

PART ONE

IRAQ NATIONAL CONTEXT

1. Overview

1.1 Physical Environment

The Republic of Iraq covers an area of 435,052 Km². It is bounded by Turkey and Syria in the North and Iran in the East; Syria, Jordan and Saudi Arabia in the West; Kuwait, Saudi Arabia and the Gulf in the South.

Iraq is comprised of four major physiographic regions: mountain (21% of total), alluvial plain (30%), desert plateau (39%) and the upper plains/foot-hills (10%). Climatic variation ranges from cool to cold winters, and hot to extremely hot, dry summers. Regional differences are such that Baghdad is fairly dry; the South is very humid; the North is cool all year round, with very cold winters.

Of the total land area of Iraq, only 25% is arable. The rainfall pattern is one of great irregularity and ranges from under 100mm to about 1,000mm/year. Agricultural production, which covers about one-half of the country's arable land, is limited by inadequate land preparation and deterioration of soil quality, despite land reclamation. Irrigation has resulted in widespread water logging and salinity problems in one-half of the areas. Crop infestation has increased.

These problems, compounded by the limited availability of machinery, reliance on inadequate inputs and the general deterioration of irrigation facilities has resulted in reduced yields for cereal production in 1997 estimated at 2.2 million tons, the lowest since 1991.¹³ Even in the fertile northern governorates, there was a drop of 30% in crop production for 1996.¹⁴

1.2 Political Organization

Iraq became a republic in 1958 following the overthrow of the monarchy. With the Revolutionary Command Council (RCC) assuming legislative powers, the Baath Party has ruled Iraq since 1968. Executive responsibilities are assumed by a cabinet of ministers with the President of the Republic also currently acting as Prime Minister. President Saddam Hussein has ruled since 1978.

Since its formation in 1980 the National Assembly assumed legislative powers but resolutions issued by the RCC continue to have the authority of law. Of the various National Assembly Committees, responsibility for implementation of the CRC is assigned to the Human Rights Committee. Other specialized committees operating in the National Assembly are as follows: Religious Affairs, Health and Social; People's Affairs; Information, Students and Youth; Environment; Financial and Economic; Industry, Oil and Minerals; Legal and Administrative; Agricultural Affairs; Arab and International Affairs.

The National Assembly has the power to invite a Minister or government official to discuss any

¹³ FAO/WFP Food Supply and Nutrition Assessment Mission to Iraq, October 1997

¹⁴ UNICEF Northern Iraq "Comments on the Situation Analysis Draft." 1997

issues related to people's lives. Children's issues in Iraq have priority and good support, and a responsible Minister has a commitment to the rights of the children.

The National Assembly consists mainly of males. The proportion of women members was 6.4% in 1980, rising to 13.2% in 1984, and declining to 10.8% in 1990.¹⁵ As with the Popular Councils, legal guarantees of women's right to run for membership did not result in equitable representation in these political institutions. This also applies to Iraq's political parties (the ruling Baath, Kurdistan Democratic and Kurdistan Revolutionary Party).

The main administrative structure of the country is the governorate, of which 18 constitute the Republic of Iraq. As shown in Table 1.1, these are grouped as Northern, Central and Southern.

Table 1.1
Iraq's Regional Governorates

| Northern Governorates* | Central Governorates | Southern Governorates |
|---|---|--|
| 1. Nineveh 2. Ta'meem 3. <i>Erbil*</i> 4. <i>Suleimaniyah*</i> 5. <i>Dohuk*</i> | 1. Baghdad 2. Salahuddin 3. Diala 4. Wasit 5. Kerbala 6. Najaf 7. Babil 8. Anbar 9. Qadisiyah | 1. Thi qar 2. Missan 3. Muthana 4. Basrah |

** Note that the "Autonomous Northern Region" forms only part of the "Northern Governorates" as indicated in the table*

Each of the 18 governorates is divided into districts (Qadha) and subdistricts (Nahiya). The latter consists of villages with a total of 10,000 over the entire country. The governorate is administered by a Governor, responsible for the implementation of the government policies, plans and development projects. The governors have strict control over the governorate, and their role is crucial for the successful implementation of CRC-related activities¹⁶.

The qaïmmakam is the administrator at the district level, while the mudeer al-nahia serves a similar function at the sub-district. At the local level, the mukhtar is the direct government representative to the people.

People's access to higher authorities is channeled through two main bodies; one is the Local People Councils (LPC's) at the governorate, district and sub-district levels, and the other is the National Assembly (Parliament). These two bodies provide a forum for participation in the political process, while at the same time assuring that government policy is implemented at the community level. The LPC's gained

¹⁵ The National Report on Women." Report presented to the Regional Preparatory Meeting for the Fourth World Conference on Women by the General Federation of Iraqi Women (in Arabic), p.12.

¹⁶ Involving the governors proved very effective in the establishment of the decentralized Mid-Decade goals monitoring system in 1994-1995. See "Iraq's Integrated Goals Monitoring System" in UNICEF/MENA Report, 1997, pp 36-7. Success was due to a strengthening of the Central Statistical Organization staff who in turn trained governorate CSO representatives. They reported regularly to their governors on progress.

more power in 1996, when a law was issued specifying their tasks and jurisdictions. These councils are supported by the political leadership of the country and by the Baath Party (the ruling party). Their members can be effective to help support the CRC locally. Professional and cultural organizations such as the General Federation of Iraqi Women (GFIW), the General Federation of the Iraqi Youth (GFIY), the Farmers Union, the Trade Union and other recognized groups are additional forums and means of communication between the government and the people.

The northern governorates of Erbil, Suleimaniyah and Dohuk are the Autonomous Region where Kurds predominate numerically. They were granted autonomy in 1973. Factional hostilities and armed conflict relate to territory control. The major groups, the Patriotic Union of Kurdistan (PUK) linked with Iran, the Kurdistan Democratic Party (KDP) and the Kurdish Turkistan Workers Party (PKK) - which is involved in border raids with Turkey - have created instability in the region (most recently in late 1996 and late 1997) and uncertainty about the future. Currently there are two separate administrations - one in Suleimanayah, the other in Erbil and Dohuk. The Government of Iraq provided public support to the region up to 1992.

Iraqi women have in general benefitted from the social programmes of the welfare state and some women reached positions of power in governorate institutions. However males predominate in Iraq's local, regional and national administrative structures.

1.3 Socio-Economic Development

1.3.1 The Era of Economic Prosperity

1.3.1.1 Iraq's Economy

The Iraqi economy has been dominated by the oil sector, which in 1989 comprised 61% of the Gross Domestic Product (GDP). Services come second (22% of GDP), then industry (12%) with a mere 5% from agriculture¹⁷. The substantial oil revenues brought prosperity for most Iraqis and high government expenditures in the public sector. Even so, the major consumption (56%) was in the private sector, followed by 33% for the public sector¹⁸.

Oil wealth financed an impressive social sector infrastructure for both urban and rural areas. Benefits also extended to guest workers, including professionals from less affluent regions of the Arab World.

The First Five Year Plan in 1972 followed the nationalization of Iraq's oil resources. It emphasized water resource management with large scale land reclamation and construction of a complex network of drainage systems to containing soil salinity. Although the basic goal of agrarian development was food security, Iraq remained dependent on imports for most of its food consumption, which had increased with the raised living standards. This dependence included health, water and sanitation equipment and supplies.

¹⁷ Country Profile 1996-1997 Economist Intelligence Unit (EIU) - 15 Regent St., London SW1Y 4LR, UK.

¹⁸ Ibid.

1.3.1.2 Health Sector Development

As with other public institutions, the health sector grew with the economy. This included both preventive and curative (clinical) health care, with coverage extending to rural areas. By 1990 Iraq had over 9,000 physicians, many trained in the U.K. with about one-quarter who were board-certified specialists. Iraqi biomedical specialists provided some of the most sophisticated medical care in the Arab region, including kidney transplants, extrauterine fertilization and open heart surgery. Primary medical care reached about 97% of the urban population, and 78% of rural residents¹⁹.

Child health indicators of the 1980's reflected the improved health conditions, for example the reduction of infant and under five mortality rates²⁰. Iraq relied heavily on import-dependent, high technology, curative biomedicine with health promotion of secondary importance.

The 1985-1990 National Plan preparation started serious attention to social mobilization campaigns, the mass media, non-health sectors and popular organizations²¹. But traditional local health promoting practices were not promoted.²² An important example is the decline of breastfeeding in favour of infant formula imported during the seventies and eighties. While 76% of newborns were breast-fed at three months of age, this declined to 45% by six months, and to 19% by 12 months of age as of the late 80's²³.

Water and sanitation services for treatment plants and networks were well developed, especially in urban areas and relied on centralized implementation using sophisticated technology. This has been seriously affected by the economic constraints, with a consequent increase in water and food-borne diseases such as diarrhoea, typhoid and cholera. These are major factors in the poorer health and nutrition of the population. The abundant power supply for water and sanitation services as well as other critical needs, such as in hospitals, is no longer available.

1.3.1.3 Public Education and Salaried Employment

Public expenditure also subsidized the expansion of the education sector, covering all levels of schools, from Kindergarten to University. Children's Right to education was insured by the Compulsory Education Law passed in 1976. This made primary level education mandatory and free. By the beginning of the nineties, primary school attendance became almost universal, reaching about 93%.

Except for primary education, male enrollment continued to outnumber that of females'. The gender specific educational/skill differential among Iraqis remains in favor of males. In 1994, when the need for additional income was increasing, women's participation in the formal economy labour force amounted to less than 25% of all women, compared to 78% for men. As observed for the Arab region in general, these official labour force statistics, which (by definition) focus on remunerated labour, greatly underestimate women's contribution to the national economy. This narrow focus bypasses women's

¹⁹ Richard Garfield, Sarah Zaidi, and Jean Lennox "Medical Care in Iraq Following Six Years of Economic Sanctions." Unpublished report, September, 1996, p.3.

²⁰ UNICEF MENA Evaluation Series No.9, op.cit, 1990, p.45.

²¹ Ibid, p.12

²² This has been generally the case elsewhere in the Arab World and stands in contrast to practices in other societies of ancient literate medical traditions, notably China and India. But even compared to other Arab countries Iraq seems to represent an extreme case. Traditional preventive practices and cures, including herbal medicine have been to a large extent abandoned in favor of over-consumption of (imported) pharmaceuticals.

²³ James Grant, "The State of the World's Children." New York, Oxford University Press, p.104, 1990.

informal sector role.

With the special demands during the Iran-Iraq war, women's industrial employment increased by 38%, compared with a decrease of 22% in men²⁴. An additional burden during this time was that many Iraqi women, particularly widows, assumed the responsibilities of heads of households.

For women who are recognized as part of the labour force, those of Iraq's public sector have enjoyed a number of benefits in accordance with Labour Code 17 for the year 1987. This code and related legislation, notably the Law of Pension and Social Security (1971) and Maternal Law (1971), guaranteed women equal opportunity with men in civil service employment, a paid leave for one month before delivery and for six months after delivery (or a year with half pay).

Opportunities of public sector employment guaranteed to women by Iraqi law include those which require professional expertise. However, whereas female specialists and technicians just outnumber males, only 12% at the higher echelon of the administrative ladders are females (Table 1.2).

Table 1.2
Percentage of Female Employees by Profession, 1993

| Profession | % of females to total employees |
|---|---------------------------------|
| Administrative staff, secretaries and clerks | 56 |
| Selling activities | 53 |
| Specialists & technicians | 52 |
| Services | 27 |
| Legislators, Administrative Heads & Directors | 12 |
| Grand Total | 47 |

Source: National Report on Woman Development, GFIW, 1994, pp15

1.3.2 The Economic Crisis of the Nineties

1.3.2.1 The Impoverishment of Iraqis

When the Gulf War broke out on January 17, 1991, the Iraqi economy was still under pressure from the effects of the Iraq-Iran war which continued for 8 years (1980-1988). This caused a reduction in Gross Domestic Product (GDP) and country's financial reserves with inflation, slowing in the industrial sector growth and the public budget, including that for the social sectors.

The embargo resulted in further rapid economic decline.²⁵ In 1991 the GDP dropped by about

²⁴ Calculated from the Annual Statistical Abstracts published in 1985 and 1991 by the Central Statistical Organization (CSO).

²⁵ The cumulated economic cost to Iraq as a result of the sanctions is very great. One estimate comes from the Human Development Report/Iraq 1995. Based on the expected GDP in the absence of sanctions minus the GDP obtained, the report (using fixed prices of 1990) estimates that \$166.6 billion was lost in the non-oil sector (based on an exchange rate of \$3.1/ID) and a total of \$98.7 billion actual dollars for oil lost from 1990 to 1995.

three quarters of its 1990 value to approximate that of the 1940's.²⁶ By September 1995, the U.N.'s Department of Humanitarian Affairs estimated that about 4 million Iraqis (about 20%) lived in extreme poverty²⁷. These are mainly Iraqis living in areas with underdeveloped infrastructure and limited economic opportunities. The people of the southern part of Iraq had already been devastated in the Iran-Iraq war and the Gulf War. Populations in border areas and those affected by continued hostilities in the Autonomous Region of the North are also especially vulnerable.

Unemployment is widespread and even those employed (particularly in the public sector) may go without pay for long periods. Most look for other work to supplement their income. Iraqi families are often forced to sell their household and personal assets when borrowing money is not an option. Increasingly, children work as shoe polishers, cleaners or selling items on the street.

Productive economic activities have stagnated due to lack of investment, acute shortage of supplies, spare parts, unreliable fuel and power supplies. There was a sharp decrease in the standard of living and employment opportunities. The northern governorates are also subjected to continuing political instability. For the Autonomous Region, the 1994 ODA Household Expenditure Survey reports that the poorest 10% of households earned only 3% of the average household expenditure²⁸.

The purchasing power of the local currency has greatly reduced, with the precipitous depreciation in the value of the Iraqi Dinar (ID). Its exchange rate dropped from the equivalent of US\$3 in 1990 to \$1/3,000 by the end of 1995, although has managed to be more stable at about \$1/1500 during 1997.

Whereas low-income families came to bear the primary brunt of economic decline during the nineties, even senior officials with relatively high incomes are unable to satisfy their families' basic needs. With the average public sector wage declining to the equivalent of \$3 to \$5 per month, its earner can afford to purchase the minimum basic essentials. Important households at risk are these with widows and disabilities as a result of two recent wars.

1.3.2.2 De-Skilling of Professionals and Salaried Employment

A significant number of professionals have left Iraq due to the economic situation. Those who remain accept less skilled employment to make a living, many requiring two or three jobs to augment their needed income. It is not clear how the erosion of professional groups has affected their gender composition. This is an important concern, particularly for the health and education sectors where the presence of women doctors and teachers encourages the use of these services by females.

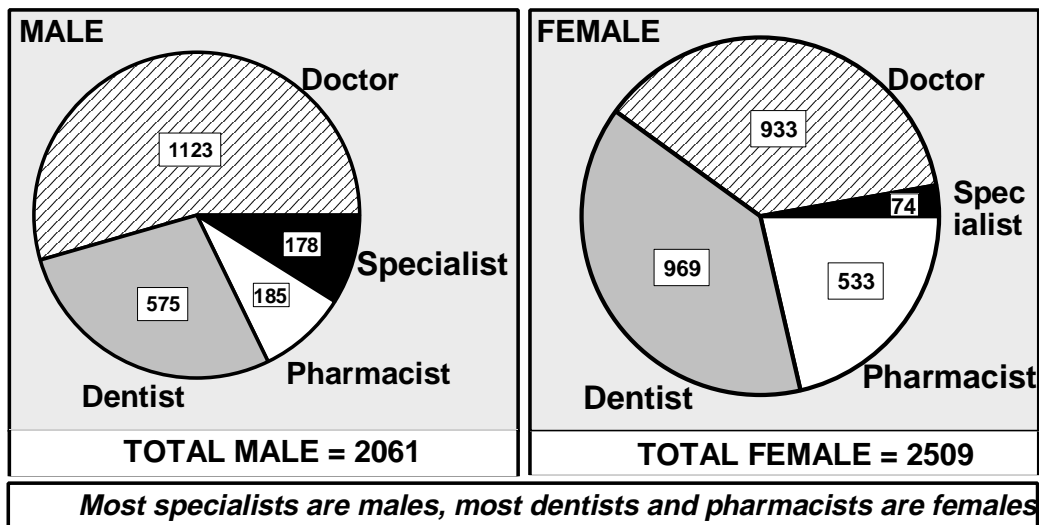
²⁶ Economist Intelligence Unit, Iraq Country Profile, 1996-1997, p.13

²⁷ U.N. Consolidated Inter-Agency Humanitarian Cooperation Programme for Iraq: (1995) Mid-Term Review

²⁸ Ward & M. Rimmer "Targeting Basic Assistance in Northern Iraq: Findings from a Household Expenditure Survey." 1994.

Figure 1.1 illustrates that in hospitals, female dentists and pharmacists (whose practices are more consistent with cultural perceptions of modesty) outnumber males, but male specialists predominate.

Figure 1.1:
Number of Male and Female Health Professionals in Hospitals - December 1993



Source: Annual Statistical Abstracts, CSO, 1994, table 11/7

Teachers Preparation Institutes continue to have larger proportions of females. The percentage of graduate female teachers has steadily increased from 51% in 1980 to 53% in 1985, to 60% in 1994. This is reflected in the increase of female teachers in primary schools as a percent of the total (48% in 1980 to 69% in 1994) and in secondary school (41% in 1980 to 54% in 1994). However the percent of females in technical schools and universities has not changed much from 1980 to 1994 (31% to 35%)²⁹.

The proportion of women has increased in the service sector from 11.9% in 1987 to 79% in 1992. In Iraq's large industries this rose from 13% to 21%, including the period from 1990 to 1993, when total employment dropped by 22% (Table 1.3).

Table 1.3
Number of Male and Female employees in Iraq's Large Industries 1984 - 1993

| Year | Male | % | Female | % | Total |
|------|---------|----|--------|----|---------|
| 1984 | 148,019 | 87 | 21,975 | 13 | 169,994 |
| 1990 | 130,280 | 81 | 30,386 | 19 | 160,666 |
| 1993 | 98,277 | 78 | 27,079 | 22 | 125,356 |

Source: Calculated from the Annual Statistical Abstracts for the years 1985, 1991 and 1994, table 4/3, Central Statistical Organization.

This development in labour force composition started with the Iran-Iraq war, then continued during economic austerity. One interpretation is that men leave the public sector in pursuit of higher income activities within or outside of Iraq; women are more restricted, with family and household responsibilities. Culturally, men continue as the primary "bread-winners", while women's contributions to household incomes are regarded as complementary. As second-income holders, women public sector employees/mothers are in a better position to remain in their jobs, given the sector's relatively limited demands on their time. Benefits of maternity leave and extended leaves without pay also contribute to the stability of female public employees.

The importance of education (Article 10 of the CEDAW) as a means of allowing women access to a steady income comes into focus. Within the prevailing economic crisis, this income may be the crucial means of ensuring children's survival. Without it, many Iraqi families and their children suffer the consequences.

1.3.2.3 Economic Austerity and Social Deprivation

Economic deterioration correlates with an increasing number of street children, adult beggars and theft. Child labour, often seen on the streets of Baghdad, is linked to an expanding informal sector. A worse fate, that of delinquency, increasingly threatens children.

The interruption of the flow of oil revenues dealt the public sector a severe blow. Its current state of near dormancy affects many facets of social life, including those relevant to children's rights and gender equity. Education and public health are especially affected.

The decline in public education is reinforced by the increased responsibility for family welfare and income on children. While child labour outside the household in the public sphere may be primarily associated with boys, girls' responsibilities of income generation within the domestic domain limits continued school attendance, and by extension, the promotion of girls' education. The increased reliance on boys' income generation is even greater as shown by secondary education enrolment. Whereas this increased for girls from 29% in 1981 to 39% in 1990/91, it declined in boys from 71% to 61% over the same period³⁰.

In the health sector, the combination of severe compromises in the country's food security profile, economic decline, and destruction of Iraq's infrastructure particularly in relation to the supply of safe water, had major consequences for child health. It is estimated that by 1995 the IMR doubled as compared with 1990.³¹

³⁰ UNICEF Situation Analysis, 1992, p.48.

³¹ Human Development Report/Iraq, 1995, page 19

1.3.2.4 Food Rations

Were it not for public food rations, famine would have caused even more deaths of Iraqi children. The distribution of these government-supplied rations began in September 1990, one month after the start of the embargo, for all 18 governorates. Rations were crucial given their high market value compared to incomes based on the rapidly devalued ID. With an energy value of 1225kcal /person/per day, the ration was inadequate for people's needs and represents about half of the 2500kcal daily requirement set by WHO (Table 1.4)

Table 1.4
Per Capita Monthly Public Ration
Pre-MOU*

| Item | Ration kg/pc/month | Calory content kcal/pc/day | Protein gm/pc/day | Fat gm/pc/day | Subsidy price ID/ month | Market price ID |
|----------------|-----------------------|-------------------------------|----------------------|------------------|----------------------------|--------------------|
| Wheat Flour | 7.00 | 817 | 27 | 3.5 | - | 9,800 |
| Rice | 1.25 | 150 | 3 | 0.21 | - | 1,875 |
| Vegetable. Oil | 0.75 | 221 | 0 | 25 | - | 1,800 |
| Sugar | 0.50 | 67 | 0 | 0 | - | 1,500 |
| Total | | 1,225 | 30 | 29 | 50 | 14,975 |

* Prior to the "Oil-for-Food" period

The ration distribution provides equal amounts of food for all families with no selectivity for most needy. Those who could afford it, supplemented the ration with fruit and vegetables. The increased demand for these foods led to a large price increase and encouraged expansion of vegetable production over an additional 1% of the total cultivated area, increasing it to 9%. Whether such expansion will also be true for other food items seems doubtful, given the greatly increased cost of agricultural production. Further, the relatively lower market prices of wheat and rice will tend to discourage local production of these cereals.

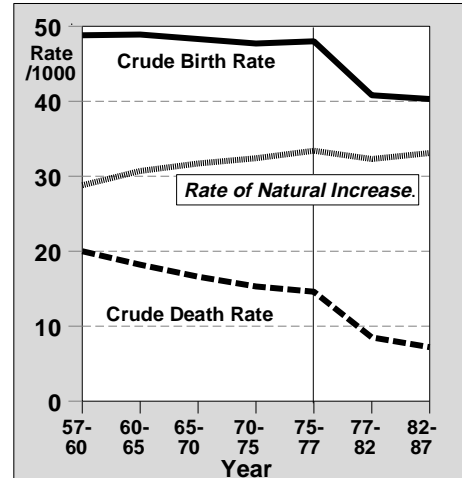
Following the outbreak of military hostilities between forces of the Kurdish-dominated northern region of Iraq and those of the central government after the Gulf war in the early 90's, the central government administration withdrew from the northern region and ceased public support in September 1992. Since then, government rations were restricted to the South/Centre. The north has relied on external donors for added support and food.

1.4 Demographic Trends

The demographic expressions of increased national wealth and social sector development of earlier decades are reflected in the decline of Crude Death Rates (CDR) and Crude Birth Rate which dropped from 48.8 to 40.3/1000 between 1957 and 1987³² (Fig 1.2).

Since the 70's, development programmes, especially in the health sector, were oriented to achieving reduction in mortality rates and encouraging high fertility rates. The natural growth rate in the population is determined by the difference between two main factors; crude birth and death rates. Birth rates started to fall during the eighties due to the Iraq-Iran war, which balanced the decline in death rates, slowing down the growth rate increase to 3.3% per annum

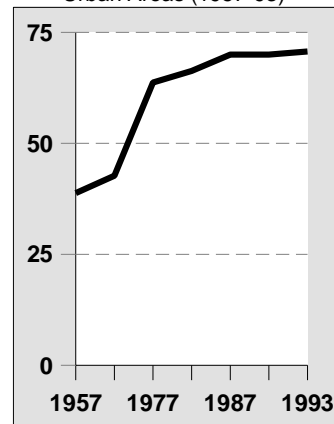
Figure 1.2
Crude Birth and Death Rates
Iraq (1957-87)



Rate of Natural Increase = Crude Birth - Crude Death Rate
Source: State of the Iraqi Child, Ministry of Planning, 1991

Urbanization: The percent living in urban areas grew rapidly from 1957 to 1980 (from 39 to 66%), reflecting the increased investment in urban areas (eg industry) as compared with agriculture. The percent urbanized slowed from 1980 to 1987 (from 66 to 70%) and since then has remained about the same according to projections (Fig 1.3).

Figure 1.3
Percent of Population in
Urban Areas (1957-93)



Source: Dr. M. Al-Rawi. Development activities and demographic changes in Iraq, 1994

1.4.1. Population Structure and Distribution

Iraq's population of about 20 million is still youth-dominated. The 1987 census shows people under 20 years comprised 56.9% and those under 15 years, 45.2% of the population. The Central Statistical Organization projected that by 1995, Iraq's under fives' population would be 15.5% of the total.

Preliminary results of the October 1997 National Census show the total population at 22 million

³² Ministry of Planning, Government of Iraq

and the percentage of women slightly higher than men (50.3% vs 49.7%). More detailed results are not expected until later in 1998³³.

Ethnic and religious diversity characterize Iraq's population. According to official statistics Arabs make up 80%, Kurds 15%, and the remaining 5% is constituted of Turkoman, Yazidis, Sabeans and Armenians³⁴. Kurds dominates in the three northern governorates of Erbil, Dohuk and Suleimaniyah. The majority of Turkoman reside in Kirkuk, the capital of Al Ta'meem governorate; Yazidis are found mostly in Sinjar in the northern governorate of Nineveh and Armenians are mainly in Baghdad.

About 95% of Iraqis are Muslim and more than half of these are Shiites. Christianity is the religion of about 4% of Iraqis and the remainder includes those of the Yazidi and Jewish faith.

Most of the population live in the Mesopotamia region bounding the Tigris and Euphrates rivers and in the cities of Baghdad, Mosul and Basrah. Other parts of Iraq are relatively sparsely populated. South/Central Iraq has permanently settled populations³⁵. In the three northern governorates of Erbil, Dohuk and Suleimaniyah the population is more mobile, displacement (estimated at 180,000 by UNHCR) has resulted from inter-factional armed conflict, where internal political instability and military incursions.

Iraq also has over a hundred thousand refugees, including Eritreans, Iranians, Palestinians and Turks. Females constitute a slight majority of 52% over males, and children below the age of 14 make up about 55% of the refugee population. Most of the Kurdish and Palestinian refugees are integrated into local communities and their civil structures. Iranian female refugees are camp based. Within the framework of UNHCR programmes the Iranian women undergo training in carpet weaving, sewing, and knitting, as well as ceramic and pottery making. Camp based women refugees are also provided with sanitary assistance and health care. Child education is dependant on outside support³⁶.

1.4.2 Population Policies and Family Planning

Decline in birth rates during the years of the Iran-Iraq war prompted the government to provide financial incentives to boost population growth. Child support allowances were given to either parent for having three or more children. The extended duration of the war offset the effect of this scheme. Hence, growth rates declined slightly, from 3.3% in the 70's to 2.7% in the 80's (Fig 1.4).

³³ Data on census categories were not available at the time of this document. Detailed information on gender relevant to programmes would be useful, but is generally unavailable, including that for women-headed households. U.N. programmes which follow the gender equity principles of international conventions, including CEDAW and PFA, generally define women headed families as a "most vulnerable group". This would also be the case in Iraq at this time of economic austerity.

³⁴ Due to political implications the accuracy of official statistics is always subject to questioning.

³⁵ Shifts do occur, especially during the Iran-Iraq War which particularly affected Basrah, Missan, Wassit, Diala, Erbil and Sulamanayah.

³⁶ U. N. High Commissioner For Refugees, Office of the Chief of Mission, Baghdad, Memorandum "Report on Refugee Women and Children," August 10, 1997.

UNHCR has built five primary schools in Al-Tash camp where there are 5600 students, and support 52 private classes. The government of Iraq provides teachers for the five schools, which follow the curriculum of Iraqi public schools. The private classes teach Kurdish and Farsi.

Access to contraceptives is subject to medical judgement and authorization. This has improved as a result of a ministerial directive³⁷ in 1991, influenced through promotion by the International Family Planning Association/Iraq (FPA/I) with national organizations and unions. This political legitimation is a significant step towards the effective implementation of the international conventions for women to which Iraq is a signatory³⁸. However, medicalization of reproduction may be considered as a means of social control³⁹, which may compromise the principles of the CEDAW and PFA (Plan For Action).

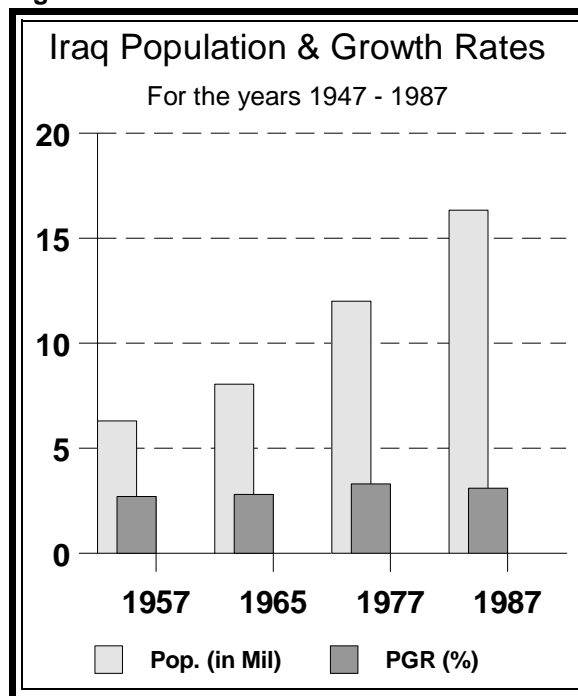
Despite the ministerial direction, less than half of women of child bearing age use modern methods of family planning, although most are aware of these methods. Further, these services are not provided at PHCs (see fn. 40)

The Safe Motherhood Initiative, which had been accepted in other Arab and Islamic countries since the eighties was adopted by Iraq's Ministry of Health in 1995. This Initiative relates primarily to the issue of safety and only partly to the right to health. It does not address women's individual right to fertility regulation. In the Iraqi context the major concern with Safe Motherhood may be women's contribution to social reproduction. It is argued that:

Mothers are Iraq's main human resource, involving all social groups and families. Achieving the objectives through effective implementation of programmes and services will improve not only the mother's health and well being, but also that of her foetus, with safe delivery of a healthy child to help insure a more productive future for the nation. For this reason, a key factor is the training, supervision, practices and support of birth attendants.⁴⁰

In Iraq, the Safe Motherhood Initiative promotes Reproductive Health through improvements in antenatal and delivery services, particularly in relation to the activities of midwives, nurses and birth attendants. Family Planning is promoted as conducive to the protection of mother and child, and, more

Figure 1.4



³⁷ Memo 5812, Minister of Health, Republic of Iraq, Technical Section 5/5/1991. The Minister of Health directive was to lift the ban imposed on contraceptives and allow their distribution without restriction.

³⁸ This legitimation was implicit in an earlier statement by the President of Iraq who stated "**...I am against limiting population, but it is imperative to have family planning in such a way as to allow parents to raise children properly, and parents must avoid compromising the welfare of the child in order to increase the numbers, but I am for the increase in the size of the family.**" (Translation of the Arabic text on the wall of the entrance hall of the FPA/I.

³⁹ See, for example, Faye D. Ginsburg and Rayna Rapp, eds. "Conceiving the New World Order: The Global Politics of Reproduction." Berkeley: The University of California Press, 1995.

⁴⁰ "Survey of Family Planning, Delivery Services and Birth Attendants in Iraq." Conducted by TBA Programme, Ministry of Health with the participation of UNICEF/Iraq, WHO and the IFPA/Iraq, 1996

generally, the social good. At times, male authority as in other countries can override women's need for/right to contraception:

Results showed that about one in three currently married Iraqi women of child bearing age now use family planning and most of these had begun only within the past two years...The main reasons for use included limiting the burden of added family members, economic and health..... The major reasons for not using family planning measures were that the husband refuses to use any and the desire for more children. Health, religion or fear of side effects were rare reasons for non-use.⁴¹.

Women's right to fertility regulation is an important determinant of her health and nutrition, as well as that of her newborn and other young children, especially during times of economic austerity. This may lead to some mothers' perceived inability to breast-feed their infants when their own health is poor.

⁴¹ Ibid, p.i-ii.

1.5 Oil for Food

The May 1996 Memorandum of Understanding (MOU) between the United Nations Secretariat and the Government of Iraq allowed Iraq to sell two billion (US) dollars' worth of oil over a 180 day period to buy humanitarian supplies⁴². Proceeds from these sales would be placed in a UN-controlled escrow bank account at the Banque Nationale de Paris.

Of the \$2 billion from oil revenues for each 180 days, 30% (\$600 million) was for payment by Iraq as Gulf War reparations; 13% (\$260 million) for the three autonomous governorates of the North 2.2% for UN operational costs (\$44m) and 1% (\$20 million) for payments to escrow. The remaining 53% (\$1.06 billion) of the oil revenues allowed Iraq to purchase humanitarian supplies for the South/Centre, with a population of over 18 million (Figure 1.5).

The allocations per sector for Iraq (by percent) were as follows: food and detergent (68.6%); health, mainly medicines (16.7%), electricity and energy (4.5%); agriculture and water/sanitation (each 3.3%); education (2.1%); resettlement (0.9%); nutrition (0.4%) and de-mining (0.2%). The food allocation was relatively greater in the South/Centre compared with that of the three Northern governorates (73.9 vs 47.1%) allowing a greater percent allocated to other sectors in the north. Further, the north receives about US\$ 87 per capita from humanitarian supplies, while the South/Centre receives less-about US\$ 60 per capita.

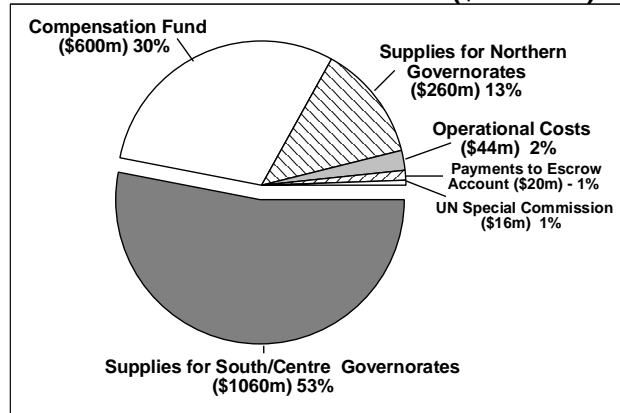
In the South/Centre, the Government of Iraq would be responsible for the procurement and distribution of supplies; in the North, the UN would assume this responsibility as well as to undertake monitoring throughout Iraq.

On an annual basis, the \$2 billion for all humanitarian supplies in the South/Centre governorate does not even reach FAO's estimate of the \$2.7 billion needed to make up for the shortage in the food supply for the year 1996-97. It also represents only half of the UN Secretariat and UN agencies' estimated \$4 billion needed annually for food and medicine alone, without taking into account upgrading and repair of the most crucial public works, notably water and sewage plants⁴³. For comparison, 1989 Iraq's civilian imports cost \$5 billion.⁴⁴

Security Council Resolution 1111 of June 4, 1997 comprising Phase II, extended the Oil for Food programme for 180 days, with the sale of a further \$2 billion Iraqi crude oil. The sectoral composition of the

Figure 1.5

Allocations of Oil for Food (\$2 billion)



⁴² The Security Council Resolution 661 of August, 1990 imposed economic sanctions on Iraq, including a full trade embargo barring all imports from and exports to Iraq, except medical supplies, foodstuff and other items of humanitarian need, as determined by the Security Council Sanctions Committee (SCC). Resolution 986 of April 14, 1995 enabled Iraq to sell up to \$1 billion worth of oil every 90 days and use the proceeds for humanitarian supplies to the country. It did not go into effect until eight months later (December 10, 1996), while the first food shipment arrived a further three months later (March 20, 1997).

⁴³ According to the 1991 estimates of the UN Secretary-General attention to all needs would cost \$22 billion -

⁴⁴ Economist Intelligence Unit, op.cit., 3rd quarter 1997, p.5

funds in the distribution plan was similar to that for phase I. The U.S. and U.K.'s ambassadors to the U.N. demanded rigorous monitoring of the distribution of humanitarian supplies and more detailed information in U.N. monitored distributions in the North.

Following a fact-finding tour to Iraq in mid 1997 by Under Secretary-General for Humanitarian Affairs, Yasushi Akashi confirmed that UN World Food Programme (WFP) observers had been allowed access to every Iraqi governorate and village. Mr Akashi concluded "on a prima facie basis, one could say that the government was making a good effort to distribute food on an equitable basis"⁴⁵. He also reported that less than one third of the SCR 986 food commodities allocated for the first six months (Phase I to June 1997) had been distributed by the end of May, 1997⁴⁶. Even more so than the food, delays in the delivery of other commodities to Iraq continued to be a problem, both in the South/Centre and the North. The first significant supplies for health, water/sanitation and education began later in 1997.

As of March 15, 1998, of the allocations for Phase II (from June to December 1997) for medicines/health, about 75% had arrived in-country for the South/Centre and 50% for the North; for water/sanitation, 59% and 27%; education 37% and 45%; and for electricity/power 48% and 10% each respectively for South Centre and North.

Monthly rations are meant to provide 2,030kcal/person/day (Table 1.5). Although short of WHO's set amount of 2,500kcal, this is almost two-thirds more than was distributed prior to the passage of SCR 986, at 1225kcal/person/day. For the Autonomous Northern Governorates where the GOI had not been distributing food since 1992, the SCR 986-linked ration was a significant improvement in access to basic sustenance.

Table 1.5
Per Capita Monthly Food Ration - Under MOU - 1997

| Commodity | Monthly Ration kg/person/month | Daily Ration gm/person/day | Calorie content kcal/person/day | Protein Content gm/person/day |
|------------------|---|---------------------------------------|--|--|
| Wheat Flour | 9.00 | 300 | 1050 | 34 |
| Rice | 2.50 | 83 | 300 | 6 |
| Sugar | 2.00 | 67 | 267 | 0 |
| Tea | 0.15 | 5 | 0 | 0 |
| Cooking Oil | 1.00 | 33 | 300 | 0 |
| Pulses | 1.00 | 33 | 113 | 7 |
| Iodized Salt | 0.15 | 5 | 0 | 0 |
| Total | 15.80 | 526 | 2030 | 47 |
| Milk Powder* | | | 2.70 | 425 |

* For infants below one year Source: FAO/Iraq

⁴⁵ The Economist Intelligence Unit Iraq Country Report, 3rd Quarter, 1997, p.13. Ibid.

⁴⁶ The problem is compounded by several factors, such as the late start for implementing the MOU, time to process contracts, approval by the SCC and clearance of disbursement from the Banque de Paris.

Phase III was officially begun in December, based on Security Council Resolution 1143 to continue the oil for food for a further 180 days. The GOI distribution plan received the following month was similar to that of phase I and II. Based on the recommendations of the UN Secretary-General which indicated that the current amount is insufficient for the needs of health, nutrition and other key concerns, Security Council Resolution 1153 on February 20 permitted an increase of oil exports up to a value of \$5.206 billion for the 180 day period from December 4, 1997⁴⁷. This would entail an increase of 160% over the prior allocations for humanitarian supplies; with the same increase for compensation and UN monitoring costs. This is being considered by the GOI.

1.6 The CRC and the National Plan of Action

The National Plan of Action, developed with UNICEF participation as a follow-up to the World Summit for Children in 1989, was prepared in 1995. Three phases of implementation were identified, the first ending in 1995 (mid-decade), the second from 1995 to 1997 and the third by the year 2000. With the ratification of the CRC in 1994, the Department of Human Rights (Ministry of Foreign Affairs) became the Focal Point for reporting on CRC implementation progress. The Childhood Welfare Commission (CWC), headed by the Minister of Labour and Social Affairs (MOLSA) is responsible for monitoring. The Minister in turn reports to the Vice President.

Iraq's ratification of the CRC in 1994 occurred under very difficult circumstances - after a decade of wars, the economic embargo and internal armed conflict which ended the control of the central government over three of its governorates in the north. Hence, the "available resources," to be guaranteed for implementation (Article 4 of the CRC) continue to be restricted.

A minimum level of food intake to maintain survival continues as top priority. More generally, of the four classifications of children's rights (Survival, Development, Participation and Protection)⁴⁸, that of Survival is the most important in Iraq's CRC implementation strategy.

Beyond the right to life, Survival Rights embrace:

(the right) to a name, an identity, a nationality and thereafter, the economic and social rights that promote and maintain the right to life represented in health care, combating disease and malnutrition; encouraging breast feeding; diminishing infant and child mortality; The right of the child to an adequate standard of living, especially concerning nutrition and freedom from hunger⁴⁹.

The health focus of Survival Rights resembles the health development programmes of pre-1991 Iraq prior to the ratification of the CRC. However, the government of Iraq cannot afford the US\$400 million per year for health as in the past. An outline of the first CRC/Iraq report is presented on page 21 (Box 1).

⁴⁷ These series of events were complicated by the problems of Iraq with UNSCOM, with the threat of military action.

⁴⁸ This quadruple classification is also used in other countries of the Arab region and globally where CRC has been ratified. See Basil Yousif, "Towards the Implementation of CRC in Iraq: the Reality and Constraints." Study commissioned by UNICEF Baghdad, 1995.

⁴⁹ Ibid, p. 5

The NPA sets specific goals to reduce infant and maternal mortality. Objectives include the expansion of preventive health care for childhood diseases, nutrition and reproductive health. Added objectives are the reduction of communicable diseases, promotion of dental hygiene, and to safeguard children's sight and hearing.

The anticipated benefits of SCR 986/1111/1143 are yet to be realized. The only recent progress in the implementation of the NPA, for example in the health sector, has been in regular programmes heavily supported by UNICEF (MCH, EPI, CDD, and ARI). This has been especially effective for EPI, where coverage in 1995 reached or approached the decade goals, based on reports from the Vital Statistics Section, Ministry of Health. The issue is how vertical programmes such as EPI can be integrated with other broader-based programmes, such as MCH.

Box 1: IRAQ's First Periodical Report on the Implementation of the Convention on the Rights of the Child - June 1996 - Listing of Articles

| | |
|---------------|--|
| Article 1 | Definition of a child |
| Article 2 | Elimination of all forms of racial discrimination |
| Article 3 | State institutional care |
| Article 4 | Laws and legislation to guarantee the economic, social, cultural educational and legal interests |
| Article 5 | Support of children in disrupted families |
| Article 6 | Maternal and child care and family health, with regular medical examinations of children |
| Article 7,8 | Right to a name and nationality |
| Article 9 | Juvenile Welfare Laws to protect the child from either spouse or guardian |
| Article 10 | Support of healthy familial ties; Passport law regarding citizen's right to travel |
| Article 11,36 | Protection from sexual commercial exploitation |
| Article 12,13 | Right to freedom of opinion, publication, assembly and demonstration |
| Article 14 | Freedom of religion |
| Article 15 | Freedom of affiliation to societies, art and sports clubs (GFIY more than 1.5 million members) |
| Article 16 | Child care and protection from harm; confidentiality of correspondence |
| Article 17 | Role of the Ministry of Culture and Information |
| Article 18 | Juvenile probation and rehabilitation for crimes |
| Article 19 | Protection from child exploitation; role of institutions |
| Article 20 | State responsibility for child when his/her interests, welfare and growth are threatened |
| Article 21 | Regulations for foster parents (adoption not permitted) |
| Article 22 | Political refugees coming to Iraq |
| Article 23 | Care and rehabilitation for disabled children (physical and mental) |
| Article 24 | Health care - basic services such as immunization, ARI, CDD, MCH, environmental (water/sanitation) |
| Article 25 | Care in state homes |
| Article 26,27 | Subsidy salary for groups in difficulty to support their child (e.g. widows, the very poor) |
| Article 28 | Free education and compulsory primary education; literacy; comprehensive school card for students |
| Article 29 | Adequate quality and depth of education |
| Article 30 | Education and cultural minority rights |
| Article 31 | Leisure, sports, music, arts and culture |
| Article 32 | Restricting the minimum age of employment to 15; and to protect those 15-18 from hazardous labour |
| Article 33 | Upholding strict exclusion of drug trafficking and addiction |
| Article 34 | Protection from all types of sexual exploitation |
| Article 36 | Protection from all types of harmful exploitation |
| Article 37 | Rehabilitation of juvenile delinquents |
| Article 38 | Protection of children from armed conflicts; compulsory service only for those exceeding 18 years |
| Article 39 | Types of state rehabilitation homes for convicted juveniles |

Chapter 2 provides details on the adverse effects of the economic embargo in terms of health (medical, surgical and diagnostic services, marked increase of communicable diseases, malnutrition and mortality); education (buildings, equipment and materials, manpower, training, school attendance); social (child early employment, beggary, crimes and reduction in institutional capacity for welfare and the disabled, and in subsidies for needy families); psychological impact on children and freezing cultural relations and agreements abroad. It also lists targets for health objectives.

Highlights of the CRC

The Juvenile Welfare Law (1983) uses the terms small child (under 9 years), juvenile (9 years and under 18) and a boy/girl (15 and under 18 years). The CRC/Iraq recognizes the rights and duties of parents/guardians for their children and has legal/social/material mechanisms for support in case of need. It also provides for child protection both within and outside the family, with appropriate legislation.

Iraq guarantees religious, cultural and educational rights to minorities.

The CRC supports the Public Health Law (1981) for "maternal and child care... with regular medical examination of children to ensure their growth, protect their health, provide guidance on the diet they should enjoy and adhering to the immunization schedule." The section on health care is comprehensive, including workshops for health workers and village workers to improve mothers' child care practices.

Every disabled child has the right for care and rehabilitation, free of charge.

Education has high priority: free for all and compulsory for primary schoolers. "Each student would have a school card with information on social, physical and health conditions of the student..."

The Ministry of Culture and Information has allocated several radio and TV programmes for children.

The Labour Law (1987) prohibits juveniles under 18 from hazardous jobs and those 15-18 from night work; the minimum age of employment being 15 years. Beggary among adults or children is prohibited, especially when connected with an economic activity, such as selling cigarettes, newspapers, shoe polishing and food.

1.7 Gender Equity

Iraqi women are guaranteed equal opportunities in schooling, work, health care, and social security. Legislated civil rights resembles elements of the CEDAW, ratified by Iraq in 1986. Matters of personal status (marriage, divorce, child custody and inheritance) in predominantly Muslim Iraq, are subject to Islamic law. Both civil and personal rights are being influenced by the prevailing national economic crisis⁵⁰.

The economic situation also threatens the implementation of existing rights, such as education, which especially affects the female child. The combination of Iraqi Law on Compulsory Education (1976) and RCC resolution Number 102 closely resembles the CRC. These influence the elimination of illiteracy.

In 1978, Iraq had an effective illiteracy eradication program which targeted women in particular. As a result of this national campaign (for which Iraq was awarded a UNESCO prize) female illiteracy was reduced from 62.4% in 1977 to 25.2% by 1978. Corresponding figures for males are 24.4% and 13%⁵¹. There are no official published statistics on current rates of illiteracy among women. But a trend of increasing illiteracy was reported by the General Federation of Iraqi Women, starting with the Iran-Iraq war and continuing to 1994⁵². A study⁵³ reported that an increased educational level for Iraqi women is much more likely to be related to a lower fertility rate and lower infant mortality rate, an increased age of marriage and a greater involvement in the workforce.

Women's involvement in politics, the labour force and education has been detailed in this chapter. It is useful to summarize some of the pertinent aspects⁵⁴ as presented in Table 1.6.

Table 1.6: Some gender indicators (1993)

| | |
|---|------|
| Percentage of female share in parliamentary representation | 11.0 |
| Percentage of female share in administrative & organizational posts | 12.7 |
| Percentage of female share in professional & technical posts | 43.9 |
| Female percent in economically active population | 11.5 |
| Ratio of female wages to male wages (except agriculture sector) | 80.0 |

⁵⁰ See, for example, Farida Banani "The Status of Marriage Partners in the Legalistic Familial Model." In "Arab Women and the Challenge of (Our) Era." Proceedings of the conference in celebration of the First Arab Women's Book Fair. Cairo: Nour Feminist Publishing House, 1996, pp.63-76.

⁵¹ Additional campaigns followed in 1979, 1980 and 1985, Human Development Report, Iraq, P.45.

⁵² GFIW National Report, op.cit. 1994, p.36.

⁵³ Human Development Report/Iraq, 1995, Table 48.

⁵⁴ Ibid, Table 53.