

**JOINT  
GOVERNMENT OF IRAQ-UNICEF  
PROGRAMME REVIEW**

**1990-2000**

**OVERVIEW REPORT**

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>3</b>
<b>1. INTRODUCTION</b>	<b>6</b>
1.1 Background of the Programme Review	6
1.2 Objectives of the Programme Review	7
1.3 Programme Review Process and Methodology	7
1.4 Programme Environment - Opportunities and Challenges	9
<b>2. PROGRAMME REVIEW FINDINGS</b>	<b>11</b>
2.1 Trends in the Situation of Children and Women, 1990-2000	11
2.2 Interventions and Achievements	15
2.3 Major Findings and Neglected Areas	31
<b>3. PROGRAMME REVIEW RECOMMENDATIONS</b>	<b>35</b>
<b>Annexure 1:</b> List of Programme Review Resource Persons	40
<b>Annexure 2:</b> Trends in Programme Resources	41
Programme Budget Allocation by Sector 1990-2000	41

## Executive Summary

While routine evaluations were carried out as part of the regular assessment and planning process during the last ten years, UNICEF has not had the opportunity to conduct an overall review of programme interventions. In preparation for the next country programme for 2002-2004, it was felt that a comprehensive review of the past ten years was necessary for both UNICEF and the Government of Iraq to assess progress made, reflect on challenges, and use lessons from the past experience to inform planning for the future. This report documents the process, findings and analysis that were derived from the review of existing documents covering the last ten years and participatory workshops held for all sectors.

This programme review is unique as it is the first ten year country programme review exercise for UNICEF. Normally the review exercises include the Annual Review, the Mid-Term Review, and the end of the five-year cycle review.

The period 1990-2000 has been a unique and challenging time for UNICEF. The cumulative effects of two wars and the sanctions that followed led to a sudden change in not only the political-economic context, but also the whole dimension of publicly provided social services. Iraq was one of the few countries in the region which had invested heavily during the eighties to provide its citizens with free or heavily subsidized social services in the different sectors such as health, basic education, water supply and electricity.

This situation changed in 1991 due to the cumulative effects of two wars and new economic constraints associated with the imposition of far reaching economic sanctions. Rapidly declining social service provision is reflected in the infant mortality rates which rose from 47 deaths per 1000 live births between 1984-1998 to 79 between 1989-1994 and to 108 between 1994-1999. The nature of UNICEF's resource support to the Government also underwent a change from the provision of emergency support to children and women in distress, to using UNICEF resources to complement the rehabilitation process from resources generated by the Memorandum of Understanding (MOU)<sup>1</sup>. However, the thematic thrust of UNICEF supported interventions has remained the same throughout the decade: to focus on the needs of children and women in the areas of health, nutrition, primary education, and drinking water supply.

Overall, the country programme contribution to the improvement of the situation of women and children in the last ten years has been impressive. With the onset of the emergency situation in 1991, UNICEF's immediate response was based on a strategy of relief, rehabilitation and development of existing networks and the promotion of preventive care.

For nutrition, the initiation of supplementary therapeutic feeding programmes through hospital based nutrition rehabilitation centres was a key achievement. In addition, a new initiative of community based and volunteer run Community Child Care Units for the screening and monitoring of malnourished children was established and has expanded rapidly to more than

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<sup>1</sup> The Memorandum of Understanding (MOU) refers to the agreement between the Government of Iraq and the United Nations following the adoption of Security Council Resolution 986 (SCR986). The MOU was signed in 1996 and it allows Iraq to export oil and use the funds from this to procure essential humanitarian supplies. The programme is also referred to as the Oil for Food Programme (OFFP) and is renewed by the Security Council on a six monthly basis.

2,500 units in the country. UNICEF has also supported a programme incorporating Vitamin A supplementation with immunization activities. The Health Facility Study in 1997 showed that 80% of infants received Vitamin A together with the measles vaccine. This is a significant achievement.

In health, emphasis was placed on the rebuilding of the primary health care system through the training of traditional birth attendants, resumption and re-activation of the routine immunization programmes and launching of the control of diarrhoeal disease programme as well as a programme for the control of acute respiratory infections. Two key achievements have been the full resumption and re-activation of the Ministry of Health's Expanded Programme on Immunization (EPI) and the establishment of Oral Rehydration Therapy (ORT) corners in a number of hospitals and Primary health Care centres accompanied by substantial progress in the use of ORT. The UNICEF programme in support of immunization has been critical in a period of fluctuating and generally deteriorating health services and has been the flagship programme supported by UNICEF.

The most important interventions supported by UNICEF in the education sector were school rehabilitation/reconstruction, rehabilitation of the chalk factory, and the ongoing rehabilitation of the textbook printing press. In addition, the distribution of educational kits to students and teachers during the period 1993-1996 was crucial because the country was facing serious shortages of education supplies and this activity significantly contributed to ensuring access to basic educational services.

Regarding child protection, since 1997 UNICEF has emphasised a shift from a supply-oriented approaches towards capacity building and human resource development in specific technical areas. This has been particularly important for the childhood disability project, which has benefited from an emphasis on the improvement of basic services and the identification of beneficiaries' needs. At the same time, an advocacy initiative was started for the introduction of new areas of concern, particularly working and abandoned children. Service delivery through the provision of supplies and physical rehabilitation of buildings served as an entry point to begin to address quality issues and other elements of the programme.

In the water and environmental sanitation programme the focus of UNICEF supported interventions prior to the MOU was on the supply of chemicals for water purification; supply of equipment, spares and other parts for repair and replacement; and training of personnel on maintenance of the system. With the MOU in operation, the emphasis has shifted to supporting the transport and installation of equipment and spares, training of operation and maintenance personnel and improving water quality monitoring. An important initiative has been to build up a management information system for tracking operation and maintenance requirements, water supply quantity and quality and management of the system.

In the early 1990s intensive lobbying and advocacy was undertaken to ensure the iodization of salt in Iraq. In 1993 a national coordinating committee was established and a plan of action for salt iodization was outlined. Legislation was adopted in 1996 and the action plan reviewed in 1998. Currently, only iodized salt is distributed in food rations and household use of iodized salt is over 90%.

UNICEF/WHO supported polio campaigns are well known and very successful campaigns. The media campaigns have been accredited to having played a critical role in achieving almost universal coverage during Polio National Immunization Days (PNIDs).

Achievements throughout the past decade have been significant, especially given the multi-layered constraints to long term planning and programme implementation, as a result of the emergency situation and the short six month cycles of the MOU/Oil for Food Programme. However, there is room for improvement in terms of building upon current strategies as well as exploring new initiatives to address issues and the special needs of vulnerable groups that are not receiving adequate attention.

Current interventions are now well established within the country and it is now time to refine the impact of interventions through focussing on improving the quality of services as well as addressing access and coverage issues to ensure inclusion of the most vulnerable groups. In addition, given the importance of capacity building and training on both programme delivery and portion of funding allocation, it is necessary to strengthen and expand current training methodologies to a more comprehensive, inter-sectoral approach. Similarly, an inter-sectoral approach is required to address some gaps in programming, such as early childhood care and development, girls' education, and safe motherhood. Finally, monitoring and promotion of the Convention on the Rights of the Child needs to continue in a more targeted manner.

**JOINT GOVERNMENT OF IRAQ-UNICEF PROGRAMME REVIEW**  
**1990 – 2000**

**OVERVIEW REPORT**

## **1. INTRODUCTION**

### **1.1. BACKGROUND OF THE PROGRAMME REVIEW**

During the last ten years routine evaluations were carried out as part of the regular assessment and planning process. However the Government of Iraq and UNICEF have so far not had the opportunity to conduct an overall review of programme interventions. In preparation for the next country programme for 2002-2004, it was felt that a comprehensive review of the past ten years was necessary for both UNICEF and the Government of Iraq to assess progress made, reflect on challenges, and use lessons from the past experience to inform planning for the future. This report documents the process, findings and analysis that were derived from the review of existing documents covering the last ten years and the participatory workshops held for all sectors.

To facilitate this major programme review exercise, the UNICEF country office put together a team of twelve resource persons. The team included three programme review consultants, two sectoral consultants, one advisor from UNICEF Khartoum, two senior advisors from UNICEF New York Headquarters, and three senior advisors and the planning officer from the regional office in Amman. (See Annexure 1 for full list of resource persons). The team of three programme review consultants was led by a senior consultant with experience and knowledge of planning and coordination of UNICEF programmes and who had the stature to interact and negotiate with senior level government counterparts. The other two members of the team had rich experience in evaluation of social development programmes, skills in analysis and synthesis, and the ability to handle complex issues.

This ten year country programme review in Iraq has been a unique exercise in many ways:

- It is the first ten year country programme review exercise for UNICEF. Normally the review exercises include the Annual Review, the Mid-Term Review, and the end of the five-year programme cycle review;
- It takes stock of the major achievements and lessons learned from the past five two-year bridging programmes;
- It is being held in Iraq where UNICEF has a dual responsibility of supporting country programme implementation as well as playing a critical role in the observation of the equitable distribution of humanitarian inputs related to the Memorandum of Understanding<sup>2</sup> (MOU) in the South and Centre of Iraq;

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<sup>2</sup> The Memorandum of Understanding (MOU) refers to the agreement between the Government of Iraq and the United Nations following the adoption of Security Council Resolution 986 (SCR986). The MOU was signed in 1996 and it allows Iraq to export oil and use the funds from this to procure essential humanitarian supplies. The programme is also referred to as the Oil for Food Programme (OFFP) and is renewed by the Security Council on a six monthly basis.

- It involves relatively large resources. UNICEF resource allocation (RR plus OR) during the last ten years amounted to \$238 million;

## 1.2. OBJECTIVES OF THE PROGRAMME REVIEW

The major objectives of the programme review were the following:

- a) Assess the relevance and effectiveness of UNICEF assisted interventions in Iraq over the period 1990-2000.
- b) Assess the appropriateness of key UNICEF programming strategies in Iraq with regards to the priority needs of women and children, particularly since 1996.
- c) Distill lessons learned from the UNICEF assisted programme experience.
- d) Identify gaps in current programming practices and recommend priorities and modifications for UNICEF's future role and programme intervention support.
- e) Provide specific inputs to the upcoming situation analysis and new country programme of cooperation.

## 1.3. PROGRAMME REVIEW PROCESS AND METHODOLOGY

The programme review followed a multi-layered process structured around the following:

- a) **Desk Review:** This comprised of a review of relevant reports, documents, and other published and unpublished materials on UNICEF's work in Iraq since the early 1990s. A review was made of the Master Plan of Operations (MPO) and Annual Reports (1990–2000), various study reports, as well as other secondary sources of information. Key issues that came from this review formed the basis for discussion during the sector workshops. During the desk review process, consultations were held between counterparts and UNICEF Baghdad staff with a view to clarifying issues and themes for inclusion in the review.
- b) **Participatory Workshops:** Five sector based workshops were conducted in Baghdad and brought together more than 300 stakeholders in the UNICEF-supported programme. Participants included Programme Managers from the central and governorate levels, non-governmental organizations, UN agencies, sectoral specialists and programme review consultants.

Workshops were held to seek participants' contributions to the review and to share with the participants some of the emerging issues from the desk reviews for their discussion. The workshops also aimed to generate comments and suggestions for making improvements to the Government of Iraq and UNICEF's future programmes of cooperation. The use of the Visualization in Participatory Processes (VIPPP) method proved to be an effective device to promote wider participation and, although it met with considerable resistance at first, by the end of each of the workshops most agreed that it had been helpful in stimulating discussion.

- c) **Rapid Assessment:** UNICEF and the Government of Iraq are planning to undertake small survey based studies around specific themes which will provide additional information on both the status and effectiveness of interventions in different sectors. These will be undertaken early in 2001.
- d) **Sector Reports:** Five sector reports were prepared in the areas of Health and Nutrition, Water and Environmental Sanitation, Education, Child Protection, and Communication. The programme review consultants worked closely with the sector staff to produce the final sector reports.

The majority of these processes were undertaken simultaneously during the review process due to time constraints and did not follow a chronological sequence. Multiple inputs provided by these subprocesses were then synthesised into this final overview report and the final sector reports.

### **Limitations of the methodology**

This review focussed exclusively on the programme aspects of UNICEF supported interventions. Hence its title “Programme Review”. The review excluded from its scope the management aspects of programme implementation such as organizational structures and capacities, operational systems and staff skills.

**Community perceptions and views:** Owing to limited time and other organisational constraints it was not possible for the review team to meet with beneficiary communities of the UNICEF supported programme, particularly women and children. This limited the extent to which the team could gauge community perceptions about the contribution of the Government of Iraq UNICEF programme in making improvements to their lives. It also limited the extent to which community aspirations and propositions could be articulated in the review process.

**Sources of information:** Only country programme documents were used for the review. This may have reduced the range of information sources, particularly with regard to other similar programmes and/or opportunities for future programming. While it was noted that the bulk of the information on the sectors under review exists at the UNICEF office, it was felt that in future, efforts should be made to examine other external sources of information.

**Workshop participants:** Participants to workshops were mostly drawn from Baghdad. This is likely to have limited the sharing of the rich experiences that practitioners from other areas, where most programme interventions have been targeted, may have.

#### **1.4. PROGRAMME ENVIRONMENT – OPPORTUNITIES AND CHALLENGES**

The period 1990-2000 has been a unique and challenging environment for UNICEF. The cumulative effect of two wars and the economic sanctions that followed led to a change in not only the political-economic context, but also the whole dimension of publicly provided social services. Iraq was one of the few countries in the region which had invested heavily during the eighties to provide its citizens with free or heavily subsidized social services in the different sectors such as health, basic education, water supply and electricity. The subsequent economic constraints faced in the 1990s have led to a significant deterioration of this system.

The pre 1990 public (state run) social services system allowed Iraqi citizens a high level of access to all social services. Health care services were provided through a network of public hospitals and Primary Health Care centres to all citizens; primary education was compulsory and enrolment was one hundred percent; and water and electricity were supplied virtually free of charge.

This situation changed in 1991 due to the cumulative effects of two wars and the imposition of comprehensive economic sanctions. Rapidly declining social service provision is reflected in the infant mortality rates that rose from 47 deaths per 1000 live births between 1984-1998 to 79 between 1989-1994 and to 108 between 1994-1999. Since the Memorandum of Understanding was restricted only to humanitarian supplies in the first seven phases, complementary cash resources for transport, salaries, operations and maintenance needed to be generated from other sources. SCR 1330, which took effect on 6th of December, allows for a “cash component” within the SCR 986 programme in the south and centre of Iraq. However there is still much work to be done to get an agreement on the modalities for implementing the cash component. This agreement will determine the impact of this provision on the ground.

The nature of UNICEF’s resource support to the Government of Iraq also underwent a change from the provision of emergency support to children and women in distress to using UNICEF resources to complement the rehabilitation process from resources generated by the MOU. However, the thematic thrust of UNICEF supported interventions has remained the same throughout the decade: to focus on the needs of children and women in the areas of health, nutrition, primary education, and drinking water supply.

The programming context within which UNICEF works is complex. The procedural imperatives of Government policies, MOU policies and guidelines and UNICEF’s own corporate policies all have to be taken into consideration. These policies are not always consistent with each other or responsive to ground level realities. Hence the overarching environmental context cannot be defined along a unilinear dimension. This situation has its implications both for programme planning and programme implementation.

#### **Future Opportunities and Challenges**

The key features that characterize the programme environment within which UNICEF supported interventions are being implemented currently include:

- The country programme has adopted a mix between short-term rehabilitation and service delivery approach on one hand, and a longer-term institutional and capacity building

development approach on the other hand. The regular programme has enabled UNICEF to use its long term experience to add value to the opportunities that are presented by the MOU.

- The country programme focuses all its efforts on the survival and development needs of children and women in Iraq through both the regular and emergency programme. The continuous presence of the programme in the country since the 1980s gives UNICEF an edge in understanding how the present situation has evolved, its impact on women and children, and hence a better appreciation of (and projection of) the opportunities and challenges that remain.
- UNICEF has built a pool of dedicated staff committed to serving children and women and possessing both emergency and regular programme skills. The staff are the most valuable asset to the agency and should continue to be motivated and valued.
- A unique and positive partnership relationship exists between the Government of Iraq and UNICEF. UNICEF has effectively made use of country programme funds in order to complement the MOU even under the very difficult and restrictive context of the MOU.
- UNICEF has had a continued and responsive presence in Iraq throughout the past decade and even before the emergency phase. Especially notable is the rehabilitation of the water supply system.
- There is a large base of qualified technical personnel in many directorates and general levels of education and literacy are high.
- Basic infrastructure such as roads are still of high quality allowing for quick coverage in programmes. Seventy percent of the population is urban which reduces the problem of programme implementation to dispersed settlements.
- There is very limited experience in community and civil society participation in the management of social services.
- The supply management function for all programmes is complex and the MOU is restricted to specific supplies.
- Achieving gender parity is not perceived to be a major social issue.
- There is a sectorally and vertically structured directorate system through which services and programmes are planned and implemented, leading to insufficient scope for need-based cross sectoral programming.
- Rehabilitation of existing social service systems (health, schools, water supply) continue to be a priority need, leaving limited scope for other kinds of development programming.
- Complementary services, such as electricity supply, are emerging as major constraints that affect social service provision.

- Low cost technology options are not being considered because of the historical tradition of not having to consider resource constraints.
- The prevailing goal of social service provision is to reach universal coverage therefore less attention is given to problems of access and equity of particularly vulnerable groups or locations.

## **2. PROGRAMME REVIEW FINDINGS**

While the individual sector reports look at the detailed data and have sector specific lessons learned from experience and recommendations, this report only distils the major cross sectoral issues. **Therefore this overview report needs to be read in conjunction with the sectoral reports and is not a substitute or summary of these.**

Programme review findings have been organized in terms of:

- Trends in the situation of children and women between 1990-2000;
- UNICEF supported interventions and achievements;
- Major findings and neglected areas; and,
- Recommended actions for the future.

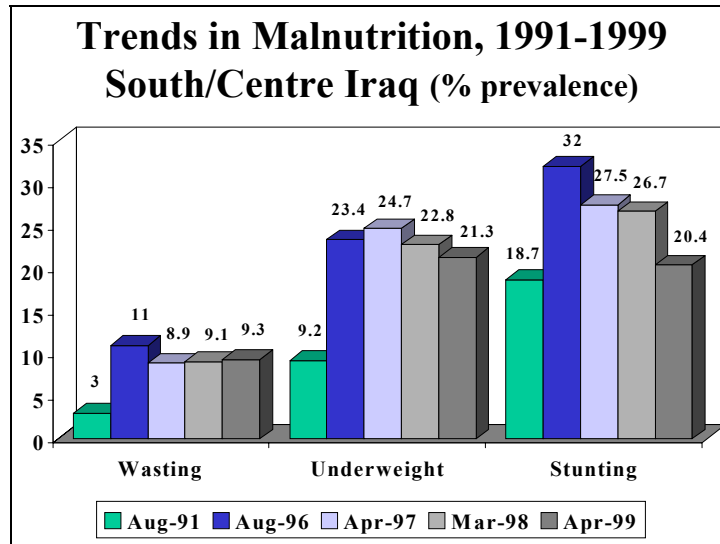
### **2.1. TRENDS IN THE SITUATION OF CHILDREN AND WOMEN, 1990-2000**

The key indicators that define the situation of children and women over the last decade in Iraq are given below. It is difficult to specifically attribute how much influence UNICEF supported interventions have had on these. However, the trends do give an idea of where progress has been weak, which are still the neglected areas and where greater future focus is required.

The Government of Iraq has been providing food rations to all families in the country since the 1980s. However, it was only after 1990 that these food rations became critical for the survival of a large number of families in the country. The average availability of calories in the food ration before 1997 was only 1093 calories, meeting approximately 40 percent of daily requirements. This improved to 2030 calories in Phase I of the MOU (December 1996 – June 1997) and further improved to 2472 in Phase VIII (June 2000 to December 2000). However, the proportion of income spent on food was 72 percent of the average household income (Central Statistics Office survey 1994) as monthly food rations only last two thirds of the month (FAO/WFP mission, April 2000). Moreover, given that average salaries only range between US\$3-6 per month, basic survival needs for food still remain a major concern.

The current situation in Iraq demonstrates an intrinsic link between mortality, morbidity and nutrition. Among under-five children, every fourth child suffers from moderate to severe malnutrition. The rate of stunting showed a steep rise from 18.7% in the year 1991 to 32% in the year 1996. This deterioration seems to have been arrested since 1996, although at an unacceptably high level. The quality and quantity of food that is available, and its availability to different sections of the population, declined significantly over the ten-year period.

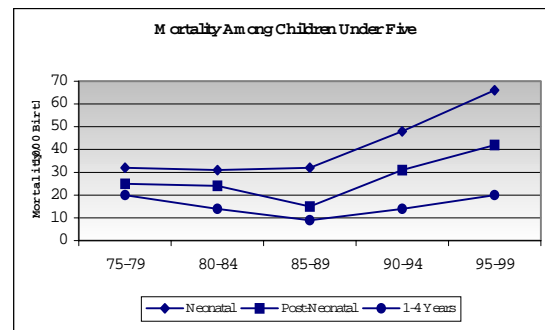
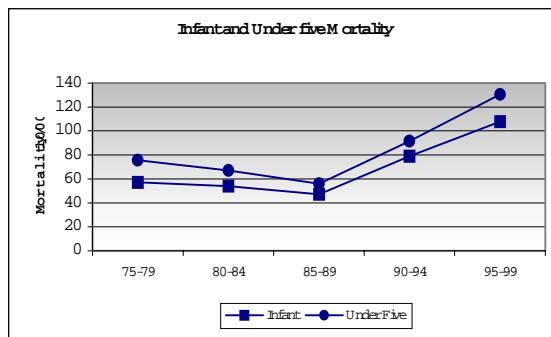
Trends in malnutrition from 1991 are illustrated below.



**Figure 1: Trends in malnutrition in Iraq (South/Central): 1991-1999**

**Note:** Studies conducted in 1991 and 1996 were community based and studies in 1997, 1998 and 1999 were based on children attending Polio NID campaigns, hence there may be selection bias.

Evidence from the 1999 UNICEF supported Infant, Child, and Maternal Mortality Survey (ICMMS) shows that the infant mortality rate increased from 47 deaths per 1000 live births between 1984-1989 to 79 deaths per 1000 live births in 1989-1994 to 108 deaths per 1000 live births in 1994-1999. The under-five mortality rate also rose to 131 deaths per 1000 live births in the period 1994-1999, from 56 deaths per 1000 live births in the period 1984-1989. The following figures show the mortality curves for the neonatal, post-neonatal and 1-4 year population.



**Figures 2 and 3: Mortality among Infants and Children under five years of age, Child and Maternal Mortality Survey, 1999.**

Regarding education, the gross enrolment rate in kindergartens in Iraq has declined from 8.2% in 1991 to 6.8% in 1998. This means that the system serves less than ten percent of the population in the 4-5 year old age group. In addition, the current system does not cater comprehensively for the care and psychosocial development needs of children. Although primary education has been

compulsory in Iraq since 1976, an estimated seven percent of children aged 6-11 years are presently out of school<sup>3</sup>. The need to earn extra income pushes many children to work to contribute to the family income. This has led many parents to delay the time when their children start school, to retain children at home, and to reduce girls' attendance. Data from the government-prepared Education For All (EFA) report indicates that from 1990 to 1998, approximately 22.6 % of children did not enroll in school, of which 10.6 % did not enroll in primary schools. In addition, there has been a slight increase in the rate of pupils dropping out from primary schools in 1998. Evidence suggests that the decline in enrolment is greater in rural than urban areas, and higher among girls. In urban areas the drop in enrolment is higher among children from families with low incomes.

Evidence indicates that girls' enrolment in school differs from boys' enrolment for various reasons including girls helping the family and working in the home, which further deters girls from attending school. Official data from the Ministry of Education for the year 1999 shows that there is a difference of 15.4% between boys and girls who are enrolled in primary schools, and a difference of 14.1% percent at the secondary level. The gross enrolment ratio in 1997-1998 was 103% (male 110.4% and female 95.1%). Net enrolment for 1997-1998 was 93.1% (male 96.3% and female 87.6%).

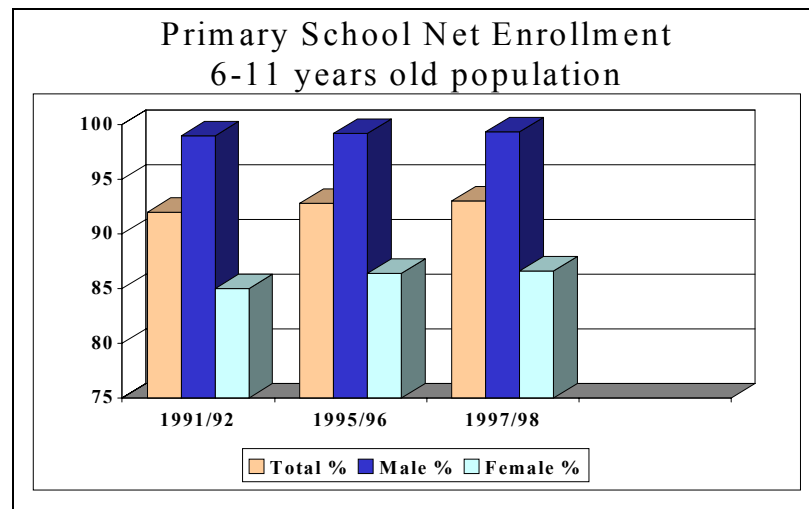


Figure 4: Primary school net enrollment. (Education For All, 1998).

In the area of water and environmental sanitation, the damage to service delivery, systems and infrastructure has been considerable.

In 1991 water systems were operating at an average of 50-60% of their pre 1990 capacity in urban areas. Before 1991, the potable water coverage for urban and rural areas was 95% and 75% respectively. Although the urban coverage showed a slight decline to 94% in 1997 and 92.4% in 1999, the rural coverage dropped drastically to 41% in 1997 and improved slightly to 45.7% in 1999. In addition to the already large gap in urban and rural access, there has been a dramatic drop in domestic per capita share of water for both rural and urban areas. Before 1991, the urban

<sup>3</sup> Education For All Report.

share was between 250-330 litres per day and the rural share was 180 litres per day. In 1999, the urban and rural shares were between 110-150 and 65 litres per day respectively.

In both rural and urban areas severe shortages of chlorine powder and liquid chlorine gas cylinders meant that most of the water reaching consumers was untreated, and therefore of poor quality. The quantities of liquid chlorine gas received by the General Corporation for Water and Sewerage (GCWS) and Baghdad Water and Sanitation Authority (BWSA) during the period December 1996 - July 1997 were only 350 tons which is much less than just one months requirement.

Safe drinking water is now a nation-wide problem in Iraq. The cumulative effects of two wars and economic sanctions have lead to a massive deterioration of the water distribution network. The water quality has been heavily compromised and while restoration work is underway, children and women are exposed to water-related health hazards. Quality results reported on by Ministry of Health/WHO - Baghdad, show high contamination percentages of water samples, sometimes beyond 40%.

The contamination of water and the deterioration of environmental sanitation has caused a tremendous increase in diarrhoeal morbidity, from an average of 3.8 episodes per child/year in 1990 to 15 episodes per child/year in 1996 (Ministry of Health, WHO and UNICEF survey). During the same period typhoid fever increased from 2,240 to over 27,000 cases.

Three quarters of the population in Iraq are estimated to have facilities for sanitary sewerage disposal. Piped sewerage systems are available to 25% of the population, all in urban areas, mostly in Baghdad. However most of the sewerage treatment plants are malfunctioning due to the lack of spares, equipment, proper maintenance and skilled manpower. It is estimated that 500,000 tons of raw sewerage is pumped directly into fresh water bodies everyday. Household cesspools, septic tanks and pit latrines are used by approximately 50% of the population. These are supported by a large fleet of cesspool tankers. Because of lack of spares, tyres and batteries many cesspool tankers have broken down. The rest of the population disposes of sewerage directly into rivers, streets or open areas forming ponds of stagnant water and causing contamination and environmental hazards.

Garbage collection services have also deteriorated. Garbage collection vehicles face a similar problem to that of cesspool tankers in terms of lacking spares, tyres, and batteries. In 1990, in Baghdad City alone, there were 800 garbage collection trucks with a capacity of four tons each serving 4.25 million with an average garbage disposal of 1.5 kilogram per capita per day. Now, with a population of 5.6 million inhabitants there are only 80 garbage collectors disposing of 0.5 kilogram per person per day. Garbage is accumulating in the streets as only one third of the garbage is being removed.

The situation is even more difficult for the estimated 30% of people who live in rural areas, or in unserved urban areas. Many receive inadequate quantities of water, and are forced to buy it from private water tankers. Given stretched incomes, this sometimes forces poor families to use only the bare minimum amounts of water, often much less than they would normally need. Some are forced to collect water directly from unprotected sources, often resulting in increased incidences of water borne diseases. All this is in spite of the government policy to highly subsidise water and only charge a nominal fee for potable water received at the household level. State-owned water

tankers that previously used to supply water to unserved populations no longer function due to lack of spare parts.

## **2.2. INTERVENTIONS AND ACHIEVEMENTS**

In 1990 a five-year Country Programme for Iraq was prepared with the Government of Iraq. Developed for the context of post conflict, the 1990-1995 Country Programme was based on rehabilitation and development programmes for children and women. It focused on restoring adequate immunization coverage as well as rehabilitation of the primary health care network. The establishment of a reliable data system on the status of women and children was also included.

The programme was barely launched when the Gulf Crisis erupted in August 1990 and a state of emergency was declared. Because of the need to respond quickly to the emergency needs of children due to the cumulative effects of two wars and uncertainty about the duration of the sanctions, regular country programme planning was disrupted. The 1990-1995 Country Programme was interrupted and replaced by successive two-year bridging programmes.

In addition to the Inter-Agency Humanitarian Assistance Programme, the UNICEF Country Office also mobilized considerable financial resources from the donor community for implementation of the emergency programme. This fund raising effort peaked in 1993-1994 with the culmination of the highest level of Other Resources for the UNICEF Country Programme for the period 1990-2000. The emergency operation focused on the provision of basic services in health, water supply, sanitation and nutrition.

This programme was followed by two other bridging programmes covering 1995-1996 and 1997-1998. The 1995-1996 bridging programme took into account the cumulative effects of two wars and the ensuing imposition of sanctions on the Iraqi economy and population as a whole. The deterioration in the delivery of social services for children and women, as well as the emotional and psychological stress on children having lived through repeated crisis situations were reflected in the content of the programme. This programme initiated a shift towards rehabilitation of social services with less emphasis placed on capacity building. Interventions for children in especially difficult circumstances were also introduced. As the nutritional status of children started to indicate alarming signs of deterioration, UNICEF initiated the provision of life-saving therapeutic diets for severely malnourished children through Nutrition Rehabilitation Centers and Community Child Care Units.

The Memorandum of Understanding was signed on 20 May 1996 but the first applications for the export of humanitarian supplies to Iraq were approved by the Secretariat of the 661 Committee in January 1997. Commodities actually started arriving in the country in March 1997. This period coincided with the onset of the 1997-1998 UNICEF bridging programme. This programme cycle was marked by a decline in the availability of Other Resources for emergency operations, as it was expected that humanitarian needs of Iraqi children were going to be met through the MOU. However, because of the deteriorating situation which affected Iraq's under-five mortality rate and gross national product per capita since the early 1990s, the planning level of regular

resources<sup>4</sup> was increased. During this country programme, the budget allocation reflects concern about the increasing disease prevalence in children, and a greater share of resources was allocated to the health programme.

In 1997, a major effort was undertaken by the Iraq Country Office to raise and reprogramme funds in order to address the growing needs of vulnerable groups of children through enhanced targeted nutrition interventions and child protection activities. The continuing degradation of social infrastructure, in spite of the provision of commodities through the MOU, resulted in the need to continue to allocate resources for rehabilitation activities. The need arose to complement the MOU in South/Centre Iraq with regular country resources with the provision of cash resources to cover transportation, installation and training costs related to MOU supplies.

The latest bridging programme covers the period 1999-2000 and is based on multi-sectoral programme activities, sub-national programmes in under-served locations and on strengthening the complementarity between the regular country programme and MOU through the provision of cash resources in South/Centre Iraq. Studies in key areas of social planning and monitoring such as maternal and child mortality, nutrition and water and sanitation have been conducted. A greater share of resources has been allocated to nutrition, education and child protection in order to respond to the critical needs in those sectors. Based on the results of the 1999 Child Mortality Survey, the level of Regular Resources was further increased. However, the level of Other Resources in relation to the ceiling approved by the UNICEF Executive Board has remained low, respectively 41% and 33% in spite of intensive fund raising efforts.

Annexure 2 shows the trends in country programme resources and their allocation across different sectors.

The interventions and achievements of the programme of cooperation in the last ten years in each of the sectors are summarized below.

### **2.2.1 Nutrition**

#### **Objectives**

The overall goal of the nutrition programme has been to improve the nutritional status of under-five year old children, and pregnant and lactating women, raise community awareness on the prevention of malnutrition, and establish a nutrition surveillance system.

Specific objectives within the nutrition programme included ensuring the prevention of malnutrition among under-five children and screening 75% of under-five children. In addition, there was an objective to enroll at least 75% of pregnant and lactating mothers in the Targeted Nutrition Programme (TNP). Another objective was to raise awareness of the community and child care providers on the early identification of danger signs of malnutrition and proper hygiene and feeding practices through communication and social mobilization activities. The programme also aimed to reduce under-two morbidity and mortality through improved feeding practices, including increasing exclusive breastfeeding for the first six months, increasing lactation until the

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<sup>4</sup> The under-five child mortality rate and the gross national product per capita are the standard criteria used by the UNICEF Executive Board to determine the level of country-specific allocation of regular resources.

end of two years, and promoting proper complementary feeding. In addition, the adaptation of the Baby Friendly Hospital Initiative (BFHI) to all maternity and children's hospitals in Iraq was envisioned. Objectives regarding micronutrient deficiencies were to eliminate Vitamin A and iodine deficiencies and reduce the incidence of anaemia among pregnant women. Finally, it was envisioned to support the establishment of a nutrition surveillance system, including a nutrition database and biannual nutritional surveys.

### **Interventions**

UNICEF interventions have focused on the identification and rehabilitation of severely and moderately malnourished under-five year old children, the nutritional rehabilitation of severely malnourished children and the promotion of nutrition and health education.

A new strategy for monitoring and early detection of malnutrition at the community level was adopted through volunteer run Community Child Care Units. Nutrition Rehabilitation Centres were established in hospital pediatric wards to provide medical and nutritional treatment to severely malnourished under-five children. UNICEF provided anthropometric equipment for measuring the nutritional status of children, cooking equipment for Nutrition Rehabilitation Centres and Community Child Care Units as well as therapeutic foods. Malnutrition monitoring and rehabilitation has risen from just 6000 children in 1996 to more than 1.2 million children in 1999.

Interventions have also included the delivery of high quality energy food and medical supplies along with supplementation of iron folic acid for over 80% of pregnant mothers attending clinics and provision of Vitamin A through the immunization programme.

A complementary strategy to the monitoring and rehabilitation of malnourished children and supply of micronutrients has been the training of field level health personnel on nutritional issues and malnutrition detection. The Community Child Care Unit volunteers have all received basic training in nutritional monitoring. Training has also been given to health personnel on how to raise awareness about better feeding practices amongst mothers. In addition, the dissemination of nutritional messages including advocacy for better nutritional food habits and feeding practices for young children has also been supported.

BFHI Certification of hospitals started in 1991-1992 and by the end of 1994 a total of 20 hospitals had been certified as Baby Friendly. In 1995-1996 new emphasis was given to strengthening maternal and child health care activities in monitoring the nutritional status of women and children. Workshops were also held on nutrition, breastfeeding, micronutrients and iodine deficiency disorders.

Advocacy has been used to mobilize the population to change behaviours or practices in several key areas. Since 1991-1992 the focus of the programme was support for the national campaign to promote breastfeeding and the breastfeeding week. Successive years (1993-1994 and 1995-1996) saw a greater involvement of UNICEF in the provision of information, education, and communication materials, the production of television spots, support to the print media and social mobilization campaigns. UNICEF advocacy efforts lead to the Government of Iraq taking up the Targeted Nutrition Programme (TNP) "model", developed with UNICEF support, for implementation throughout the whole country with major inputs from the MOU.

A key strategy has been training for health personnel and carrying out awareness raising for expecting mothers attending pre-natal care facilities and lactating mothers. In 1993-1994 training workshops were held for health workers in support of nutrition, breastfeeding and Iodine Deficiency Disorders. 1995-1996 saw the establishment of Community Child Care Units and more nutrition rehabilitation Centres as well as the training of pediatricians in the rehabilitation of malnourished children. A total of 1520 people were also trained on various aspects of breastfeeding.

### **Achievements**

Overall, the country programme contribution to the improvement of the situation of women and children in the last ten years has been impressive. With the onset of the emergency situation in 1991, the immediate response was based on a strategy of relief, rehabilitation and development of existing networks and the promotion of preventive care. For nutrition, the initiation of supplementary therapeutic feeding programmes through hospital based nutrition rehabilitation centres was a key achievement.

Although malnutrition rates have stabilized since 1996, the prevention of under-five malnutrition has not been achieved as set out in the country programme objectives. However interventions have contributed to counteracting the negative impact of current situation in Iraq on children's nutritional status. In 1996, the prevalence of stunting and wasting was 32% and 11% respectively. In 1999, the prevalence of stunting and wasting was 20% and 9% respectively.

The periods 1997-1998 and 1999-2000 saw a broadening of the interventions, encouraging community-based organizations and NGOs to address under-five year old malnutrition, disseminating nutrition messages, and supporting research activities. Key results included a rise in the number of under-five children that were screened for malnutrition from 200,000 in 1997 to 650,000 in 1998. The number of rehabilitated children also rose from 6,000 in 1996 to more than 1.2 million by December 1999. In addition, the number of Nutrition Rehabilitation Centres established rose from 22 in 1996 to 62 in 1997. Furthermore, the number of Community Child Care Units has expanded rapidly from 1,450 at the end of 1999 to 2,484 in July 2000. It is estimated that the current number of Community Child Care Units screen 60% of under-five year old children. A total of 4000 Community Child Care Units would be required to screen all under-five year old children<sup>5</sup>.

In spite of intensive communication strategies promoting exclusive breastfeeding, resultant behaviour change has been constrained by the prevalence of infant formula in the food basket, which contributes to the prevailing poor feeding and weaning practices. Similarly, the Baby Friendly Hospital Initiative has not been easily accepted by counterparts. A household survey conducted by the Ministry of Health and WHO in 1998 on mothers of under-two children revealed that exclusive breastfeeding during the first three months of life was only 36.3%.

Regarding micronutrient deficiencies, two significant achievements were made. First, UNICEF supported a programme incorporating Vitamin A supplementation with immunization activities. The Health Facility Study in 1997 showed that 80% of infants received Vitamin A together with the measles vaccine. This is a significant achievement.

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<sup>5</sup> This is based on an estimated figure of 750-1,000 under-five population per Community Child Care Unit.

Iodization of salt began in 1990 and since that time only iodized salt has been distributed in food rations. Legislation was adopted later in 1996 and the action plan reviewed in 1998. The Ministry of Health estimated in 1998 that household consumption of iodized salt increased from 51% in 1997 to the presently estimated 90%. This achievement is in part attributable to an advocacy strategy that UNICEF adopted regarding legislation for the iodization of salt.

Although a fully functioning nutrition surveillance system is not yet in place, biannual nutritional surveys have been conducted to assess the nutritional status of under-five year old children and UNICEF has supported the development of a database for the Targeted Nutrition Programme.

### **2.2.2. Health Services**

#### **Objectives**

The overall goal of the health programme has been to reduce infant, child, and maternal mortality.

The specific objectives of the programme have been to achieve 90% immunization coverage for children under-one, eradicate poliomyelitis, improve case management of acute respiratory infections (ARI), reduce diarrhoea mortality, promote Integrated Management of Childhood Illnesses (IMCI) and safe motherhood. More specifically, the programme aimed to reduce morbidity and mortality from diarrhoea by 5% each year, increase the use of Oral Rehydration Therapy (ORT) to 85%, reduce the morbidity and mortality from acute respiratory infection related pneumonia by 5% each year, and reduce the misuse of antibiotics by 5% each year.

Regarding safe motherhood, objectives included increased access to pre and post natal care to 90%, ensure proper referral of high risk pregnancies, ensure that at least 90% of babies are more than 2.5 kilograms at birth, and ensure that at least 90% of deliveries are attended by a trained person.

#### **Interventions**

In order to achieve the goal of universal immunization coverage, UNICEF supported the supply of vaccines and syringes, cold chain support, training for health staff, and social mobilisation through provision and adaptation of the "Facts for Life" booklet and implementing intensive mass media campaigns.

The cold chain system has been adversely affected by frequent electricity failures. Owing to this problem, the system was changed from electrical refrigerators to kerosene refrigerators. UNICEF has been supporting the cold chain since 1991, including the supply of kerosene refrigerators.

Polio National Immunisation Days (PNIDs) were started in 1995. From 1995 until 1998, one campaign of two rounds was organised every year. Between 1999 and 2000 two campaigns of two rounds each were organised every year, while in 2000 an additional campaign of two rounds was also carried out.

Towards alleviating common childhood illnesses such as diarrhoea and acute respiratory infections (ARI), UNICEF has supported the supply of drugs and training related to ARI and training in Oral Rehydration Therapy (ORT) for different levels of health personnel. The Country Programme has supported the capacity building of over 11,500 health personnel on the

control of diarrhoeal diseases. In addition to drugs, medical supplies and Oral Rehydration Solution (ORS) sachets, intensive education awareness campaigns have produced and distributed information on controlling diarrhoea.

To address ARI, a total of 3700 health workers and traditional birth attendants (TBAs) have been trained. Drugs for treatment of ARI related cases have been supplied and community awareness campaigns are ongoing.

To have a more integrated approach to childhood illnesses, in 1998 the Integrated Management of Childhood Illnesses (IMCI) was initiated. This is yet to be implemented in a systematic way.

To promote safe motherhood several strategies have been adopted. These have included the support for training of traditional birth attendants (TBAs), provision of birthing kits, and training of health personnel and awareness raising for communities.

During the past three years UNICEF has supported the rehabilitation of Primary Health Care centres as well as Nutrition Rehabilitation Centres. At the time of writing, 15 hospitals and Primary Health Care centres had been rehabilitated and a further 10 Primary Health Care centres are in the process of being rehabilitated.

### **Achievements**

Emphasis was placed on the rebuilding of the primary health care system through the training of traditional birth attendants, resumption and re-activation of the routine immunization programmes and launching of the control of diarrhoeal disease as well as control of acute respiratory infections. Two key achievements have been the full resumption and re-activation of the Ministry of Health's Expanded Programme on Immunization (EPI), the establishment of Oral Rehydration Therapy (ORT) corners in a number of hospitals and Primary Health Care centres which have contributed to substantial progress in the use of ORT.

Evidence from the UNICEF supported 1999 Infant, Child, and Maternal Mortality Survey (ICMMS) shows that the infant mortality rate increased from 47 deaths per 1000 live births between 1984-1989 to 79 deaths per 1000 live births in 1989-1994 to 108 deaths per 1000 live births in 1994-1999. The under-five mortality rate was also noted to have risen to 131 deaths per 1000 live births in the period 1994-1999, from 56 deaths per 1000 live births in the period 1984-1989.

Maternal mortality remains high at 294 deaths per 100,000 live births for the period 1989-1998. This accounts for one third of all deaths among women aged 15 to 49 years of age. While interventions to date have been relevant to improving the quality of care for pregnant women, only essential obstetric care can substantially reduce maternal deaths. Essential obstetric care has not been addressed so far by the health programme.

The UNICEF programme in support of immunization has been critical in a period of fluctuating and generally deteriorating health services and has been the flagship programme supported by UNICEF. The objective of the immunization project has been to achieve and sustain immunization coverage for children under-one at more than 90% for the six vaccine preventable diseases. Coverage over the decade has been consistently over 80%, rising to 92% for measles;

99% for BCG, and 80% for OPV3, DPT3, and hepatitis B 3 in the year 2000<sup>6</sup>. Coverage for Tetanus Toxoid 2 (TT2) has increased steadily over the decade from 8% in 1991 to the current coverage of 60%. A survey in 1998 showed coverage of 76% for the polio vaccine, while routine reports showed coverage at more than 90%.

Iraq had an outbreak of polio in 1999 in the South and Central parts of the country, mainly among nomads and other migratory groups. By the close of the year, 77 cases of wild polio had been reported. About two thirds of these cases occurred in children who had either been partially immunised or not immunised at all. The resurgence of polio in Iraq suggests that coverage during routine immunisation and PNIDs has been less than optimal. The reported coverage in Iraq for the campaigns in 2000 was 99% during both rounds, while a coverage survey conducted immediately after the campaign showed achievement of 84% and 85% during the first and second rounds respectively. Four cases of wild polio were in 2000, all in the month of January.

The UNICEF programme in support of immunization has been an important watershed in a period of fluctuating and generally deteriorating health services and conditions in Iraq. In the years 1992-1995, a downward trend in the health situation was observed. The decline however seemed to slow down in 1997 and 1998, partly due to the interventions described.

The lack of comprehensive data prevents any accurate assessment of the impact of UNICEF interventions on ARI and diarrhoea trends. However, a WHO Health Facility Survey in 1997 showed that only 13% of children with diarrhoea were correctly managed, 11% of children dehydrated were correctly hydrated, and only 13% of workers had received adequate training. Similarly, the ARI Health Facility Survey in 1998 showed that only 9% of children with pneumonia were correctly treated, 4% of children were systematically checked for all danger signs, and 17% of health workers received adequate training.

### **2.2.3. Education**

#### **Objectives 1990-1996**

The objective of the UNICEF supported education programme from 1990-1996 was to ensure access to basic education services, promote girls' education and female literacy, reduce drop out rates, support teacher's training, and improve the learning environment within primary schools with a focus on safety and sanitation.

#### **Interventions**

Between 1990-1996, priority was given to the provision of basic education supplies, equipment and teaching aids. Education kits were provided to a total of 750,000 students in 1200 primary schools. Likewise, teacher's training institutions were provided with supplies and equipment including dictionaries and educational materials. A total of 400 schools, teachers' centres and educational directorates were covered.

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<sup>6</sup> BCG stands for Bacillus Calmette Guerin vaccine and is used to prevent tuberculosis (TB). DPT is a vaccine for diphtheria, pertussis (whooping cough) and tetanus. OPV stands for Oral Polio Vaccine.

A non-formal girls' education project was started for 7768 girls aged 10-14 in 1994. Support was extended to non-formal classes in order to address the drop-out rate of girls. A further 7322 girls aged more than 14 were enrolled in 1995. The project was implemented by the General Federation of Iraqi Women (GFIW) under the supervision of the Ministry of Education. The same project trained 1350 first and second grade female teachers, and provided supplies and equipment. In all, 400 training courses were conducted. These activities were accompanied with social mobilisation campaigns at the national level to focus on the importance of girls' education using different channels such as television and radio spots, newspapers, and posters. In addition, a study was conducted by the Ministry of Education on "Factors Affecting Female Dropout from Primary Education".

### **Objectives 1997-2000**

During the period 1997-2000 the agreed upon strategy with the Government of Iraq was to use UNICEF resources to complement the shortcomings of the MOU by providing cash needed for rehabilitation of schools and other educational infrastructures, improving the quality of education through training, and building capacity in planning.

Priorities in the period 1997 - 2000 were support for physical rehabilitation of schools, continuing capacity building efforts, including teacher training, and providing assistance to the Ministry of Education in planning and monitoring. The objectives were to increase net enrolment rates, improve the quality of education and increase primary completion rates by 10% with an emphasis on girls' education, improve girls' retention and completion rates, and to strengthen institutional policy making and planning capacities. Additional objectives for the 1997-2000 period were to improve the physical condition of schools and restore the production capacity of the printing press and chalk factory for better supply of education material to schools.

### **Interventions**

In collaboration with the international organization OXFAM, water and sanitation facilities in 1,050 schools were rehabilitated for the benefit of 840,000 children. This work was carried out throughout the 1990-2000 period, with the majority of the work taking place after 1996. But on the basis of the experience gained in this first phase, the programme expanded to more comprehensive rehabilitation of infrastructure. Comprehensive rehabilitation centered on the rehabilitation/reconstruction of 277 schools in both urban and rural areas benefiting a total of 210,000 children and 7,900 teachers in four areas of Baghdad, Ninevah, Basrah and Thiqr.

In social mobilization, twelve television messages were produced to raise awareness on hygiene and health education. These messages addressed different issues such as dropouts, protecting the environment, hygiene in primary school latrines, and care of sanitation networks.

After being unused for almost ten years, the chalk factory and printing press were rehabilitated through repair of the machinery and the training of staff.

In an effort to assist the Ministry of Education in resuming regular in-service training for teachers, UNICEF started assisting teacher training in November 1998 by supporting a series of courses. The programme has continued in 1999 and 2000 to cover a total of 1,600 supervisors and teachers from all governorates.

The Education Management Information System was established by the Ministry of Education in 1995 with UNICEF support. This included the development of the necessary hardware and software, and building the capacity of Ministry of Education staff to improve data processing and planning. Statisticians and computer managers were trained in the national centre for human development in Amman, Jordan. Computer training was also held for 30 members of staff from the Ministry of Education.

### **Achievements**

The most important intervention supported by UNICEF in the education sector was school rehabilitation/reconstruction, rehabilitation of the chalk factory, and the ongoing rehabilitation of the textbook printing press. Efforts are currently underway to rehabilitate the printing press to increase the production of textbooks from 10 to 70 percent of capacity by the end of 2001. In addition, the distribution of educational kits to students and teachers during the period 1993-1996 was crucial because the country was facing serious shortages of education materials and this significantly contributed to the objective of ensuring access to basic educational services.

While infrastructure rehabilitation was identified as one of the most important and effective programmes that UNICEF has supported, the impact was limited given the limited scale of the programme. In spite of this shortcoming, the approach of carrying out comprehensive rehabilitation was a significant improvement over partial rehabilitation. However, the heavy focus on rehabilitation and supplies has left few resources available for programmes involving advocacy, social mobilization, research and knowledge building.

UNICEF has played a significant role in advocating for the ratification of the Convention on the Rights of the Child and inclusion of World Summit Goals in the Government's National Plan of Action for children. However, it appears now that goals and objectives set in the National Plan of Action were too ambitious in terms of what was achievable in the context of the overall situation faced by the country in the 1990s. Ensuring that all children (girls and boys) including marginalised children (poor, disadvantaged and disabled children) receive their basic education and all adolescents have acquired adequate literacy and life skills needs further attention.

In the education sector, rehabilitation of primary schools, supply of equipment, textbooks and stationary formed the background of the programme up to 1996. The reach and coverage of this programme has been limited by the funds available for the country programme. A more comprehensive approach to the issue of quality of education has been missing in the programme. Interventions have had limited impact with regards to the promotion of girls' education. Data from the Ministry of Education for the year 1999 shows that there is a difference of 15% between the enrollment rate for boys and girls in primary education. In addition there has actually been an increase in the drop out rate for girls. Net enrollment for girls in primary school was 87.6% in 1998.

The other area where UNICEF has supported interventions has been in teacher training. But this activity has been restricted to in-service, short duration, subject specific training programmes. Teacher training is considered to be a very important intervention for education development of children. In spite of this recognition not much investment has gone into teacher training from the country programme.

UNICEF support for the Education Management Information System has so far had limited impact. The insufficient number of computers that have been distributed is one of the reasons. The speed with which implementation of the programme is moving was also noted to be slow. Other concerns related to the quality of training and the lack of clear follow-up mechanisms to ensure that training was leading to enhanced effectiveness.

#### **2.2.4. Child Protection**

##### **Objectives**

The rehabilitation of infrastructure and development of skilled human resources constituted the main objectives of this programme. The specific objectives of the child protection projects for the period 1990-2000 were to provide services and promote inclusive education for children with disabilities, provide basic services for street and working children, promote the banning of child labour, provide psycho-social counseling for traumatised children, establish a national system for disability prevention, and promote family re-integration of “orphaned” children.

##### **Interventions**

###### **Children with disabilities**

In the rehabilitation of eight schools and centres for children with disabilities of primary-school age, priority was given to “Al-Hanan Centre” residential centres in Baghdad and Kerbala for abandoned children with severe and multiple disabilities. These centres are home to approximately 200 children and adolescents from 6 to 18 years of age. In addition to rehabilitation of the building, furniture and critical supplies were provided to these centres.

Training courses were conducted for 260 social workers and special education teachers from all governorates on community based rehabilitation, family-based care and special educational methodologies for children with disabilities. Training on rehabilitation and therapy for children with multiple disabilities was also conducted. In addition, a training course was organised for 30 participants on rehabilitation and early detection of childhood disabilities. Additional training was provided for 24 social workers on the early detection of mental disability disorders in children.

In collaboration with the NGO *Enfants du Monde*, UNICEF helped in establishing libraries in 34 schools and institutions for the deaf, physically handicapped children, and in the Al Rahma Centre for working children in Baghdad. The intervention benefited approximately 2,350 children. With UNICEF support, the Ministry of Labour and Social Affairs supplied basic educational kits to all 47 special schools in the centre and south of Iraq.

###### **Street and working children**

In 1998 the physical rehabilitation of Al-Rahma Centre for working children in Al Rashad began. It was designed to separate abandoned working children, previously placed with sentenced and convicted older children and juveniles in conflict with the law. The institution opened in 1999, and is the only one of its kind in Iraq. It can accommodate up to 150 boys and girls. UNICEF is working jointly on this project with *Enfants du Monde*. Currently, the assistance concentrates on

the provision of school services, vocational workshops and recreational and sports activities for the children, as well as training of staff in social work and psychological care.

The Country Programme supported the “National workshop on street and working children” in 1998. In addition, the programme supported a survey on working children in 150,000 small factories, shops and market areas in across the country.

### **Traumatized children**

In the period 1990-1992 a study was carried out on Post-Traumatic Stress Disorder (PTSD) among children. The objective was to measure the impact and magnitude of psychological trauma suffered by children because of the recent conflicts. Subsequent assistance to traumatised children was mainly based on the recommendations this report. A centre for psychological support was established to rehabilitate 2000 traumatised children. Thirty teachers were trained in trauma rehabilitation. Further training on psycho-social support to traumatised children was conducted for primary school teachers from 18 schools, GFIW workers and members of parents councils, in order to ensure proper identification of effected children and raise awareness among community workers and child care givers.

### **Achievements**

Since 1997 UNICEF has emphasised a shift from a supply-oriented approaches towards capacity building and human resource development in specific technical areas. This has been particularly important for the childhood disability project, which has benefited from an emphasis on the improvement of basic services and the identification of beneficiaries’ needs. At the same time, an advocacy initiative was started for the introduction of new areas of concern, particularly working and abandoned children. Service delivery through the provision of supplies and physical rehabilitation of buildings served as an entry point to begin to address quality issues and other elements of the programme.

Owing to the limited number of interventions in the area of child disability there is limited basis for assessment of effectiveness. Overall, available evidence reveals that the priority needs of children with disabilities have been addressed to a limited extent in the country programme. Prior to 1997 disability was being handled as a health rather than social issue. The focus in health was on addressing prevention of disability among children, which it was felt was already being taken care of by the well-publicised immunisation programme.

The programme’s approach to the comprehensive rehabilitation of the state homes, support for the childhood disability project and provisions for the centre for early detection, as well as specialised supply and aids for children with different disabilities were lauded. The training courses for teachers in institutions and other rehabilitation workers, the supply of training materials and teaching aids, and the training of social workers in community based rehabilitation were also found to be appropriate. Likewise the establishment of a management information system, covering the institutions for the disabled, kindergartens and state homes was also appreciated.

However effectiveness and usefulness can only be realised if the various interventions, such as training, lead to improved efficiency in the support systems and ultimately better serve beneficiaries. At present there is little evidence to suggest that this has happened. It is perhaps too early to assess the effectiveness or impact of interventions that were only introduced in 1997.

The programme addressing the needs of orphans was noted to have been beneficial, with special regard to the physical rehabilitation of the government homes and the provision of furniture, the training of staff, the establishment of libraries and the training of librarians. Rehabilitation of orphanages has enabled better quality of services to be offered. The overall scope and coverage of training programmes, was however, found to be insufficient, and it was felt that the orphanages needed more support with regard to teaching and learning materials for the children.

The Country Programme has been acknowledged for its contribution to supporting the development of comprehensive rehabilitation services for working children in institutions. Some key elements include the separation of working children from juveniles in conflict with the law, introduction of adequate placement procedures, and supporting the establishment of vocational rehabilitation programmes that actually facilitate the children's reintegration into their communities.

### **2.2.5. Water and Environmental Sanitation (WES)**

#### **Objectives**

The global UNICEF goals relating to water and sanitation have been to achieve universal access to safe drinking water and to sanitary means of excreta disposal. These goals were adopted by the UNICEF country programme in Iraq in addition to the objective of promoting the empowerment of females with basic knowledge related water and environmental sanitation.

#### **Interventions**

The focus of UNICEF supported interventions before the MOU had been on supply of chemicals for water purification; supply of equipment, spares and other parts for repair and replacement; and training of personnel on maintenance of the system. With the MOU in place, the emphasis shifted to supporting the transport and installation of equipment and spares, training of operation and maintenance personnel and improving water quality monitoring. An important initiative has been to build up a Management Information System or tracking operational and maintenance requirements, water supply quantity and quality and overall management of the system.

#### **Capacity building**

Between 1991-2000, approximately 630 engineers, operators and technicians were trained in the water quality control, water and sewerage treatment processes, and operations and maintenance. A training of trainers was conducted for four engineers from CARE and these master trainers were in turn in a position to increase the number of people being trained. In total 1,525 people were trained through the master trainer programme. This training was the first of its kind in Iraq.

#### **Service delivery**

UNICEF's involvement in the water and sanitation sector in Iraq was a response to the emergency situation that was created after 1991. UNICEF support focused on the provision of hardware supplies: water pumps, motors, chemicals, dosing pumps, sewerage pumps, pipes, spare parts, tyres and batteries and water purification chemicals.

In 1993, UNICEF signed a project agreement with OXFAM to rehabilitate water and sanitation facilities in 1110 schools in the southern governorates of Missan, Basra and Thiqr. This covered almost all the schools in these governorates.

Through the MOU, authorities were able to procure the necessary hardware equipment, spares and purification chemicals to repair, maintain and run the existing systems. Costs of local labour and materials, training, maintenance, and research are not covered by the MOU. Thus, the UNICEF through the Country Programme provided some of the cash required to support the operation of the sector.

### **Monitoring and evaluation**

To ensure optimum use of the information that was being collected through observation visits, the Country Programme established a database to process this information so as to make it useable for management decision-making. The software was also used to document inputs from all agencies working in the water sector in terms of service delivery to avoid any possible duplication of available resources.

In 1995, UNICEF along with the WES authorities and the Central Statistical Organization undertook the first ever WES service survey at the sub-district level. This was a milestone towards having a clearer vision of WES services disaggregated to the smallest administrative unit in the country. In addition to defining the level of service coverage, the survey defined the systems through which water services were provided. In 1997 UNICEF with the assistance of CARE undertook the second WES coverage survey. In 1999 UNICEF initiated another WES survey to get more updated information about the sector in order to assist in planning for the sector with a more refined and systematic approach. The survey results are currently being integrated into a database so that they can be continuously updated and easily accessed for practical use.

### **Management Information System (MIS)**

In 1995 the Country Programme embarked on the computerisation of data and information that are collected from WES schemes in the different governorates. Staff were trained on data entry, and in the design and generation of required reports. The database was successfully used as a planning tool by the authorities, in particular to prepare the distribution plans for the first three phases of the MOU.

Under the MOU, UNICEF has been identified as the focal agency to observe and assess implementation efficiency within and the effectiveness of the WES sector. UNICEF established a database tracking system that illustrates the condition of all WES supply contracts vis-à-vis the Sanctions Committee. With this information, UNICEF was able to assist the WES authorities in releasing numerous WES contracts from being put on hold by the Sanctions Committee.

### **Social mobilisation**

The main strategy has been to promote advocacy and communication efforts with a view to positively influencing behaviour change among communities. This is the first and most critical line of defence in the prevention approach against disease. Over the past decade some awareness materials were produced by the UNICEF Regional Office and used as communication materials (broadcast on television). Throughout 1994 and 1995 the materials were consistently screened with a view to addressing the challenge of rational use of water.

### **Achievements**

Either directly or indirectly programme interventions have worked towards the stated objectives of improving the access and quality of water and sanitation. However, the programme objectives as spelt out in the country programme and appeal documents were very ambitious. Some unrealistic assumptions were made as the Country Programme anticipated an improvement in the status of the WES sector with relatively low inputs, mostly coming from foreign aid. But the external funding focused only on the supply side of the programme and was only capable of addressing a very small part of the need. Very little was done (or could be done) to address such issues as human resources and power supply. Hence the overall problem of ineffectiveness and inefficiency remained. However, the complementary strategy used to coordinate with MOU inputs needs to be highlighted as a success. In addition, support to the WES management information system has been relevant and effective.

An assessment was undertaken after work was completed on the rehabilitation of school water and sanitation facilities, but this indicated that there were problems of sustainability of the rehabilitated structures. Overall, given the magnitude of the problem in the water sector, the support that came from the Country Programme, including that of UNICEF's partners, was extremely limited. Thus it only "scratched" the surface of the problem. However it helped to avert a major breakdown of the entire system.

Since 1997 almost all funds have been utilised to undertake repair, rehabilitation and maintenance works for the most critical WES schemes utilising supplies coming through the MOU. Rehabilitation works were able to increase the efficiencies of target schemes by 25% - 35%, resulting in enhanced services provided to the population. This resulted in better quality and more quantity of water in the case of water treatment plants and a decrease in the frequency of sewerage flooding with better quality of treated sewerage effluent in case of sewer lines and sewerage treatment plants.

#### **2.2.6. Communication Services**

##### **Objectives**

The over-arching goals of communication within UNICEF supported programmes are to influence the attitudes and behaviours of members of society so that the scope and meaning of children's rights are fully realised and to help create an enabling environment that influences legislation and opinion, and mobilises resources for children.

The main objective of the country programme has been to facilitate and co-ordinate cross-sectoral and sectoral communication processes leading to behaviour change and action at family, household, and community levels. Specific objectives have been to raise political and social awareness and commitment to children's needs and rights, to widen participation and ownership of social development processes, and to communicate key messages within and between sectors with a view to enhancing rational decision-making within the overall country programme.

##### **Interventions**

Iraq's first version of Fact for Life was produced in 1993 and the contents of the booklet have since been utilized as an interpersonal communication tool by thousands of teachers, social workers from the GFIW, health workers and programme managers. Two national newspapers re-

printed the entire contents for one complete month each in 1994 and 1995. Iraq radio continues to use the messages on various radio programmes.

For health and nutrition, UNICEF has supported the polio national immunization day (PNID) communication strategy and the production of materials for the promotion of breastfeeding and removal of breast-milk substitutes from the food basket. In addition, UNICEF has supported the development communication materials including better parenting modules and the production of television messages addressing the rationalization of water use and proper utilization of sewerage disposal facilities. Communication strategies have also been developed and implemented to promote the correct use of high protein biscuits within the targeted nutrition programme and to promote girls' education.

In 1993, the Iraqi National Assembly ratified the Convention of the Rights of the Child (CRC). The Child Welfare Commission was created to spearhead the implementation of the CRC. A document entitled "It's Only Right" describes how the relevant right of children can be implemented at a national level was translated into Arabic and officially presented to the Child Welfare Commission..

In the early 1990s intensive lobbying and advocacy was undertaken to ensure the iodization of salt in Iraq. In 1993 a national coordinating committee was established and a plan of action for salt iodization was outlined. Legislation was adopted in 1996 and the action plan reviewed in 1998. Currently, only iodized salt is distributed in food rations.

Throughout the 1990s, UNICEF-Iraq has been actively advocating within the international community for action to be taken for children and women in Iraq. In the early part of the decade the result of this advocacy could perhaps best be measured by the significant contributions of Other Resources to the UNICEF programme in Iraq.

UNICEF supported four major training workshops for communication development, which included scriptwriters, media professional, journalists, TV producers and Health Education Officers. In 1994 a total of 533 people were trained on health issues, while 20 scriptwriters were also trained in "communication for learning" methods. During 1995 a total of 50 people were trained on CRC issues and another 50 on health education. A further 6704 General Federation of Iraqi Women members, and 1060 social workers, were also trained on immunization, safe delivery, Oral Rehydration Therapy (ORT) and breastfeeding. This training was commended by participants as having been useful in preparing them on how to address children's critical issues.

### **Achievements**

Communication strategies have focussed on two kinds of issues. First, is the broader advocacy role on behalf of children's needs and rights both at the national and international level. Second, is the role of communication in bringing about behaviour change at the societal level towards greater participation in social processes and improvements in health, educational, and other social development issues.

UNICEF/WHO supported polio campaigns are well known and very successful media campaigns. These campaigns have been credited with having played a critical role in achieving almost universal coverage during Polio National Immunization Days (PNIDs).

With regards to the iodine deficiency disorder campaign, legislation is now in place for the iodization of salt and all table salt that is available on the market is iodized. More importantly, specifications have been made and are being enforced through licensing to ensure that salt production and salt producing factories adhere to the correct iodization of salt.

The assessment of the extent to which behaviour change has happened as a result of country programme interventions is extremely difficult to measure in absence of relevant data and studies. While, for example, the child-to-child and child-to-adult communication strategies have been adopted, little evidence exists to assess effects and impact. Achievements that are attributable to the promotion of interpersonal communication, especially that in the areas of breast-feeding, control of diarrhoeal disease, safe motherhood, and immunizations, have not been researched or documented.

In advocacy, UNICEF's main thrust has been, at the international level, to bring about change in policies within the UN system and other countries towards ensuring the needs and rights of children are met within Iraq. A watershed advocacy event has been the use of the study on infant and child mortality in Iraq in 1999 to show the negative impact that the effects of two wars and continuing economic sanction have had on the health status of Iraqi children. At the national level advocacy efforts have focussed on promoting the rights of the child within the framework of the Convention on the Rights of the Child (CRC), ratified by Iraq in 1993.

Communication for social behaviour change has focussed on a series of sectoral interventions that required an enhanced demand for services if these interventions are to be successful. Communication campaigns for polio eradication, immunization campaigns, breastfeeding, rational use of water, better hygiene practices and parenting modules for care of vulnerable children have been the highlights.

### **2.3. MAJOR FINDINGS and NEGLECTED AREAS**

This section summarizes the major conclusions than can be made regarding UNICEF supported interventions during 1990-2000.

- **Goals**

As shown throughout this report and in more detail in the sector reports, it is clear that UNICEF interventions in the past ten years were relevant in addressing the needs of children and women. However, although the objectives set were relevant, in many instances, the objectives were overly ambitious. In some instances, global UNICEF goals were adopted without taking into consideration the local context of Iraq, including the far-reaching negative impact of two wars and economic sanctions. Furthermore, many objectives were not specifically quantified so it is difficult to measure progress towards achieving the stated objectives.

However, it needs to be stressed that the emergency context and the unique nature of the policy context has limited the scope of systematically pursuing a set of programme strategies over a long period of time. Because of this, programmes have tended to focus on specific activities addressing immediate needs rather than doing so within a comprehensive strategic framework.

- **Internal Monitoring and Evaluation**

The programme review has also revealed not only a weakness in the development of objectives, but also a weakness in internal monitoring and evaluation. Collecting complete and accurate data for this ten-year period was an enormous task made all the more difficult given the emergency situation that the country programme was operating under for most of the decade. However, even taking these factors into consideration, it is clear that internal monitoring and evaluation of UNICEF supported interventions has been weak and as a result a complete picture of activities undertaken and especially results achieved has not been possible.

- **Complementary Strategy**

An effective strategy since 1997 has been for UNICEF to support Government programmes by complementing MOU inputs with cash assistance to meet transport, implementation, and training costs, which are not covered by the MOU. In this way, MOU inputs are fully utilized and scarce UNICEF funds are targeted to maximize the impact of interventions.

- **Training and Capacity Building**

Since the MOU provides humanitarian supplies for Iraq, UNICEF has increasingly been able to focus its limited resources towards assisting the strengthening of the actual implementation of different programmes. One of the key strategies utilized for this has been training of different levels of Government staff and field personnel. At the level of officials training, capacity building has been more focussed on management of programmes and has included supply of computers and training in computer applications, workshops around thematic issues, and technical training on sectoral programmes such as child nutrition and on cross sectoral issues such as research methodologies. However, the greater focus has been on training field level personnel in technical issues around programme implementation. Examples include training in nutrition for all Community Child Care Unit volunteers; primary school teacher training; and operational and maintenance training in water and sanitation.

However, training has been largely limited to a complementary input to specific services to be delivered and not as a comprehensive strategy by itself.

- **Research, Studies and Social Statistics**

A continuous process of research in every sector, particularly in health and nutrition, has informed the design of programmes in each programme cycle throughout the decade. The criticality of the effective use of this strategy needs to be understood in the context of an emergency situation where data from a normal census operation or monitoring system was not available. UNICEF has consistently played an important role in supporting studies to inform programme planning as well as to influence policy, both globally and at the country level, in favour of children and women.

The studies supported by UNICEF have been wide ranging in thematic coverage. Key studies have included estimation of infant and child mortality rates, nutritional status of children, status of health and education facilities, situational analysis of children in need, and status of service delivery systems such as water and sanitation.

UNICEF's comparative advantage throughout the past ten years has been its country-level presence and ability to generate reliable information and analysis. Virtually all individuals and agencies concerned with the situation of Iraqi children have used UNICEF statistics on mortality and malnutrition in advocating for Iraq's vulnerable groups. The successful conduct of surveys

has also opened up avenues for further analysis of the situation of children, such as a second multi-indicator cluster survey being conducted in 2000 which is a follow-up to the first survey in 1996.

Furthermore, UNICEF has successfully implemented a strategy of wide dissemination of results of surveys and assessment coupled with involvement of high level policy makers, including the UNICEF Executive Director and Regional Director, in advocating for the situation of Iraqi children in forums such as the UN Security Council. Issues affecting the situation of Iraqi children such as the of lack of a cash component, the consequences of putting humanitarian supplies on hold and the need to include a child protection component under the MOU have been brought to the attention of the international community.

- **Management Information Systems**

The initiative taken towards establishing Management Information Systems for both the water and sanitation and education sectors is a necessary developmental step towards enabling easier access to information for planning and decision making processes. In spite of the relatively slow progress in the implementation of the projects, they are examples of backup ‘software’ support for services that is required in every sectoral intervention for systematic situational analysis, planning and programme implementation.

- **Communication Strategies for Social Mobilization**

Communication strategies for social mobilization not only enhance programme service usage by increasing demand, but are most effective when used as a complementary input to services. Social mobilization and communication strategies towards social advocacy have been successful where they have been focussed on creating a demand for specific programme outputs such as promoting the use of Oral Rehydration Therapy (ORT), immunization of children, and promoting growth monitoring of children. However campaigns have not been successful where basic behaviour practices have to be changed, such as breastfeeding of babies and hygiene practices.

- **Policy Environment**

It is clear that an enabling policy environment is absolutely necessary for the success of social mobilization and communication campaigns. For example, the campaigns for Polio National Immunization Days (PNIDs) have been highly effective because of the full support from policy makers and local authorities. In addition, the campaign to increase the use of iodized salt has been successful because not only has the Government supported a policy of supplying only iodized salt in food rations but the availability of noniodized salt has been restricted. On the other hand, the successful promotion of breastfeeding has been limited by the lack of a policy to control the widespread availability of infant formula in the market.

- **Expanded Programme on Immunization (EPI)**

UNICEF support of immunization has been critical in a period of fluctuating and generally deteriorating health and has been the flagship programme supported by UNICEF. The Expanded Programme on Immunization (EPI) has been a case of successful coverage achieved through a strategy of service delivery, capacity building, and having focussed social mobilization campaigns, all within an enabling environment.

- **Community Child Care Units**

The significance of Community Child Care Units is that they are the first attempt by the social services system to create an extension system to the community level. Community Child Care Units provide screening and monitoring of the nutritional status of under-five year old children, as well as provide a personalized medium for social communication. Community Child Care Unit volunteers are able to mobilize communities to respond to health messages and to participate in health campaigns.

However, volunteers lack sufficient skills to manage themselves as independent and self sustaining local institutions. Volunteers actually function as extension health staff who need compensation and supervisors need logistical support for transport. Volunteers require substantial training input as they have no kind of pre-service training. Hence, while Community Child Care Units are an innovative community based concept introduced in the context of Iraq, they do require substantive investment, maintenance costs and monitoring.

### **2.3.1. Neglected Areas**

The majority of UNICEF supported interventions have focussed directly on addressing the needs of children. In health and nutrition this has focussed on children between 0 to 5 years and in education through the primary schools between ages 6 to 14. There have been indirect interventions through water and sanitation aimed at improved water supply and in health through the safe motherhood programme, the supplementary diet and micronutrient supply and others which address some of the health and nutrition needs of women.

However, there are areas where there has been inadequate emphasis. There are areas that require new programmes, strengthening of existing programmes, or expanding the range and quality of services provided. These areas include prenatal and postnatal care, early childhood care and development, girls' education, and adolescence.

#### **(i) Prenatal and Postnatal Care – Safe Motherhood Programme**

The rehabilitation of the health services system as well as the supply of micronutrients has only indirectly addressed women's health. Direct attention has not been given to the nutrition needs of women, obstetric care for pregnant women, safe delivery practices both in hospitals and homes, and neonatal care after childbirth.

#### **(ii) Early Childhood Care and Development**

The thrust of UNICEF support, particularly in health and nutrition, has been focussed only on the physical well being of a child's growth and development. Little attention has been given to the early learning needs of children.

#### **(iii) Girls' Education**

The focus of UNICEF support between 1990-2000 has been on the rehabilitation of the primary school system. Even though enrolment and dropout rates have steadied compared to the earlier years of the decade, direct attention to promoting girls' education and reducing girls' drop-out rates has been missing.

#### **(iv) Adolescence**

Adolescence is a critical phase of a child's life. However, given the other priority needs in the context of Iraq, there has been no programme support to this group. Within this age group are the majority of abandoned and working children.

### 3. PROGRAMME REVIEW RECOMMENDATIONS

“The emphasis on supplies, the inadequacy and the short-term ad hoc nature of the MOU, and the ensuing deterioration in the social sector planning are critical constraints to the efficient programme interventions in the South and Centre of Iraq.”

“The use of country programme resources to complement the short comings of the MOU in the South and Centre of Iraq, notably the lack of cash for transportation and installation of equipment and supplies has been well appreciated.”

“The overall isolation of the country and “brain drain” of the last decade has also taken a heavy toll on the availability of well qualified staff (especially at operational levels), as well as capacity and motivation for innovation in counterpart institutions.”

“This has been compounded by vertical and centralized sectoral line Ministries which influences attempts to improve cross sectoral integration of programmes as well as convergence of interventions at the field level.”

“The full achievement of programme and project objectives was also negatively affected by the very limited donor support...and the country programme faces a serious resource crunch next year.” *From the UNICEF Iraq 1999 Annual Report*

The following are a series of recommendations aimed at addressing the weaknesses and gaps identified in current programming.

#### 1. Improving Quality of Services

The key issue in programme implementation is to enhance the impact of programmes being supported by improving the quality of services offered through them.

**Quality of services is a function of a package of complementary inputs that are consistent with each other.** For example, if education is to be of a high quality, then the quality of teaching, learning materials, curricula, school management, the physical environment and parent involvement all need to be of a high quality. Inadequacy in any one element will affect the overall concept of quality of education. From this perspective, the approach to programme services needs to change from providing just one input to a package of inputs. This implies that in addition to supplies or training, provided vertically, there is a need to view the functioning of a basic service unit holistically. Therefore the “unit” of programming must look at the service provider institution at the field level. In the case of education it is a primary school; in the case of health it is a Primary Health Care centre along with its extension units such as Community Child Care Units; in the case of water it is the entire water supply system in an urban or rural area. Key bottlenecks that are reducing quality need to be identified and solutions proposed.

Quality of services needs to be strengthened through continuing complementing supply based inputs through skill upgrading and stronger monitoring. Programmes need to identify specific

inputs which are required for quality improvement. As an intermediate measure, the design and execution of a series of cross sectoral surveys that examine at the community level service use, access and quality will be able to identify some of these bottlenecks. In addition, the strengthening of **monitoring systems** for each sector by designing effective management information systems that focus on programme outcomes and service use data are also needed in order to address the quality of services.

## **2. Strengthening Training and Capacity Building**

Effective planning and implementation as well as quality of services are substantially determined by the skill and quality of human resources providing these services. Training and capacity building are the keys to improving human resources. As detailed earlier, the training and capacity building component has so far been ad hoc, narrowly defined and an extremely sectoral based activity. Training programmes have not covered general issues such as programme planning and management across sectors. Further, training has been narrowly defined in terms of technical skills for a specific programme intervention rather than a more comprehensive human resource development approach across levels within an institution.

Although the current training of field personnel on how to implement a specific programme activity needs to continue, several initiatives can be used to significantly improve the delivery of training. This includes developing master trainer programmes, conducting comprehensive training needs assessments, investing strategically in preservice training, and developing institutional support linkages.

## **3. Strategies to Increase the Demand for Services**

One of the key issues in programme implementation is the design of effective strategies to increase the demand for services that are being delivered by the programme. For example, Community Child Care Units ensure that additional nutritional commodities (biscuits) are distributed to malnourished children, yet do not always ensure that all under-five children in the community are weighed. Although the service (distribution of biscuits) is carried out, the demand for this service (members of the community visiting the Community Child Care Unit for screening) is not ensured. This is because there is already an existing demand for the former but not for the latter. Hence strategies need to be developed to increase the demand for services being delivered.

The demand for services that are weak, such as nutrition monitoring, preventive care, girl child education, hygiene practices, can be strengthened through the following measures. Linking an undemanded service with a demanded service systematically. For example, nutrition food rations are given only after the child has been weighed or after attendance in school is regular. For enhancing the demand for a service, it is important to have a medium that ensures that the client comes to the point where the service is available (for example to a school or a Primary Health Care centre). This implies that a link is established with the community of potential users through community volunteers. Awareness training to key community persons or volunteers on various issues would be one way of forging such a link. In programmes that seek to change basic behaviour (such as in hygiene), key behaviour variables must be identified through knowledge, attitude, and practice studies and then communication strategies must focus on one or two key behaviours.

#### **4. Enhancing Access and Coverage**

Given the resource constraints within which UNICEF and the Government of Iraq are functioning, a crucial strategic issue is how to enhance access and coverage of programmes with the limited available funds. The following programmes and strategies are recommended for expanded coverage but which will require relatively low levels of resources or supplies. Expand the hygiene education programme through integrating with school curriculum at the primary and secondary level. Pilot water quality monitoring at the community level through training and supply of low cost monitoring kits. As more than fifty percent of births are still outside the hospital-Primary Health Care centre structure, strengthening through training and delivery kits, safer delivery practices for informal birth attendants/midwives. Initiate and reactivate nonformal literacy and health education programmes for women and adolescent girls through selection and training of women community volunteers (as was done in the case of Community Child Care Units). Create volunteer based extension systems to the formal system for different services in different sectors.

#### **5. Education Sector Review**

Quality of education is a function of several complementary inputs. The support provided by UNICEF has focussed on three areas; improvement of the physical environment by rehabilitation of buildings including improving school sanitation, improvement in teaching quality by teacher training, and supply of learning materials. All three areas taken together provide the foundation of quality education but need to be strengthened further. A comprehensive education sector review is needed in order to analyse the strengths and weaknesses in the education system and to suggest alternative options for the identified problems. The recommendations of the study should be implemented to improve the quality of education including teacher training, curricula, equipment, and textbooks. Initiatives could include developing an academic support based supervisory system (for example training of school supervisors); involving parents for continuing education at home; and creative use of local materials for activity based learning.

#### **6. Safe motherhood**

While discrete and indirect programme support has been provided to women, it is necessary to refocus interventions around a programme framework that takes into account all the needs of women before, during and after pregnancy. The design of such a comprehensive safe motherhood programme is critical as any missing element can nullify the impact of other inputs. Monitoring the health of women, as is done for children, should be an integral part of such a programme.

#### **7. Cross Sectoral Interventions to Address Neglected Areas**

There are distinct areas which have been relatively neglected and therefore need to be addressed. All the areas identified below need complementary inputs from different sectors, particularly education, health, nutrition, and communication. As these areas have emerged from the needs of specific vulnerable groups rather than from programme outputs, a method of providing cross sectoral inputs to these population groups needs to be found. All these programming areas attempt to address the needs of a specific group in an integrated manner, rather than provide a

specific service to the population at large. As this approach is new in Iraq, the strategic steps to develop such an approach is critical. The recommended strategies needed to develop such programme development include developing diverse programme management committees that include all stakeholders, conducting a cross sectoral qualitative needs analysis for each population subgroup, initiating programmes on a pilot basis, and developing all new programmes in close cooperation with the Government of Iraq.

**(i) Integrated Early Childhood Care and Development**

Programme support to date has focused on the physical growth and development of young children. A comprehensive, integrated, intersectoral approach to early childhood care and development needs to be designed in order to fill the gap that currently exists in addressing all dimensions of a child's development. Support is needed to address the learning needs of children aged 0-3 years. In addition, alternative strategies to address the learning needs of children aged 4-5 years is needed for those children who are not able to gain access to the limited number of kindergartens that currently exist.

Possible strategies for developing an integrated approach to childhood care and development include identifying key actors to play a constructive role in building understanding of the new approach, exploring the concept of parent education for better parenting, and focussing on awareness-building and building alliances with key actors.

**(ii) Inclusive Education**

Existing laws support all children to have at least a basic education. As a way to ensuring universal enrollment, UNICEF should promote inclusive education by promoting girls' education. Ensuring that all girls are in school is a targeted way to ensure that both girls and boys are enrolled in school. In addition, because once a girl drops-out out of school she is less likely to return to school than a boy who drops-out of school, more effort is needed to retain girls in school once enrolled and to reduce drop out rates. Through both formal and non formal means, girls' education should be promoted.

**(iii) Integrated Management of Childhood Illnesses**

This initiative within the health programme has not yet been adopted. The concept needs to be formally adopted and piloted through selected hospitals and Primary Health Care centres to identify its strengths and weaknesses in addressing childhood illnesses within the context of Iraq.

**(iv) Expansion of Child Protection Programming**

A new intensified and expanded programme for child protection is needed to better address the needs of children in need of special protection. Focus should be on integrating orphaned, abandoned or working children back with their families and supporting the families, supporting community based care and early detection of childhood disabilities, and revisiting the laws that guide children's lives such as juvenile justice and the legal definition of an orphan. A more comprehensive programme framework needs to be developed within which current activities are integrated.

An entry point to supporting such children would be programming around the education needs of working children that takes into account the reality of their lives. It is possible to begin assisting these children by starting drop in centres where children can rest, learn, receive nutritional inputs and interact with other children.

#### **(v) Basic Education for Adolescent Girls**

Special programmes for adolescent girls is another area of emerging need and there is a need to develop special programmes for adolescent girls. Such programmes also need to be rooted at the neighbourhood level so that they are easily accessible.

### **8. Monitoring Implementation of CRC**

Ratification of the Convention on the Rights of the Child (CRC) by the Iraqi government in 1993 was an important milestone with regards to policy development in the area of child rights. It was expected that the CRC would be implemented by the inter-ministerial Child Welfare Commission. Support needs to be provided to the Child Welfare Commission in order to enable it to function as a unifying policy-making institution on issues of child protection. The national policy that emerges should include strategies geared more towards prevention, early intervention and more family and community centred rehabilitation, and should aim to extend the present knowledge base, through research and the creation of comprehensive and accessible databases.

The Country Programme's role should be in providing technical assistance to the Child Welfare Commission for national policy and programme development in child care, preferably with a strong bottom-up orientation.

### **9. CEDAW and Gender Pro-activeness**

Iraq is a signatory to the Convention for the Elimination of Discrimination Against Women (CEDAW). Programmes need to be promoted in support of this commitment. Key areas should include addressing gender proactively and specifically, and directly addressing the needs of girls and young women including supporting the empowerment of women.

### **10. Advocacy and Social Mobilisation**

UNICEF is clearly seen as an advocate for improving the situation of Iraqi children and women. Advocacy efforts need to continue and would benefit from a comprehensive policy on advocacy and social mobilization stressing inter-sectoral coordination.

Community mobilization services need to be pegged with specific programme outputs or services as much as possible. Communication strategies must address behavioural change and not just focus disseminating messages. Mass communication strategies have to be complemented through change in behaviour of service providers (for example messages by doctors have to supplement mass media, Community Child Care Unit volunteers must personally promote breastfeeding). Behaviour change is a long term process and the only way to sustain messages is through personal communicators that enjoy credibility.

# ANNEXURE 1

## List of resource persons engaged in the Joint Government of Iraq – UNICEF Programme Review 1990-2000

### Programme Review Team

Mr. Hans Narula	Team Leader
Mr. Charles Lwanga-Ntale	Programme Review Consultant
Mr. Biswajit Sen	Programme Review Consultant

### Regional Office

Ms. Yin Yin Nwe	Regional Planning Officer, UNICEF Menaro
Mr. Jan Van Manen	Project Officer, UNICEF Menaro
Mr. Frank Dall	Senior Advisor, Education, UNICEF Menaro

### Sector Consultants

#### **Health and Nutrition**

Dr. Ahmed Megan	Senior Advisor, Health and Nutrition, UNICEF Menaro
Dr. Richard Garfield	Sector Consultant

#### **Water and Environmental Sanitation**

Mr. Michel Saint Lot	Senior Advisor, Water and Environmental Sanitation, UNICEF Headquarters
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#### **Education**

Mr. Peter Buckland	Senior Advisor, Education, UNICEF Headquarters
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#### **Child Protection**

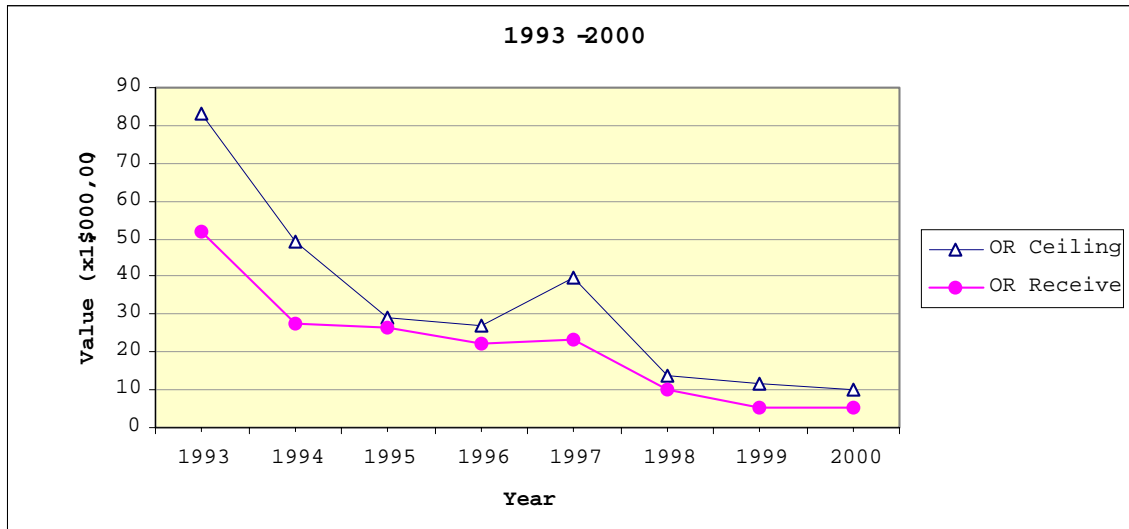
Dr. Josi Salem-Pickartz	Sector Consultant
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#### **Communication**

Ms. Nance Webber	Communication Officer, UNICEF Khartoum
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## ANNEXURE 2

### Trends in Programme Supplementary Resources



OR: Other Resources

### Programme Budget Allocation by Sector 1990-2000

