</sup> Ministry of Health, Ministry of Education and WHO, School Health Survey 2009.

### *2.2.11 Analysis of Immediate and Underlying Causes of Key Issues*

Education is a basic human right and has been recognized as such since the 1948 adoption of the Universal Declaration on Human Rights. Since then, numerous human rights treaties have reaffirmed this right and have supported entitlement to free, compulsory primary education for all children. All children, particularly girls, those in difficult circumstances and those belonging to ethnic minorities, should be able to claim the right to access and complete free and compulsory primary education of good quality, respectful of culture, religions and language, and free from all forms of violence. Duty bearers that hold an obligation to fulfill the entitlements for ensuring quality education services are primarily State actors and institutions at various levels of the governance structure, as well as non-State actors – including civil society itself – that can influence the rights of others. Within this context, analysis of some of the key issues in Iraq has revealed:

#### **Immediate causes of key education issues:**

- Destruction and overutilization of physical infrastructure
- Unaffordable direct and indirect education costs for many parents
- Reluctance of some parents to send their daughters to schools
- Early marriage, particularly for girls
- Practice of child labour, especially in rural areas
- Poor teacher quality, motivation and support skills for children affected by conflict
- Ineffective teaching methods, along with inadequate teacher/pupil contact time and interaction
- Inadequacy of curriculum to remain relevant to emerging needs
- Insufficient learning environments, including a lack of psycho-social support systems and access to sanitary facilities, especially for girls
- Lack of secondary education opportunities as a disincentive for completion

#### **Underlying causes of key education issues:**

- Inadequate policy attention to the rights of vulnerable and special population groups, including girls, children with disabilities and IDPs
- Rapid turnover of staff
- Ineffective education oversight and coordination by national, sub-national and local authorities
- Under-representation of women in senior management levels
- Lack of effective policies for teacher recruitment, deployment, utilization and development
- Inadequate capacity of parents, especially mothers, and communities to claim their rights and participate effectively in their children's education
- Insufficient and ineffective use of financial resources for education
- Lack of effective investment schemes to increase the income status of households, especially for women
- Mass displacement of population
- Inability of environmentally vulnerable populations to attend school because of the need to secure water or contribute to agricultural production

## **2.3 Ensuring Quality Health and Nutrition Services**

Promoting and protecting health and respecting, protecting and fulfilling human rights are inextricably linked. Vulnerability to ill health can be reduced by taking steps toward ensuring human rights, just as violations of or lack of attention to human rights can have serious health consequences. Every country in the world, including Iraq, is now party to at least one human rights treaty that addresses health-related rights. At the same time, assuring a strong focus to overall quality of life and the rights to health, food and education can help Iraq to achieve its aspiration of becoming a more economically competitive country. Among other things, healthy citizens tend to be productive and able to take advantage of available opportunities.

Many health indicators have shown improvement since the 1990s, such as antenatal care, number of births attended by skilled personnel, or prevalence of wasting in children younger than age 5. The capacity for surveillance of communicable diseases also has improved, facilitating early detection of cases and allowing for timely warnings of outbreaks, which in turn has strengthened trend analysis and planning for rapid response.

Until recently, the health care system in Iraq has been based on a centralized, hospital-oriented and capital-intensive model that had limited efficiency and could not ensure equitable access. Now, however, the Government is **attempting to move to a decentralized model based on a primary health care approach** as a cornerstone. The emerging private sector also provides curative services to a limited number of people on a fee-for-service basis.

Yet unsurprisingly, access to care overall has been affected by the political and security situations over the years, among numerous factors constraining rights holders' ability to claim their right to health. The resulting severe drop in Iraq's Gross Domestic Product – and, consequently, its public expenditure on health – led to **deterioration in the quality of services** and **shortages of essential supplies**. Damage to health infrastructure and a decrease in the number of the health professionals also had a severe impact on health services. These factors, along with population displacements and continuing security concerns, have affected Iraq's health indicators compared to neighbouring Arab states.<sup>25</sup> On the positive side, however, about 1,000 doctors have returned to the country in 2008 and 2009, while gradual improvement in security has led to at least a twofold decrease in the number of incidents and deaths compared to 2006-2007, which has allowed more people to access health centres for vaccination and preventive services.

**Cost is at least 10 times more likely** to be given as a reason for not seeking medical treatment from primary health care services than is inaccessibility of services, lack of female or male health attendants or concerns for safety.<sup>26</sup> This particularly affects women's health; many women recently surveyed have indicated their access to quality health care worsened from 2006 to 2008 because of economic hardship, lack of facilities or general insecurity. It also should be noted that **youth often do not access information and services**, particularly for reproductive health, because of fear of discrimination or stigma. Average household spending on health has been reported as 13.2 percent of household monthly expenditures and 24.6 percent of household capacity to pay.<sup>27</sup> Out-of-pocket health payments are highest in urban areas.

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<sup>25</sup> Cross-country comparisons of Iraq's health indicators based on its income level are not possible due to lack of GDP data since the year 2000 (25.9 billion US\$ in 2000, World Bank online).

<sup>26</sup> IHSES.

<sup>27</sup> Ministry of Health, Ministry of Planning and Development Cooperation and WHO, Iraq Family Health Survey 2007.

In addition, some components of health and nutrition services remain severely challenged. For example, Iraq's record of **avoiding major disease outbreaks** ended in August 2007 with nearly 5,000 cholera cases, even as other communicable diseases such as polio remained under control. Cholera re-emerged again in 2008 with more than another 900 cases reported. In both instances, however, the mortality rate was kept to less than 1 percent through effective management, surveillance and community education campaigns. Even so, many Iraqis continue to obtain water from compromised sources, sometimes groundwater, resulting in increased risk for waterborne diseases, including cholera.

In particular, **IDP health has declined steeply**, also resulting in outbreaks of diseases – even some formerly eradicated – especially among children. According to an IOM survey, even when displaced persons have access to health facilities in camps, medicines are not affordable. Access to health care, and hence, claiming of their right to health, is particularly difficult for IDP women and children; reproductive health services are almost nonexistent, despite the fact that pregnant women comprise about one-fourth of IDPs in camps.<sup>28</sup>

The health sector thus faces **considerable and complex challenges**. These include:

- Further transforming the hospital-oriented system into a decentralized, primary health care model well-prepared to respond to public health threats
- A need to strengthen both human and financial resources, and to overcome recurring shortages of essential medicines
- High infant, under-5 and maternal mortality rates, as well as other issues of child survival and early childhood development, including chronic malnutrition
- Continuing issues of access to and poor quality of health services, including the impact of migration of health professionals of all levels and poor regulation of the private sector with regard to medical care and the pharmaceutical industry
- Overloading of some facilities, with too many patients per doctor/centre
- Need for strengthening of communicable diseases programmes' reach to vulnerable groups, including IDPs, women and the elderly
- Need to support the role of women in the health system and public clinics
- Emergence of behavioural risk factors that contribute to an increase in non-communicable diseases (e.g., tobacco use, obesity, minimal physical activity), as well as inadequate treatment to deal with rise in other non-communicable diseases (cancer)
- Lack of adequate sanitation and poor water quality (see Section 2.4)
- Negative impact of stress, continuing violence and security threats on mental health, particularly among women, children and families, including the rise of drug abuse
- Need for strengthened communication and improvements in the Health Information System

### *2.3.1 Issue: Constraints to Improved Mother and Child Health and Reproductive Health*

Improvement of women's health has been a key concern of global conferences and forums convened during the last two decades, including the 1994 International Conference on Population and Development, the 1995 Fourth World Conference on Women, and the 2000 Millennium Summit. These forums have enunciated that women have the right to claim the

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<sup>28</sup> National Report on the Status of Human Development in Iraq 2008.

enjoyment of the highest attainable standard of physical and mental health, including the realization of universal access to reproductive health by 2015, a target endorsed by world leaders under MDG5 in September 2005.

Fertility, in spite of a recent declining trend, remains significantly high in Iraq when compared to global and regional standards. The total fertility rate for Iraq in 2006 was gauged at 4.3 children per woman, down from 5.8 in 1990; at the same time, the national total fertility rate was well above the global average of 2.6 and the rate for the Arab region of 3.6. In addition to significant urban/rural disparities (urban 4.0, rural 5.1), inter-governorate differences also are wide (2.9 in Suleimaniyeh, 5.4 in Ninewah and Missan).

Mother and child health and reproductive health services are provided at all levels of the health system in Iraq. Coverage of antenatal care is relatively high, with 84 percent of women receiving antenatal care at least once during pregnancy and more than half having the recommended four or more visits. At the primary health care level, other services include immunizations of mothers and children, growth monitoring of children under 5, promotion of breastfeeding, implementation of the Baby Friendly Hospital Initiative, HIV/AIDS early detection and prevention, and management of Acute Respiratory Infections and diarrhoea. Only basic obstetric care is provided at primary health care level. Secondary and tertiary levels of care provide Basic Essential Obstetric Care (BEOC) and Emergency Essential Obstetric Care (EMOC), which includes caesarian sections and blood transfusions. One priority area that requires intervention is **essential and emergency newborn care services** at all levels.

At the same time, a major obstacle to an enabling environment for quality reproductive health services in Iraq has been the **longstanding absence of a national reproductive health programme**. This represents a major gap in Iraqi's the need for national development blueprints to enshrine reproductive health rights in an explicit, integrated package embedded in global covenants and agreements.

Recent surveys have consistently revealed lower rates of **Under-5 Mortality (U5MR) and the Maternal Mortality Ratio (MMR)**, even though the MICS 2006 indicates the persistence of wide variations between governorates. In part the improvement can be attributed to a higher proportion of deliveries attended by skilled medical staff, deliveries taking place in health institutions rather than at home, and the reduction in total fertility rate.<sup>29</sup> Currently the U5MR stands at from 41 per 1,000 live births;<sup>30</sup> diarrhoea and acute respiratory infections, compounded by malnutrition, account for about two-thirds of U5 deaths. Children in Iraq without parental care or separated from their mother at an early age are at very high risk of early death,<sup>31</sup> as are children with disabilities.<sup>32</sup> Variations between

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<sup>29</sup> Ministry of Health and MICS 2006 data. Up to 89 percent of deliveries are attended by skilled medical staff, while two-thirds percent of deliveries take place in health institutions rather than at home.

<sup>30</sup> Ministry of Health data for 2008 cite U5 mortality of 34 deaths per 1,000 live births and infant mortality of 29 deaths per 1,000 live births.

<sup>31</sup> About 6 percent of children aged 0-17 years are orphans who have lost one or both parents, and another 2 percent are not living with a biological parent (MICS 2006).

<sup>32</sup> The MICS 2006 reported that about 15 percent of children in Iraq aged 2-14 years have at least one reported type of disability. Most of these were inability to speak and delay in sitting, standing or walking.

governorates range from 70 per 1,000 live births in Salahuddin – or some two-thirds higher than the national average – to 21 in Kirkuk, barely half the national average.<sup>33</sup>

Acute Respiratory Infections continue to be one of the leading causes of mortality among children under 5: According to the Ministry of Health statistical report for 2008, the mortality rate from these infections stands at 68.2 per 100,000 people, while the mortality rate from diarrhoea is 11.2 per 100,000.

At the same time, the MMR is 84 per 100,000 live births, mainly the result of a high level of anaemia, poor birth practices and inadequate referral or availability of emergency obstetric care. **About 1 in 15 adult female deaths can be attributed to maternal mortality.**<sup>34</sup> It is critical to note that both the U5MR and MMR figures remain significantly higher than those for some of Iraq's neighbours, placing Iraq in the group of 68 countries globally that account for 97 percent of maternal and child deaths worldwide.<sup>35</sup> **While it may be possible for Iraq to achieve the MDGs on improving child and maternal mortality, it nonetheless will be challenging.**

Also with regard to maternal health, **marriages at a young age** are prevalent in some parts of Iraq, especially the south. At least 1 in 5 young women aged 15-19 is married,<sup>36</sup> while other data from the Government indicate up to 42.8 percent of female youth marrying within ages 16-18.<sup>37/38</sup> Pregnancy at a young age jeopardizes health, so this likewise represents a constraining factor on women's rights, overall well-being and achievement of the MDGs.

A major challenge imposed by the youth "bulge" is found in **increasing numbers of adolescents/youth joining the reproductive pool** – and ultimately forming pressures on health and education needs over the coming decades, even if they keep families small. Another challenge of equal significance is the increasing gap between a recent trend toward early onset of biological maturation of today's adolescents in the developing world and a trend towards delay in socioeconomic maturation

About half of married women or their husbands were using contraception, with modern methods accounting for two-thirds of overall use; married women in Kurdistan Region governorates tend to use contraception more than those in other governorates. **Total unmet need for contraception is high**, reported at 11 percent,<sup>39</sup> while evidence shows male involvement in fertility control is largely lacking, with only 1 percent using condoms. Knowledge, attitudes and behaviours with regard to fertility regulation require further strengthening, and methods of such regulation are not always available, culturally acceptable or affordable.

Meanwhile, the **prevalence of anaemia** stands at 35.5 percent among all women. Significant disparities exist between regions, however, with the percentage standing at 38.0 percent in the south and centre of the country, and at 21.9 percent in Kurdistan. Women in rural areas also

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<sup>33</sup> MICS 2006.

<sup>34</sup> Iraq Family Health Survey Report 2007.

<sup>35</sup> Countdown 2015 global MDG monitoring website: <http://www.countdown2015mnch.org>

<sup>36</sup> MICS 2006.

<sup>37</sup> COSIT data.

<sup>38</sup> At the same time, available evidence indicates that the average age at first marriage has increased overall for both men and women.

<sup>39</sup> Ibid.

are more likely to be anaemic (see also Section 2.3.4, Malnutrition). The **Integrated Management of Child Illnesses** strategy, meanwhile, aims to reduce under-5 morbidity and mortality as well as to contribute to children's healthy growth and development. The strategy was launched in March 2007 as a pilot in six governorates and 19 primary health care centres; a decision to expand implementation to all governorates has been taken recently. It uses measures to improve performance of health professionals, the health system, and family and community practices, promoting appropriate care-seeking behaviours and identification of dangerous symptoms, improving nutrition and preventive practices, and encouraging the correct implementation of prescribed care.

### *2.3.2 Issues: Persistence of Communicable Diseases*

Despite the critical situation in Iraq, **much progress has been made in the field of communicable disease prevention and control**. The comprehensive Communicable Diseases Surveillance System is well-established and functioning in almost all governorates, with primary health care centres and hospitals providing reports weekly and monthly. The **malaria situation indicates the disease is now isolated in very specific areas**. However, more support still is needed to sustain this achievement, as well as to ensure timely strengthening of core capacities needed for implementation of international health regulations, implementation of emergency preparedness and response plans, and involvement of the private sector in communicable disease surveillance. With regard to tuberculosis, **challenges remain in providing quality care for multi-drug-resistant strains of TB**; as noted above, other key issues include reaching specific vulnerable groups.

Although the **number of registered HIV cases in Iraq remains low** – prevalence is less than 0.1 percent of the population – vulnerability and risk factors associated with the disease continue to rise, including insecurity, disruption of social structure, economic hardship and sexual violence. Increasing numbers of young people who are not completing their secondary schooling and are confronted by sectarian violence may compound the issue, while liberalized trade relations and the opening of borders may draw Iraq into global circuits of drug trafficking. A need exists for better projections with regard to HIV/AIDS. At the same time, the MICS 2006 revealed that **knowledge of HIV transmission is alarmingly low**. Only 1 in 5 rural women know of HIV, compared to 1 in 2 in urban areas. Comprehensive knowledge of the disease, is only 3 percent – and only 2 percent among young women aged 15-24. Stigma and discrimination nevertheless remains high, with more than 9 in 10 of those who have heard of HIV agreeing with at least one discriminatory statement.<sup>40</sup>

### *2.3.3 Inadequate Emergency Preparedness*

While contingency plans for both cholera and pandemic influenza are available and emergency medical services are being supported, **no national emergency preparedness plan has been developed** thus far because of prevailing insecurity in recent years. Severe drought currently is sweeping Iraq, with poor and rural populations being disproportionately vulnerable (see also Section 2.4, Ensuring Quality Water and Sanitation Services). Climate change also is expected to further exacerbate these disasters through desertification, with damages particularly affecting the rural economy.

The absence of emergency medical response capacities can be supported through the development of a responsive strategy by the Ministry of Health and stakeholders agencies to

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<sup>40</sup> MICS 2006.

create an emergency operations plan. The plan could include the provision of emergency medical training for physicians and nurses, paramedics and first responders in basic emergency and disaster medicine by a cadre of national trainers. Development of a medical equipment and supplies list and procurement would be supported by external funding sources that would also underwrite the costs for in-service training on the use of procured materials during medical emergencies and/or mass casualty situations.

Related activities on emergency medical preparedness might include (i) establishment of international education and research relationships with the Iraq Ministry of Health to promote long-term support of emergency medicine practices and (ii) design of an appropriate approach to address psychosocial counseling and stress disorder techniques and mental health services in post-crisis environments.

In an initiative launched in 2009, United Nations Agencies are partnering to build Government capacity for risk mitigation and disaster reduction, building on earlier efforts to map areas prone to potential natural disasters such as earthquakes and floods. The severity of the possible impact of such events, however, necessitates a far deeper understanding of the issues and further assessment of vulnerabilities.

#### *2.3.4 Issue: Declining Immunization Coverage*

**Routine immunization services have deteriorated**, given the effects of both the socioeconomic situation and weak health system capacity. Despite the relative improvement in the security situation in the country, poor infrastructure, substandard primary health care services and lack of access of mothers and their children to these services left many infants in 2008 unimmunized by life-saving diphtheria, tetanus, pertussis and polio vaccines.

In 2008, measles coverage also dropped to less than 80 percent in 72 out of 114 districts and less than 50 percent in 26 districts, resulting in measles outbreaks in 11 governorates.<sup>41</sup> Nonetheless, the proportion of 1-year-old children immunized against measles is of high importance to achieve the MDG for reducing child mortality. Overall, the percentage of Iraqi children who had all recommended vaccinations by age 12 months stands at only 38.5 percent;<sup>42</sup> nonetheless, improvements are significant because of enhanced efforts toward community education and social mobilization.

#### *2.3.5 Issue: Malnutrition*

Whether in its mildest or most severe form, the consequences of poor nutrition result in a reduction in overall well-being and quality of life, and in the levels of development of human potential. High levels of malnutrition cause education losses, as children are too weakened or ill to attend school or learn properly, and have an inter-generational dimension, with undernourished mothers giving birth to underweight children. Malnutrition also has an acute negative impact on economic development through direct losses in productivity due to poor physical status; indirect losses from poor cognitive functions and deficits in schooling; and losses caused by increased health care costs.

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<sup>41</sup> WHO/UNICEF joint reporting, March 2008.

<sup>42</sup> MICS 2006.

Progress on MDG indicators on nutrition is slow; despite improvements, **malnutrition among under-5 children remains widespread**. More than 1 in 5 are stunted (21.4 percent, MICS 2006; 21.8 percent, CFSVA 2007), while up to 1 in 10 are underweight (7.6 percent MICS 2006, 9.1 percent CFSVA 2007). Moreover, the CFSVA 2007 indicated that nearly half of stunted children suffered from severe stunting. In addition, the severe manifestation of underweight and wasting indicators among children is several times higher than would be expected in a well-nourished population. Differentials in children's nutritional status particularly continue to be observed by governorate, especially in the south.

All this points to **faltering human development** and underlines the importance of expanding primary health centres, treating family health and strengthening nutrition education in relevant preventive programmes and in partnership with relevant stakeholders at community level. It also will be critical to increase nutritional intake and rural income through expanded agricultural development, which can help Iraq to achieve MDGs such as reducing extreme hunger and child mortality.

Many of the above observations are consistent with a poor-quality diet with barely adequate energy, compounded by high rates of low birth weight (14.8 percent<sup>43</sup>). Infant and young child feeding practices are improving slowly but still are very low: Exclusive breastfeeding for children under 6 months remains at only 25 percent, and only 32 percent of Iraqi infants aged 6-11 months are appropriately fed. Less than half of the infants in the Kurdistan Region are exclusively breastfed, compared to higher figures for governorates in the south and centre.<sup>44</sup>

Possible **micronutrient deficiencies** also are widespread, despite progress made on wheat flour fortification with iron and folic acid. Only 28 percent of households are using adequately iodized salt, and adoption of a salt iodization policy is urgent. Most children in Iraq do not receive the recommended Vitamin A supplementation, in part because of a shortage of supply in the country; only 2 percent of children aged 6-59 months received a high dose of Vitamin A supplement, according to the MICS 2006. Iraq also has a high prevalence rate of anaemia among women of reproductive age (see also Section 2.3.1, Maternal and Child Health and Reproductive Health); anaemia is an indicator of both poor nutrition and poor health. Both nutritional deficiencies and infectious diseases are considered important factors contributing to the high rate; a survey by the Ministry of Health and WHO for risk factors in the age group 25-65 found more than 60 percent suffering from malnutrition.

### *2.3.6 Issue: Mental Health Amid Significant Trauma*

**Mental health** has not been assessed systemically in Iraq, but clinical observations suggest a **problem of large dimensions**, particularly with regard to post-traumatic stress disorders. The Iraq Mental Health Survey 2006-2007<sup>45</sup> showed that 35.5 percent of the population was considered to have experienced significant emotional distress. Furthermore, 16.5 percent of Iraqis had suffered from a mental health disorder at some time; however, a 2009 report shows

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<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> This was the first mental health survey in Iraq, undertaken by the Ministries of Health and Planning as well as WHO. Financial support was provided by the United Nations Development Group (UNDG), the Iraq Trust Fund, the European Commission (EC), the Government of Japan and WHO.

that only 1 in 10 of those experiencing emotional problems in the 12 months before they were interviewed had received treatment.

Psychosocial services and support programmes and psychosocial counseling programmes – particularly for **vulnerable populations such as IDPs, children, youth and women** – are limited. At the same time, the prevalence rate of nearly all mental health disorders has been found to be higher in women, related both to persistent insecurity as well as socio-cultural factors that place women at a disadvantage. Urban rates also are consistently higher than rural. About 37 percent of youth have been found to be worried, discontented and depressed because of continued conflict and insecurity; the psychosocial impact of unemployment, particularly among those who spent long years studying, likewise should not be underestimated, as it can lead to marginalization, social exclusion, frustration and low self-esteem. All of this can result in lasting repercussions on youth capabilities and well-being if youth-friendly health services are not firmly embedded.

Among IDPs, the trauma of forced displacement is especially acute for families that have experienced the arbitrary seizure of their property or those that have had to abandon their belongings and flee for their lives.<sup>46</sup> Children of IDPs particularly suffer psychological problems, beginning with the trauma of being cut off from their roots, where they formed their initial social relationships. Trauma may be multiplied if they are forced to leave school and enter the labour market, or when the family is unable to provide adequate health care and welfare.<sup>47</sup>

### *2.3.7 Issue: Rising Non-Communicable Diseases*

Iraq is undergoing an epidemiological transition with an **increasing prevalence of chronic non-communicable diseases** and their contributory risk factors. Nationwide community-based survey results show that the prevalence of smoking was 21.9 percent, with two-thirds smoking more than 20 cigarettes per day and rates among men six times higher than among women. The vast majority of Iraqis (91.4 percent) report consuming few fruits or vegetables. Hypertension rates are high, at 40.4 percent, and two-thirds of respondents were found to be overweight, with females having a higher rate than males. Diabetes is on the rise, although most diabetics have no access to self-monitoring tests; long-term complications from diabetes are common and treatment opportunities limited.<sup>48</sup> High cholesterol also is prevalent in more than 1 in 3 people. Health programmes have incorporated early diagnosis for hypertension and diabetes into primary health care services, as well as endorsed a framework for anti-tobacco programmes and undertaken the drafting of relevant anti-tobacco laws. At the same time, health services may need to be reoriented to accommodate the needs of chronic disease prevention and control through strengthening of integration of chronic non-communicable diseases into primary health care services.

### *2.3.8 Issue: Shortage of Essential Medicines*

**Essential medicines and health technologies** also represent vital components of the health system. Since 2004 Kimadia, the State company for drugs and medical appliances, no longer has been the main importer and distributor of medicines, medical equipment and medical supplies to all sectors; instead, it now focuses only on the public sector. Health facilities

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<sup>46</sup> National Report on the Status of Human Development in Iraq 2008.

<sup>47</sup> Ibid.

<sup>48</sup> Ministry of Health, COSIT, Ministry of Planning and Development Cooperation, and WHO. Chronic Non-Communicable Diseases Risk Factors Survey 2006.

experience regular and recurrent shortages of essential medicines. The local pharmaceutical industry, hard-hit by the war since 2003, has started to re-emerge, but still needs major investment; at the same time, some small local drug manufacturers appear not to apply good manufacturing practices and require further regulation.

### *2.3.9 Issue: Insufficient Budget Allocations and Overall Health Reform*

As with education, **increased public spending for health is warranted**, given the challenges to quality and Iraq's overall need to turn "black gold into human gold." While it is expected, for example, that the nutritional status of children may improve with increased Government spending on the Public Distribution System<sup>49</sup> (see also Section 2.5, Food Security) and the mainstreaming of a wheat fortification initiative, it will be crucial to ensure that the increased expenditure is adequate to cover inflationary trends in food prices.

As noted, households carry the extra burden of spending for access/travel to health facilities, making up for shortages of supplies, drugs and other services. Indirect and direct payments to obtain public services, whether during regular service times or after hours, and dual roles of public health workers further complicate the issue. Family expenditures on health have risen from 1.1 percent of total family expenditures in 1993 to 2.1 percent in 2007.<sup>50</sup>

In 2008, Iraq's public health budget accounted for 3.4 percent of total Government expenditures, even as half of the Ministry of Health operating expenditures went for salaries and staff incentives. Other contributions to health system financing include the Iraq Trust Fund, limited bilateral funding and funding through NGO health projects.

In all, **some reforms have yet to be felt throughout the health system**. Much stronger capacity development is needed for medical professionals, along with upgrading of curricula and training approaches; for this, closer collaboration is required between health and education officials to address the need. In addition, little change has occurred in the services mix in primary health care, which requires urgent attention. Likewise, capacity development is crucial for policymakers and managers, including providing opportunities to reflect on women's role in developing health policies. Infrastructure and equipment require further modernization, while still balancing the proportion of investments in development of human capital. In particular, improvements also are needed in emergency preparedness and in sanitary and epidemiological control (see also Section 2.4, Water and Sanitation), along with public health monitoring and medical education. Health system reform also urgently needs to explore options for sustainable health system financing, particularly given the recent drop in oil prices and its implications for further public expenditures on health and, in turn, for health service delivery.

### *2.3.10 Analysis of Immediate and Underlying Causes of Key Issues*

Accountability is a central feature of any rights-based approach to health because it converts passive beneficiaries into rights holders and identifies duty bearers that hold an obligation to fulfill the entitlements for ensuring quality health and nutrition services. In particular, human rights treaties recognize that mothers and their children have the right to "special care and

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<sup>49</sup> The budget for the Public Distribution System has been increased from US\$3.6 billion to \$5.5 billion in 2008, which is still short of the required \$7.3 billion needed as per current ration/price.

<sup>50</sup> IHSES 2008.

assistance” for good health. Duty bearers are primarily State actors and institutions at various levels of the governance structure, as well as non-State actors – including civil society itself – that can influence the rights of others. Within this context, analysis of some of the key issues in Iraq has revealed:

**Immediate causes of key health and nutrition issues:**

- Inadequate number of quality health facilities
- Poor infrastructure and equipment
- Scarcity of qualified/skilled staff and limited institutional/managerial capacities
- Rapid turnover of staff
- Limited access to preventive and curative services, as well as ineffective utilization of current services
- Limited access to and utilization of emergency reproductive health services, particularly in rural areas
- Early marriages and pregnancies; ineffectiveness of contraceptive use
- Inadequate child feeding practices and poor dietary diversity
- Under-funding of projects and insufficient recurrent budgets
- Challenge of addressing both “first-world” and “third-world” diseases

**Underlying causes of key health and nutrition issues:**

- Insufficient human resources
- Insufficient attention to women’s reproductive health rights
- Women’s lack of involvement in health-related decision-making processes, including health management and policymaking
- Limited awareness and understanding of adolescents’ health needs
- Difficulty in changing attitudes to healthy practices, including among youth
- Inadequate care-seeking behaviour and poor community awareness and utilization of core home health care skills
- No systematic processes to address barriers to health-seeking behaviours, including those associated with socio-cultural attitudes and practices
- Condition of water, sanitation and electricity services
- Constraints to family and early childhood education
- High illiteracy rates, especially among women
- Use of high-tech approaches instead of community-based solutions

**2.4 Ensuring Quality Water and Sanitation Services**

The availability and quality of drinking water are vital to human health, especially among children, and are critical to attainment of most of the MDGs as well as being a basic human right. However, in Iraq **MDG targets relating to safe water are not on track**. The use of improved drinking water sources is 79.2 percent overall,<sup>51</sup> but a wide urban-rural divide is evident: Rates of clean water stand at 91.9 percent in urban areas, as opposed to only 57 percent in rural areas. Geographic disparities also are pronounced.

While water and sanitation infrastructure exists – up to 80 percent of the population is connected to water supply – it is largely in a **serious state of disrepair** because of long-term neglect and the effects of conflict since 2003. Increased urbanization, partly as a result of insecurity and population displacement, has put additional stress on water and sanitation services.

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<sup>51</sup> MICS 2006.

All this, in addition to power fluctuations, has resulted in **insufficient and erratic supply**. For example, 48 percent of users of water services and 26 percent of users of sanitation services found such services to be unreliable<sup>52</sup>; more than 1 in 3 water users report one or more interruptions per week.<sup>53</sup> It is important to note that high unreliability such as this can contribute further to community tensions; thus, re-establishing water and sanitation services is key to strengthening the legitimacy of the Government and local authorities and building trust.

#### *2.4.1 Issue: Low Water Quality*

Particularly in southern Iraq, **water quality continues to be a major issue**; 98 percent of the population in Basrah relies on reverse osmosis treated water because tap water is so brackish that it cannot be directly used as a main source for drinking water.<sup>54</sup> In contrast, potable water is available to about 96 percent of people in Kurdistan. Time spent in rural areas collecting water, a task particularly performed by women, is almost double that in urban areas.<sup>55</sup> Among governorates, Dohuk, Salahuddin and Wassit are the most affected, with mean time spent in collecting water at 91.6, 72.8 and 52.3 minutes respectively.<sup>56</sup>

#### *2.4.2 Issue: Shortage of Water*

At the same time, the **supply, stability and safety of Iraq's water are major issues jeopardizing the status of the country's environment** and ecological support systems. Although addressing environmental issues is both relevant to the MDGs and a national priority, evidence shows that Iraq is lagging to meet MDG Goal 7 on ensuring environmental sustainability. In particular, Iraq's water system is in the midst of a crisis and requires immediate intervention to counter the growing scarcity of water, with key ecosystems and habitats, including the southern marshlands, in decline largely because of overuse and mismanagement of water systems. Yet just a half-century ago, the nation had a wealth of water resources and was able to support grain exports to other countries in the region. Now, that abundance has all but disappeared, and reservoirs and lakes are critically low: In just the past 25 years, the level of water in the Tigris and Euphrates rivers, the country's primary sources, has fallen by more than two-thirds. In the summer of 2009, the Euphrates River was able to sustain only a quarter of Iraq's irrigation. One recent international report has warned that these vital water lifelines could completely dry up by 2040.

The accelerating decline of water supplies has put the country **at risk of falling below the internationally recognized threshold of water poverty** in the near future. With nearly half the national average of water available per person, the more rain-dependent northern region is particularly hard hit by the decline. At current rates, Iraq's water supply will fall to an estimated 43 billion m<sup>3</sup> by 2015, far short of the 77 billion m<sup>3</sup> it will need to avert a widespread humanitarian crisis.

**Absence of integrated water resources management** in Iraq will have long-lasting adverse impact on overall water availability as well as between competing uses. Although Iraq is mostly dependent on river water for domestic, agricultural and industrial use, no formal water-sharing pact exists with upstream countries. Reports indicate construction of dams in

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<sup>52</sup> Ibid.

<sup>53</sup> COSIT, Ministry of Planning and Development Cooperation, Kurdistan Region Statistics Office and World Bank, Iraq Household Socio-Economic Survey 2007.

<sup>54</sup> MICS 2006; also National Report on the State of Human Development 2008.

<sup>55</sup> MICS 2006.

<sup>56</sup> Ibid.

neighbouring countries that are affecting water level in shared rivers; in 2008, the water level in the Tigris River dropped below the minimum mark of 27 metres, causing problems at water intake stations in Baghdad. While water extraction by Iraq's neighbours has been identified as a major structural cause of the country's water crisis, inefficient and unsustainable domestic policies and demands also contribute significantly, with **weak management capacity compounded by considerable wastage and leakage in water resources**, including at the household level and in rural communities.

#### *2.4.3 Issue: Environmental Pollution from Sewage and Solid Waste*

Use of improved sanitation facilities is relatively high, at 92 percent, even as substantial numbers of people report problems with functionality of the sewage system.<sup>57</sup> However, it is believed that **as little as 17 percent of sewage generated is treated**, with the rest let out largely untreated into rivers and waterways, polluting surface water and the environment at large. Sewage collection and treatment facilities are severely limited outside Baghdad and the Kurdistan Region. The Amanat (City Hall) Baghdad indicates that the quantity of untreated sewage drained into the Tigris River from Baghdad city alone would fill 370 Olympic-size swimming pools every day.<sup>58</sup>

At the same time, the **solid waste sub-sector faces perhaps even more daunting challenges** than water and sewage. Iraq is estimated to produce 31,000 tonnes of solid waste every day, whereas capacity to collect this waste encompasses only 4,000 tonnes per day. In urban areas, 44 percent of the population has access to solid waste collection services, compared with only 5 percent in rural areas; governorates with the lowest services include Missan (11 percent), Ninewah (16 percent), Thi-Qar (15 percent) and Babil (19 percent).<sup>59</sup> This results in solid waste accumulating in the streets or being dumped inappropriately in ill-maintained landfills or water bodies, which poses grave public health risks as well as environmental concerns. Current operational and technical management capacity of the sector is estimated at just 25 percent of the needs.<sup>60</sup>

#### *2.4.4 Issue: Linkages to Poor Health*

Because of unsanitary environmental conditions, unsafe water supply and poor hygiene practices, a **high incidence of diarrhoeal diseases exists**; as noted, a major cholera outbreak was reported in 2007-2008. At any one time, 1 in 7 children have diarrhoea; the MICS 2006 reported that only about 2 in 3 affected children received increased fluids and continued feeding, indicating a high proportion of children not covered by internationally recommended procedures. Among severely wasted children, numbers with diarrhoea are among the highest reported: 18 percent had experienced diarrhoea in the two weeks prior to the Iraq Household Socio-Economic Survey (IHSES) 2007, as against 12 percent of those moderately malnourished and 12 percent of those not malnourished. This close linkage to health issues of morbidity as a result of water-borne diseases again indicates the importance of cross-sectoral collaboration and coordination.

#### *2.4.5 Issue: Constraints in the Enabling Environment*

The Government has set an ambitious target of universalizing access to safe water and sanitation by 2014 and providing 70 percent coverage by sewerage system for improved

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<sup>57</sup> Ibid.

<sup>58</sup> Amanat is the Ministry responsible for municipal services to metropolitan Baghdad, including water, sewerage, solid waste disposal, urban planning, roads, municipal buildings and parks.

<sup>59</sup> IHSES/United Nations IAU Analysis.

<sup>60</sup> The National Solid Waste Management Plan for Iraq – 2007.

sanitation. With the Government gradually increasing investment in infrastructure development in the sector, some changes are becoming visible. Even so, an **absence of national policies** – in part because Government priorities have been focused on overall reconstruction and re-establishment of basic services -- weakens central planning. In particular, water and sanitation services are closely linked to housing security issues such as erratic power supply and inexperienced contractors (see also Section 2.6).

Capacities likewise are limited at governorate levels for planning, implementation and monitoring, with women's representation low at all levels. A gap of about 50 percent exists between planned and allocated annual budgets;<sup>61</sup> resources are insufficient in recurrent budgets for operational maintenance of water and sanitation facilities. Yet investment in water and sanitation projects provides significant opportunities for employment, particularly when manual methods are preferred over mechanized interventions. Strengthened collaboration among responsible Ministries also is necessary, as is a need for greater public awareness of water conservation techniques.

#### *2.4.6 Analysis of Immediate and Underlying Causes of Key Issues*

Clean water is one of the most fundamental necessities of life, and sanitation is crucial to a dignified life; both are inextricably linked to many human rights. Duty bearers that hold an obligation to fulfill the entitlements for ensuring quality water and sanitation services are primarily State actors and institutions at various levels of the governance structure, as well as non-State actors – including civil society itself – that can influence the rights of others. Within this context, analysis of some of the key issues in Iraq has revealed:

##### **Immediate causes of key water and sanitation issues:**

- Use of contaminated drinking water and unimproved sanitation
- Inefficient and wasteful management of resources
- Inadequate infrastructure and increased demand
- Weak operations and maintenance systems
- Need for strengthened planning, design, implementation and monitoring capacity
- Need for strengthened water and sanitation policies and plans and for expanded comprehensive management approaches, including control measures for projects related to water and land
- Need for expanded utilization of contemporary techniques for water resource assessments, implementation and management
- Absence of water-sharing agreements with riparian countries
- Need for strengthened skills and knowledge of improved farming techniques and methods of diversification

##### **Underlying causes of key water and sanitation issues:**

- Lack of sufficient skilled staff
- Drought, climate change and desertification
- Inadequate participation of civil society, particularly women; women's limited autonomy in decision making
- Poor community awareness and utilization of core home health care skills and low health care-seeking behaviour
- Illiteracy and low level of education
- Inadequate availability of power supply
- Inadequate resources allocated to sector

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<sup>61</sup> Ministry of Municipalities and Public Works and Amanat Baghdad.

- Weak coordination among cross-sectoral partners on health-related programmes

## **2.5 Ensuring Food Security for All**

For the 23 percent of Iraqis below the poverty line, food insecurity represents a major concern and a serious constraint to their ability to claim their right to food. Indeed, food insecurity persists in Iraq both with regard to acquisition and use of food; as a multidimensional problem, is the result of a variety of chronic factors that tend to amplify the effects of armed conflict and violence, economic sanctions, high unemployment, falling education levels, a lack of production of sufficient food at the national level, and a failure of livelihoods to guarantee access to sufficient food at the household level.

In 2007 the CFSVA found an estimated 12.3 percent of Iraqi households – some 3,750,000 people – had borderline or poor food consumption, with the result that **9.4 percent are considered vulnerable to food insecurity and 3.1 percent are food-insecure**. Households most vulnerable to food insecurity included non-skilled workers, agricultural workers and unemployed heads of households; among these households, almost 1 in 4 was food-insecure or vulnerable to food insecurity. The least affected households mainly relied on self-employment in non-agricultural work or the civil service.

Even so, **virtually the entire population is eligible for monthly food rations** through the Public Distribution System (PDS). The PDS, introduced in 1991, is the largest public food programme in the world and is perhaps the most visible programme of the Government, absorbing 21 percent of national revenue.<sup>62</sup> Under the PDS, each Iraqi is entitled to a monthly food basket for a nominal fee; the food basket is distributed through about 45,000 food and flour agents, typically local groceries.

Despite the benefits of the PDS, 41 out of 115 districts in Iraq are classified as vulnerable or extremely vulnerable. Analysis of the proportion of households having poor food consumption by district shows that of the districts with the highest proportion, more than 30 percent are in Nineveh, Dahuk, Suleimaniyah, Diyala, Wassit, Al-Qadissia and Muthana. Yet even as the situation remains volatile, this represents an improvement in recent years, which may result from an overall improvement in security; strengthened macroeconomic indicators used to monitor the level of economic growth, including GDP, and enhanced humanitarian efforts of all stakeholders, particularly during 2006-2007.

### *2.5.1 Issue: Inefficiency of Food Ration Delivery*

For the food-insecure population, the PDS ration represents by far the single most important food source in the diet – up to 67 percent of total dietary energy consumed by the poorest. However, the **food supply-chain performance is not as efficient as expected** to provide the food requirements for the entire population, posing a serious challenge to the right to food. This has been exacerbated by the massive movement of populations within the country, with the creation of large numbers of IDPs thus increasing food insecurity and humanitarian needs. In particular, transfer of food ration cards for IDPs is a time-consuming process in a volatile security environment; some two-thirds of IDP heads of household have reported not registering their PDS cards in their new location, which results in shortfalls and disruption of PDS distribution to IDP families.<sup>63</sup>

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<sup>62</sup> CFSVA 2007.

<sup>63</sup> Ibid.

Nationally, 53 percent of dietary energy consumed is from PDS rations. Moreover, without the PDS subsidy, the 9.4 percent of people classified as having “borderline” consumption may themselves become food-insecure. Another 12.3 percent – currently food-secure but poor – likely also would become food-insecure without subsidies, meaning that **more than 1 in 5 Iraqis are potentially vulnerable to food insecurity without a social safety net**. Thus, when PDS rations fall short, the consequences can be serious indeed; for example, in November 2007 an estimated 46 percent of households indicated they had not received wheat flour in their ration of the previous month, and 73 percent did not receive rice. Not surprisingly, the poor are disproportionately affected. Meanwhile, the monetary value of subsidies provided through the PDS has been nearly the same across all income groups.

#### *2.5.2 Issue: Food Prices for the Poor*

Average per-capita daily expenditures on food in Iraq stand at US\$3.55 per person per day, but range from US\$1.32 for those in the poorest one-fifth of the population to US\$9.02 for the richest one-fifth. In all, while the monetary share of food consumption to total consumption is relatively low at national level (35.6 percent), this figure **rises sharply among the lowest income groups (48.9 percent) and rural dwellers (40.3 percent)**. Similarly, the proportion is higher among heads of households who are agricultural workers (42.6 percent) than even among those unemployed or economically not active (33.4 percent).

Intensity of food deprivation generally tends to be low to reach the minimum energy requirement of 1730 kcal per person per day. It averages about 180 kcal per person per day – the equivalent, for example, of an additional 50 grams of rice, 3 tablespoons of oil, 40 grams of sugar or 50 grams of fresh mutton. Depth of hunger is higher for female-headed than male-headed households and in rural than in urban areas. In all, consumption increases with income, so that the richest households consume about 1400 kcal per person per day more than the poorest – 3400 versus 2000 kcal per person per day.

#### *2.5.3 Low Agricultural Production*

Before the introduction of the PDS, agricultural production played an essential role in enhancing food security in the country. Currently, however, the agricultural sector is **far from being able to provide sufficient food** for the country’s population (see also Inclusive Growth Thematic Working Group analytical paper); in addition, continuing insecurity and violence continue to cause infrastructure to deteriorate.

Investment in sustainable agriculture development has tremendous potential to increase the productivity of the agriculture sector, thereby increasing food security and assisting Iraq in achievement of the MDGs, particularly those on eradicating extreme poverty and hunger; reducing child mortality; improving maternal nutrition and health; and ensuring environmental sustainability. **Yet continued food assistance must be targeted – and needs-based – for the most vulnerable and food-insecure groups**, particularly women and children; scaling up of micronutrient programmes such as iodine, Vitamin A and iron fortification will be necessary.

#### *2.5.4 Issue: Linkages to Drought and Demographics*

Food insecurity particularly is fueled by Iraq’s **drought and growing water crisis**, which has directly contributed to rising levels of food deprivation and stripped the country of the natural

resources needed for reconstruction and economic development.<sup>64</sup> The scope of the drought is such that in 2008-2009 Iraq received an average of only 25 to 65 percent of its normal precipitation levels in most agricultural producing regions. With significantly lower levels of precipitation, underground aquifers are less able to recharge, leaving cropland soils dry and reservoirs and wells critically low.

Overall, food insecurity in Iraq also is linked to income and expenditure; education level of the head of household; geographic location (rural versus urban); sex of household head; and poor water and sanitation, education, health and transportation services. Two-thirds of food-insecure households are in rural areas, and 85 percent are headed by persons with primary education or less. Development of policies aimed at increasing households' income – through improved employment opportunities – coupled with adequate attention to the risks of inflation can result in enhanced food access through the market and, ultimately, improved food security.

Priority non-food interventions may include special attention to capacity development for Government institutions to enhance their ability to monitor and analyze food security trends and to establish an adequate food-based safety net targeting the most vulnerable segments of the population. Improved maternal and childcare practices will be important components, as will working to improve nutrition through appropriate actions in agriculture and rural development; water supply and sanitation; creation of an enabling environment for the development of a dynamic, market-oriented private sector; social protection; education; gender considerations; and community-driven development.

#### *2.5.5 Analysis of Immediate and Underlying Causes of Key Issues*

The right to food is a human right and a binding obligation well-established under international law. It is not about charity, but about ensuring that all people have the capacity to feed themselves in dignity. Duty bearers that hold an obligation to fulfill the entitlements for ensuring food security for all are primarily State actors and institutions at various levels of the governance structure, as well as non-State actors – including civil society itself – that can influence the rights of others. Within this context, analysis of some of the key issues in Iraq has revealed:

#### **Immediate causes of key food security issues:**

- Drought, growing water crisis and lack of irrigation
- Need for strengthened access to finance, agricultural extension services
- Need for strengthened skills and knowledge of improved farming techniques and methods of diversification
- Need for expanded capacities to ensure proper natural resources management and mitigation of impacts of environmental degradation, including climate change
- Need for use of strengthened technology and transfer in farming systems
- Need for continued strengthening of recovery and development aspects in food security plans
- Need for strengthened vocational education and training in agricultural sciences

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<sup>64</sup> Water shortages caused wheat production – which accounts for 85 percent of all food grain production in Iraq – to fall by more than half in 2008; once a major exporter of grains, Iraq now imports nearly 80 percent of its food. Lack of irrigation also presents a serious challenge: In the northern governorates, the breadbasket of Iraq, only 10 percent of farms use irrigation systems. Falling water levels and arable land also have accelerated desertification, which by 2009 affected 90 percent of Iraq's land.

- Need for expanded capacities in water resource management and further investments in water/flood control mechanisms and soil conservation
- Inadequate marketing services

#### **Underlying causes of key food security issues:**

- Poor agricultural practices causing drop in yields
- Absence of microcredit schemes to support rural populations
- Inadequate supporting infrastructure (rural roads, communications, electricity)
- Continued rural dependency on small-scale, traditional farming with low surplus
- Limited role of women in agricultural development
- Weak coordination among cross-sectoral partners on health-related programmes

## **2.6 Ensuring Housing Security for All**

The human right to adequate housing is the right of every woman, man, youth and child to gain and sustain a safe and secure home and community in which to live in peace and dignity. Yet in Iraq, the conflict since 2003 has caused major destruction and damage to a large portion of the housing sector, particularly in and around Baghdad. This severe shortage of decent housing – up to 3.5 million housing units, according to estimates of the Ministry of Building and Housing – negatively affects all aspects of life and development in Iraq and represents a huge constraint to several human rights. **No housing market exists based on a strong housing financing system** that can provide home loans for poor or middle-income families. Yet the construction and housing sector plays a key role in the socioeconomic development process, especially at governorate level, because it contributes to implementation capacity for many national development projects.

**Congestion and poor maintenance** for the last two decades also have contributed to key housing issues. More than 1 in 5 housing units in nine governorates is 30 years old or older; the number of houses made of non-durable materials appears higher in the southern governorates. Nationwide, some 1 in 3 housing units, especially in urban areas, are now considered below standard. This acute situation requires the formulation of a comprehensive housing policy and strategy at national level; a determination of the role of the public sector in boosting the capacity of the private sector with regard to housing, consolidating housing financing mechanisms; and making housing affordable to the most vulnerable groups.

Among IDPs, as many as 80 percent of displaced families live in rented accommodations, which places an unsustainable economic burden on the poor and vulnerable. In addition, insufficient numbers of IDP camps exist; in Baghdad, only two camps exist, while in all other governorates a total of 12 camps are found. No camps exist in Diyala, Kirkuk, Babil or Salahuddin.<sup>65</sup> According to IOM statistics, 30 percent of those displaced in Al-Anbar, 22 percent in Al-Qadissia and 11 percent in Baghdad are living in public buildings that are either significantly damaged or abandoned.<sup>66</sup>

### *2.6.1 Issue: Inexperienced Contractors*

A particular issue arises from the emergence of a new set of contractors since the start of the 2003 conflict. Largely inexperienced, these contractors have undertaken **small but expensive contracting works**; many of these projects have conducted no feasibility studies, which has led to the necessity of large-scale changes before they can be implemented. In addition,

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<sup>65</sup> National Report on the Status of Human Development in Iraq 2008.

<sup>66</sup> Ibid.

transparency and effective oversight of bidding and other systems must be significantly strengthened to encourage competition.

#### *2.6.2 Issue: Overcrowding and Adverse Environmental Conditions*

In all, nearly 3 in 5 Iraqi households report deprivation in terms of housing conditions. Reduced space per person, for example, is often associated with certain categories of health risks and is considered a key criterion to define a slum; **overcrowding**, defined as the proportion of households with more than three persons per room, **affects more than 40 percent of households** in 10 governorates. In Najaf, 11.8 percent of people live in less than 50 sq. m. of built area; the figure in Baghdad is 8.2 percent. In addition, more than 20 percent of the urban population and 30 percent of the rural population perceive their accommodations as having insufficient light; about 10 percent report insufficient ventilation.

Further **environmentally adverse conditions** exist with regard to stagnant water (56.4 percent), insects and rodents (49.9 percent), excess humidity (39.0 percent), nearby open sewage outlets (36.3 percent), nearby garbage and dirt (36.1 percent), foul odours (28.2 percent), dust (28.1 percent), noise (22.0 percent), and smoke and gases (13.8 percent).

#### *2.6.3 Issue: Widespread Power Cuts*

With regard to **access to basic services**, wide disparities exist between governorates as well as between rural and urban areas. Three key indicators include access to safe water, access to improved sanitation (see also Section 2.4, Water and Sanitation), and connection to services, including water, sewerage, electricity and telephone. **Electricity is particularly problematic**, given that the electric power generated falls far short of demand – by a total of 48 percent in 2007. Household consumption has basically doubled, as electrical appliances became more readily accessible to average families with the opening of markets and loosening of controls. Many reasons are cited for the decline, among them not only the persistent armed violence but also the obsolescence of production and power generation plants and difficulty in obtaining spare parts necessary for maintenance.

As Iraq's electricity grid became overtaxed, this caused frequent breakdowns and shutdowns of the transmission and distribution system. Gas and liquid fuel supplies also were affected by sabotage, and allegations of corruption also have been linked to disparities in power supply in different districts. In all, the CFSVA 2007 found that **31 percent of households reported more than 16 hours a day of power cuts, 21 percent reported 11 to 15 hours of cuts each day, and 28 percent reported 6 to 10 hours without power.** Despite massive investments, pre-2003 generation capacity of 5,300 megawatts was only restored in the summer of 2008, while current peak demand stands at 10,000 to 11,000 megawatts.

Thus, amid the continuing insecurity, the public network provides an average of 7.9 hours of electricity per day across all governorates; the maximum is 12.7 hours daily in Basrah and the minimum 5 hours daily in Baghdad. Erbil, Kerbala and Babil are reported to receive about 6 hours a day. Such deprivation results in other basic needs that require electricity not being satisfied. Community generators are frequently used as a secondary source of electricity, especially in the governorates of Kirkuk, Suleimaniyah and Diyala. Only 22.4 percent of the population solely relies on the public network for electricity.

Other electricity-related issues include delay in preparation of a comprehensive electricity/energy master plan based on economic analysis; non-availability of a distribution network database and development plans at governorate level; and need for strengthened

coordination among key Ministries to optimally use resources for long-term development of the power sector.

#### *2.6.4 Impaired Access to Other Basic Services*

Lastly, in all governorates between 60 and 70 percent of households are reported as having a water supply connection in their home; however, **stable water supply has been reported in only 20 percent of households in half the governorates, and in under 10 percent of households in the remainder.** Connection to the public network for sanitation is significantly higher in the more densely populated urban areas of Baghdad and Suleimaniyah while generally lacking in other areas.

#### *2.6.5 Analysis of Immediate and Underlying Causes of Key Issues*

Adequate housing represents a key component of the right to an adequate standard of living. Duty bearers that hold an obligation to fulfill the entitlements for ensuring housing security for all are primarily State actors and institutions at various levels of the governance structure, as well as non-State actors – including civil society itself – that can influence the rights of others. Within this context, analysis of some of the key issues in Iraq reveals:

##### **Immediate causes of key housing issues:**

- Legacy of inattention
- Acutely insufficient number of affordable housing units
- Poor infrastructure of basic services
- Lack of strong housing financing system
- High percentage of displaced population in substandard accommodations

##### **Underlying causes of key housing issues:**

- Need to create enabling environment through application of appropriate policies and timeframe
- Absence of effective oversight and institutional structures that encourage accountability, transparency and information sharing
- Limited role of private sector in housing and population policies
- Significant number of environmentally adverse conditions
- Overstressed power system and inadequate resources for management, maintenance, rehabilitation and development of electricity infrastructure

#### **2.7 Ensuring Quality Protection Services**

Iraq continues to be in **deep protection crisis** despite the relatively improved security situation since mid-2007, and risks continue to be great for especially vulnerable groups, including, women, children, IDPs and refugees, and young people, who are unable to claim their rights. The Iraqi Constitution includes the basic issues of child rights but does not yet provide adequate protection, including legal coverage for children in need of special protection or children in conflict with the law (see also Governance Thematic Working Group analytical paper). Dependence on institutionalization remains widespread, and isolation of the profession of social welfare results in exclusion of a rights approach for the most vulnerable, particularly given that the technical **capacities of protection service providers are very limited and practices are outmoded.**

Overall, the continuing violence and insecurity have greatly **weakened, and in some cases destroyed, institutions and systems for physical, social, emotional and legal protection.** Children especially live in fear of violence, or have witnessed acts of extreme violence, including within their own families. Even where children have escaped direct violence, they

have been exposed to psychosocial stress passed on by caregivers and adults. In a self-perpetuating cycle, these children, many of whom are already poor, have decreased likelihoods of escaping poverty in the future because of violence and abuse, making achievement of the MDGs even more difficult. Few opportunities are available to monitor the situation.

Small-scale attacks, assassinations and kidnappings continue, and a rapid psycho-social assessment by UNICEF and International Medical Corps in Sadr City, Baghdad – although not representative for the country as a whole – highlights the profound **psychological and social effects of violence** on children. The May 2008 study found that as many as 60 percent of mothers reported severe psychological and behavioural problems of their children, including inability to speak, intense distress triggered by loud noise, pervasive sadness, tiredness and lack of energy, and crying or hostility while playing. Within schools, both students and teachers struggle with the burden of wartime experiences and extreme stress levels. Reports also are increasing in the media, corroborated by community members, of children and young people being recruited and used by insurgent groups. Overall, many families indicate that **access to basic services has grown more difficult**, while they continue to become impoverished and face significant personal security needs.

#### *2.7.1 Issue: Presence of Landmines and Explosive Remnants of War*

According to the Landmine Impact Survey 2004-2006, more than 1,600 communities across the country are affected by **landmines and other explosive remnants of war (ERW)**, including cluster munitions, affecting the livelihoods and security of some 1.6 million Iraqis – and making Iraq one of the most contaminated countries in the world. Although believed to total a staggering 20 million, landmines are only a small part of Iraq's overall issue, as ERW and cluster bombs pose an even greater danger; an estimated 50 million cluster sub-munitions were believed to have been used in Iraq – particularly in the southern governorates – between 1991 and 2006.

The **full extent of the problem is not known**, however, because of limited information regarding contaminated areas and the impact of landmines and ERW on aspects such as safety and security, as well as access to livelihoods, markets and infrastructure in the country. Consequently, a very limited national capacity exists to tackle the issue. It is clear, however, that the contamination impedes the delivery of basic services and humanitarian assistance, negatively affects the environment and hampers development programmes.

More than 8,100 people in the Kurdistan Region alone were reported to have been killed or injured by mines and ERW between 1991 and 2008; no figures are available for the number of victims in south and central Iraq. Landmines and ERW also deny access to agricultural lands, prevent the return of IDPs and refugees and deprive whole families of income when breadwinners are killed or injured.

The Government has **committed to clear all anti-personnel mines** by 2018. The current clearance capacity is limited, and there are fewer than 2,000 de-miners active today; it is estimated that Iraq would need 19,000 more de-miners to solve the issue in time. The **absence of a legalized oversight authority and regulatory framework for mine action** in Iraq is particularly critical; the issue has yet to be fully integrated into and supported by key Government strategic documents and policies. Current civilian mine action operations have been suspended by the Ministry of Defense since December 2008.

#### *2.7.2 Issue: Challenges to Social Security*

Defined as the range of programmes that provide access to income security and health care, the Iraqi **social security system has had to face serious challenges** and is undergoing major reforms. The system formerly was one of the most comprehensive in the region. Iraq also was one of the first countries in the region to establish a comprehensive social insurance programme, which provided social protection in case of old age, death of the breadwinner, invalidity, work injury, sickness and maternity. In addition, safety net programmes are comparatively extensive, mainly because of the PDS food ration programme.

As a consequence, Iraq has allocated, by regional standards, a **relatively high proportion of its national income on social protection**. However, these resources often have not been allocated in an optimal fashion. A thorough review of social expenditures is necessary to ensure that scarce resources are allocated in a more effective way to protect the population from social and economic insecurity.

After the current conflict began in 2003, pension benefits provided by the two main social security schemes, the State Pension System (established 1966) and the Workers' Pension and Social Security Scheme (established 1971), were replaced by monthly emergency payments of ID 75,000 (US\$ 50) to ID 200,000 (US\$ 133) per pensioner. While workers in the public sector enjoyed relatively high coverage rates before the war, **many workers in the private sector were not covered by any pension scheme**. This is due a combination of factors, including the exclusion of some categories of workers in the law, such as workers in small enterprises, agricultural workers, temporary workers and domestic workers, as well as high levels of non-compliance. Social security coverage of jobs is highest in the governorates of Al-Anbar, Dohuk and Suleimaniyah, and lowest in Al-Qadissia, Kerbela and Basrah.<sup>67</sup> Similar to most other countries in the region, Iraq does not encompass a comprehensive layer of non-contributory social security programmes, play an important role in complementing contributory social security schemes.

Coverage is positively correlated with the age of workers: **Younger workers are much less likely to be protected by social security**, reflecting the difficulties of younger workers to finding jobs in the formal economy under the current economic conditions (see also Inclusive Growth Thematic Working Group analytical paper). Likewise, social security coverage is strongly associated with levels of education; while such coverage for workers with postgraduate degrees is almost universal, only 1 in 4 workers with primary education or less is encompassed. Although no breakdown of social security coverage for men and women is available, it can be assumed that gender inequalities in employment patterns are also reflected in such access.

Most pensioners appear to be relying on support from families and community, which has important implications for the income security, rights and empowerment of older people, specifically, older women. Moreover, it must be noted that 1 in 10 Iraqi households are headed by women, more than 80 percent of whom are **widows**. Anecdotal evidence indicates that many have been **unable to secure financial assistance**, in the form of a widow's pension or compensation from the Government for the loss or debilitating injury of family members. As a result, many women heads of households are less likely to be able to afford to send their children to school, to pay fees to access private community generators, or to buy clean water or medicines unavailable for free through the health care system. In addition, up to 55 percent of women respondents in some recent surveys have reported being displaced or

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<sup>67</sup> COSIT, Ministry of Planning and Development Cooperation, Kurdistan Regional Statistics Organization and World Bank, IHSES 2007.

forced to abandon their homes at least once since 2003, constituting a major obstacle to adequate protection.

Elements of a basic social protection system continue to **need to be integrated into a comprehensive national social security strategy** that ensures that the various social programmes are progressively evolving in a coordinated manner, guided by international social security standards and best practices. In particular, the replacement of a universal food aid scheme by a new system of social protection benefits needs to be carefully designed in order to avoid undue hardship and inequity.

### *2.7.3 Issue: Patterns of Gender-Based Violence*

A very **worrisome pattern of gender-based violence (GBV) seems to be emerging**, although still difficult to document and under-reported because of fear of retaliations and cultural and religious taboos. The treatment of gender as crosscutting in all policy areas is still relatively new and underdeveloped. While Iraq's own strong cultural traditions place a high value on community and the family but in some areas lead to such practices as early marriage for girls, gender-based violence represents a stark violation of the rights of women.

The Iraq Family Health Survey 2007 reported that **1 in 5 married Iraqi women has been a victim of physical domestic violence, while 1 in 3 has been subjected to emotional violence**. Few differences are seen in the percentage by age, education or rural/urban residence, although marked differences exist between the Kurdistan Region (10.9 percent) and the south and centre (22.7 percent). At the same time, the MICS 2006 reported that nearly 3 in 5 women believe that a husband is justified to beat his wife.

In a statement in November 2008, the United Nations Special Rapporteur on Violence Against Women declared that "Iraqi women have seen their rights eroded in all areas of life." It also stated that "women are victims of rape, sex trafficking, forced and early marriages, murder and abduction for sectarian or criminal reasons; many are driven or forced into prostitution [...] To escape the cycle of violence, many women turn to suicide, sending a clear message of despair to their society." In a positive move, the KRG Minister of Human Rights in 2008 established committees on violence against women in the three governorates of the Kurdistan Region; among other recommendations, these committees concluded that investigation of crimes against women still is hampered by a lack of skills, training equipment and awareness.

Most forms of gender-based violence reported involve beatings, burns, sexual violence, "honour" crimes, mutilations and death execution-style. A greater exposure to forced marriages, domestic abuse of children and sexual exploitation also has arisen. **More than 4 in 5 Iraqi women report at least one form of marital controlling behaviour**, such as a husband being jealous or angry, insisting on knowing where the woman is at all times, or insisting on the woman asking his permission to seek health care.<sup>68</sup> The Iraqi Penal Code provides for lenient punishments for crimes regarded as "honour" killings, while medical or judicial authorities do not maintain relevant statistics for sexual violence.

### *2.7.4 Issue: Violence Against Children and Child Labour*

**Children also face sometimes severe disciplinary methods.** About 5 in 6 children aged 2-14 years have been subjected to at least one form of psychological or physical punishment by their mothers or caretakers or other household members, with almost 1 in 3 subjected to

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<sup>68</sup> Iraq Family Health Survey 2007.

severe physical punishment.<sup>69</sup> **Children with disabilities also represent an increasing concern**, as such children are discriminated against and institutionalized, with inadequate family- or community-based care practices that mainstream them.

Children's rights in Iraq are further constrained with regard to **child labour**, which is prohibited by the MDGs, the Convention on the Rights of the Child and the World Fit for Children document. Child labour – both a cause and a consequence of poverty – damages a child's health, threatens education and leads to further exploitation and abuse. In all, exploitation or abuse of children through child labour in Iraq remains inadequately addressed at community level.

The MICS 2006 estimates that **about 1 in 9 children aged 5-14 years work** (11 percent), using the definition for ages 5-11 or at least one hour of economic work or 28 hours of domestic work per week, and for ages 12-14 of at least 14 hours of economic work or 28 hours of domestic work per week. A total of 2 percent of these children participate in unpaid work for someone other than a household member, an equal percentage of children does household chores for 28 hours or more per week, and 7 percent work for family projects.

In urban areas children work on the streets shining shoes, begging, scavenging through garbage, carrying loads and working as street vendors. Anecdotal evidence also exists for an increase of children working in hazardous conditions in automobile shops and on construction sites. **Child labour varies profoundly among governorates:** In Babil, more than 1 in 5 children is involved; a relatively high percentage also is observed in Salahuddin and Al-Anbar. In contrast, child labour rates are least in Dohuk, Basrah and Kirkuk, at less than 7 percent. Overall, nearly double the children are involved in child labour in southern and central governorates (11 percent) compared to Kurdistan Region governorates (6 percent).<sup>70</sup>

**Boys work more than girls** (12 percent versus 9 percent), and a far higher percentage of children work in rural areas (18 percent) than urban areas (6 percent).<sup>71</sup> Results also show that children who work are less likely to participate in school. Involvement of Iraqi children in labour activities decreases as the mother's education increases; involvement is highest for children of mothers with no education (14 percent).

Economic constraints on families, exacerbated by conflict, have made prospects for child labour more attractive than school attendance, particularly in and around camps for displaced persons.<sup>72</sup> Schooling, especially girls' schooling, is often not considered a priority under such adverse circumstances. In addition to the linkages between low school attendance and socioeconomic difficulties faced by families, the quality of education provided may be a factor.

The Government ratified ILO Convention 138 on minimum age for admission to employment in 1985 and ILO Convention 182 on the worst forms of child labour in 2001. The minimum age for employment is 15 years. However, relevant Ministries with responsibility for overseeing labour inspections and other duties have **limited enforcement capacities**, mainly related to the lack of trained inspectors and to overall constraints on financial and technical resources. This is further complicated by the overall security situation. Even so, since 2005 the federal Government and the Kurdish Authorities have been implementing several

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<sup>69</sup> MICS 2006.

<sup>70</sup> Ibid.

<sup>71</sup> Ibid.

<sup>72</sup> National Report on the Situation of Human Development 2008.

initiatives aimed at sheltering vulnerable children and providing benefits and services to families to reduce poverty and assist former and current street children.

#### *2.7.5 Issue: Wider Implementation of Children's and Women's Rights*

Remaining challenges include mainstreaming the rights of vulnerable groups such as women, children and IDPs and refugees within the State – that is, strengthening the institutional capacity of the Government to initiate and implement projects that further equality of these groups – which is critical in guaranteeing overall equality of opportunity in Iraq.

**A wider implementation of child rights** is crucial; likewise, there particularly exists a **need to reach a broader audience to counteract institutional barriers in the family and the workplace** to enable women's full participation in all aspects of society. In addition, the dwindling supply and quality of natural resources, coupled with inadequate governance mechanisms to ensure they are accessible to vulnerable groups, represents a key challenge that if unaddressed harbours the potential to result in social conflict. In particular, a fundamental need exists to incorporate women's rights into natural resource management, including in their role with regard to obtaining household water amid scarcity.

As noted above, a broad legal framework exists, although implementation remains problematic. At the same time, resolving gender equality, for both women and men, revolves around numerous education, health and employment issues, as indicated throughout this document. Only in doing so can Iraq's full commitment to the realization of rights for all its people be demonstrated.

#### *2.7.6 Analysis of Immediate and Underlying Causes of Key Issues*

When implemented effectively, social protection and social welfare policies and programmes can make a major contribution to the overarching MDG goal of poverty reduction. This includes initiatives in the areas of labour market policies and programmes, social insurance, social assistance for the most vulnerable groups, addressing vulnerability at the community level, and child protection to ensure the healthy and productive development of children. Duty bearers that hold an obligation to fulfill the entitlements for ensuring quality protection services are primarily State actors and institutions at various levels of the governance structure, as well as non-State actors – including civil society itself – that can influence the rights of others. Within this context, analysis of some of the key issues in Iraq has revealed:

##### **Immediate causes of key social protection issues:**

- Inadequate knowledge and skills of professionals working with protection issues (social workers, teachers, health workers, judicial personnel), particularly to recognize, respond and report cases of violence, abuse and neglect
- Insufficient data on protection issues gathered and mainstreamed in national policies and plans
- Limited access to information amongst rights holder that would empower them to protect themselves from abuse, violence and exploitation and able to participate meaningfully in decision-making processes at family and community levels
- Inadequate recovery and reintegration services for women and children who are victims of violence, abuse and exploitation
- Gaps in child-friendly and gender-sensitive protective laws, regulations and recourse mechanisms
- Limited national capacity to conduct mine clearance or advocacy activities, as well as psycho-social rehabilitation opportunities; limited information on the full impact of landmines and explosive remnants of war in Iraq

##### **Underlying causes of key social protection issues:**

- Underdeveloped Government commitment to fulfil protection rights in terms of allocations to financial, material and human resources for social safety net and protection issues, particularly for vulnerable groups
- Limited open discussion of and engagement with protection issues in communities and families
- Harmful attitudes, traditions and practices within families that violate the rights of members, particularly women and children, to be free from violence, exploitation, trafficking and other abuse
- No comprehensive system for relevant mine/explosive remnants of war surveillance, data collection and analysis
- Low school attendance and poor quality of education

## **2.8 Ensuring Quality Transport and Communications Services**

The Government sees transport and communications as of vital importance in its support of economic activity and stimulation of production. The sectors' activities remain complex, with the involvement of more than 10 Ministries and up to 12 percent of the Government budget allocated in 2008.

### *2.8.1 Issue: Absence of Sustainable Management, Regulation and Resources*

While many physical facilities have been restored in recent years, the **absence of sustainable management, regulation and resources** continues to be a key issue, with continued heavy involvement of the State and limited private sector participation. Capital and recurrent expenditure needs are expected to remain significant, for both infrastructure and service components, and are likely to be well beyond Government capacity to centrally fund. Thus, it will be essential that enhanced planning and management across the sectors is available to optimize investment and to encourage a private sector role.

Although Iraq developed an extensive transport system – road, rail, air and maritime – some 30 years ago, the system of infrastructure and services remains sub-optimal, with deteriorated assets, management and service levels. All sub-sectors remain dominated by public sector providers, with relatively high costs. **Opportunities for efficiencies exist**, and institutional reform and regulatory enhancement will be necessary to achieve competitive services. Assistance in the transport sector, including in capacity development, remains within a United Nations mandate; recent projects in civil aviation, ports and land transport have established a base that requires further development.

### *2.8.2 Issue: Lack of Enabling Environment*

The **lack of enabling legal and regulatory environments for telecommunications and the Internet**, in a rapidly convergent technological area, also remains a key problem for Iraq. Experience from around the world has shown that the private sector can play a significant role in communications infrastructure and services. Attention is needed, however, in ensuring competition and community service obligations are met across the spectrum of services, with costs reduced to levels of adjacent countries. In addition, United Nations involvement in media development is particularly relevant to a continued role in the telecommunications sector, as are the roles of a number of United Nations specialized Agencies in both sectors.

In terms of meeting the MDGs, the main mechanisms by which the sectors can meet poverty eradication targets is by reducing the costs of trade and improving accessibility. Investment in

infrastructure and services in the sectors also creates employment, can reduce the cost of providing most social and economic services and, through consideration of access by disadvantaged/vulnerable groups and certain external factors, can affect all MDGs. Close linkages among transport and communications services, economic growth and governance reform need to be recognized, with multi-component interventions likely to be more effective in addressing identified problems.

### *2.8.3 Analysis of Immediate and Underlying Causes of Key Issues in Ensuring Quality Transport and Communications Services*

It will be necessary to further establish efficient, integrated transport and communications systems as a basis for the physical integration of Iraq, so as to facilitate the movement of national and international traffic, foster trade and enable the achievement of self-sustained economic development. Duty bearers that hold an obligation to fulfill the entitlements for ensuring quality transport and communications services are primarily State actors and institutions at various levels of the governance structure, as well as non-State actors – including civil society itself – that can influence the rights of others. Analysis of some of the key issues reveals:

#### **Immediate causes of key transport and communications services issues:**

- Inefficiency of transport and communications networks in all governorates, including congested and blocked streets and a high number of checkpoints
- Acts of vandalism
- Insufficient financial allocations and investments for construction and maintenance
- Need for review of overstaffing to address targeted budget issues

#### **Underlying causes of key transport and communications services issues:**

- Need to create enabling environment through application of appropriate policies and timeframe
- Need to amend and update organizational, operational and managerial structures to improve services, as well as for simplification of measures such as opening of bids and offers
- Need for introduction of new technologies to ensure systemic efficiency
- Weak private sector participation in implementation and/or investment

### **III. Analysis of Crosscutting Root Causes for Key Issues in Ensuring Quality Essential Services**

This Thematic Working Group analysis is synchronized with national priorities as embodied in the National Development Plan 2011-2015, and the United Nations is supportive of Government efforts toward quality social services to achieve the MDGs. Analysis has divided key areas of issues into Ensuring Quality Education Services; Ensuring Quality Health and Nutrition Services; Ensuring Quality Water and Sanitation Services; Ensuring Food Security for All; Ensuring Housing Security for All; Ensuring Quality Protection Services; and Ensuring Quality Transport and Communications Services.

#### **The root causes for all the above challenges to quality essential services in Iraq, which are interlinked, can be traced to:**

- Loss of social reconciliation that undermines communities' and regions' capacity to respond to increasing development challenges
- Long-term destruction and neglect of essential services arising from previous armed conflicts and regime decisions
- Insufficient livelihoods and a shortage of human resources that can propel social reforms
- Inadequate national investments in essential services

#### **IV. United Nations Comparative Advantages**

Many essential services have almost ground to a complete halt in Iraq in recent years. Not only has the conflict and widespread violence constrained the Government in efforts to rebuild the country and restart the provision of the basics of modern life, such as drinking water, sewerage, electricity and adequate health care, but acutely insufficient capacity is available to revive these services. Yet availability of and access to quality services remain a key priorities and require strong further improvement, given their centrality to peace, national reconciliation and overall development.

The United Nations' comparative advantage begins with its more than two-decade-long engagement with and commitment to development of basic services in Iraq, coupled with its worldwide commitment to the rights to education, health, water and sanitation, decent housing, and social protection, particularly for vulnerable groups. Its political neutrality and nonpartisan assistance are complemented by equally long experience both in addressing vulnerable groups, including children and adolescents, women, refugees and others. Moreover, its global experience in transitional situations, normative values and knowledge base can prove invaluable in a country such as Iraq. Fostering of genuine partnerships with all stakeholders – bilateral donors, non-Government institutions, civil society and international financial institutions, among others – represents a significant United Nations strength.

Specifically, the United Nations offers comparative advantages in promoting livelihoods and life skills to bring Iraq to par with international standards, as well as in fostering social dialogue toward the formulation of comprehensive gender-sensitive and child-friendly social policies. Policy-level work also can be expanded to encompass strengthening mechanisms for performance management of staff employed in essential services systems. Technical assistance and needs assessments will be critical to expand relevant structures and service delivery beyond Government and to establish firm linkages to the private sector and NGOs; excellent opportunities congruent with the United Nations mandate exist for developing models for alternative provision of social services. Life-cycle investment planning to promote child-friendly and gender-sensitive budget development represents a key opportunity. Critically, the United Nations' comparative advantages on related issues such as public administration reform and community empowerment offer cross-cutting relevance to the social sectors as well.

The national capacity development paradigm that represents the heart of the United Nations' mandate stands as a particular comparative advantage and will be heavily emphasized in “turning black gold into human gold.” An important opportunity specifically exists for the

United Nations to build capacity that recognizes human rights, specifically those of women, children and other vulnerable groups, including IDPs and refugees. Across all sectors, strong support is available to ensure more reliable and disaggregated data collection, analysis and dissemination. In response to remaining inefficiencies, inequalities and quality issues in the education sector, for example, the United Nations can support the Government's capacity to develop sound policies, increased budget allocations and evidence-based analysis, monitoring and evaluation; likewise, it can further promote the rights of children, especially girls, and people with disabilities.

In education linked to economic development, the United Nations can provide capacity strengthening to Government and local administrators to improve the quality and relevance of both education policies and service delivery. Likewise, strengthening Government capacity can ensure more robust systems for evidence-based planning, implementation and MDG reporting. Technical assistance, capacity development and strengthened analysis and research can support revision of education norms and standards, along with helping to improve the retraining system for teachers and implementation of revised curricula. Improving the quality of the education environment for both girls and boys – along with strengthening community efforts for early childhood development and increasing awareness for education rights and participation at all levels, including among children and parents – are further key components where the United Nations possesses a comparative advantage.

The United Nations collectively brings multifaceted strengths to the challenges of the health and water and sanitation sectors. Again, it is uniquely positioned to support national capacity development that will enhance the number of qualified personnel, through comprehensive training, monitoring and evaluation at all levels; provision of resources, inventory and inputs into how technical potential can be developed; and assistance toward more reliable statistical data. Likewise, it can bring technical assistance for developing rights-based and gender-sensitive policies as well as evidence-based interventions. For example, the United Nations is well-placed to provide guidance on reducing infant and child mortality and in achieving MDG targets on clean water and improved sanitation, both in the formulation of relevant strategies and in leveraging financial resources and partnerships. In addition, it can support further development of clinical protocols, research and assessments to underpin more effective health norms and standards.

The United Nations also has extensive experience in promoting and integrating a holistic approach to reproductive health and rights. In the field of HIV response, the United Nations is viewed as a neutral, competent and reliable partner, uniquely equipped to promote and support nationally-owned and -led responses. It is well situated, for example, to improve overall low public awareness of HIV, particularly among young people. In disaster risk management, the United Nations can build upon its global experience in advocating for disaster risk reduction and in involving community members, especially women, in taking preventive management measures.

Yet capacity development with regard to human resources is only a part of the whole: As noted throughout this document, important capacity gaps exist at both individual and institutional levels. Thus, Iraq also needs effective systems, which have suffered years of neglect, initially because of two wars and then because of economic sanctions. For decades, limited attention has been paid to the review and development of institutions, strengthening of legal frameworks and assessment and correction of systems. Opportunities exist for the

United Nations to offer key policy support – and to ensure that institutions are built and systems strengthened so that effective policies targeting the most vulnerable are developed.

An opportunity also exists in strengthening decentralized, governorate-based programming to plan for and attain the MDGs at disaggregated levels. It is increasingly clear that successful and timely achievement of MDGs will be heightened if management can be decentralized to provide the necessary impetus, and if systems continuously evolve. At the same time, the cost of development strategies for governorates will have to be assessed; national and governorate development plans must be complementary. Systematic decentralized planning processes at the governorate and sub-governorate levels are yet to mature, but unless accelerated and targeted governorate-based programming is undertaken with proportionate budgetary allocations and a focus on vulnerable groups, Iraq will be severely challenged in efforts to meet the MDGs and deliver quality essential services for all.