

CHAPTER 4

IMPLEMENTATION OF CHILD RIGHTS AND NATIONAL PLAN OF ACTION FOR IRAQI CHILDREN

4.1 Priority Problems to Address

The government has shown the commitment to improve the situation of women and children in Iraq, despite the economic constraints which effect social programmes. The Oil for Food Programme has provided temporary, partial support. Its thrust is for the rehabilitation of structures and provision of supplies/equipment in the major sectors of health, water/sanitation and education. What it lacks is the necessary resources to improve the quality and extent of services, including social mobilization and enhanced community participation. Programmes require support for planning, management and implementation, for training, supervision and logistics. The necessary cash assistance, at least in the South/Centre governorates, is lacking.

Specific problems and their strategies for improvement are as follows:

i **Widespread protein energy malnutrition (PEM).**

Strategies: The macro- and micro- economic decrease is the major cause. Its improvement will rely on continued advocacy for increasing the oil-for-food and eventual lifting of sanctions. Combating malnutrition requires an improved household economic and food security, combined with a multi-sectoral approach in health, education and water/sanitation services, with adequate feeding and hygienic practices. Fortification of food with vitamin A, iron and iodine would ensure addressing known deficiencies in micro-nutrients.

- Nutrition status assessment as an outcome measure is becoming institutionalized for advocacy, planning and policy. This must continue and extend from the national to local levels as well as a better perception/understanding of its causes (lack of food, health and care). This will improve awareness and support social mobilization to address these causes.

Some key issues for nutrition need consideration:

- Gradual reduction and eventual elimination of infant formula, milk substitutes and bottle feeding for babies under six months of age. Concurrently, the importance of adequate complementary feeding from six months of age in the household must be stressed and supported, especially during and after illness
- Until food security and the economy is sufficiently improved¹⁵⁷ direct feeding programmes will be required for a target population of at least 250-500,000 under fives for complementary and 50,000 for therapeutic feeding in the South/Centre (and ? 50,000/10,000 in the North) through Community Child Care Units (CCCU's), supported by the MOH infrastructure. It is critical to include feeding as part of a total package of GMP, referral and appropriate health/nutrition education messages. Further, the needs of pregnant/lactating mothers must be addressed.

¹⁵⁷ An increase in the rations will improve household food security, but often still insufficient for young child and pregnant/lactating mothers' needs

- More use can be made between the CCCU (often located in a primary school with a teacher as director), the school health education programme, child-to-child strategies (with school children as communicators to the household and community) and with local council representatives. Such a link provides a nidus not only for nutrition, but also for watsan, education, CEDC and community-based initiatives/programmes.
- Rations from the oil-for-food appear to often last only about 3 weeks of the required four. This indicates that households are still food insecure with a continued need to purchase added food, balanced against other essential requirements. In addition, the lack of foods of animal origin further fosters under-nutrition and micro-nutrient deficiency, such as iron deficiency anaemia. Continuing advocacy is needed to ensure increased quantity and improved quality occurs in a timely fashion and is sustained. This includes iron fortified wheat flour, Vitamin A fortified cooking oil, iodized salt and animal proteins within the food basket.
- Local food production must be supported, at least for improved storage and pest control. The planned rehabilitation of poultry production should lead to some improvement in income and nutrition.
- Inputs from multiple sectors (health, water/sanitation, power, education and social services) will greatly contribute to improved nutrition, as will effective information/education and communication on demand for services and home food habits, hygiene and health practices.

ii **Pneumonia and diarrheal diseases, with malnutrition, augments the already high infant and under-fives' mortality rates.**

Strategies: A better awareness and understanding by health providers, caretakers and communities on the deadly linkage of these conditions is needed.

- The extent and severity of these conditions should be countered with improved programme management, training and supervision of personnel at sub-district level and lack of community involvement and awareness. The Integrated Management of Child Illness incorporates Control of Diarrhoea and Acute Respiratory Infections, Measles and Malaria and improved Breast feeding. It is a key strategy in the Ministry of Health Plan, and its continued implementation aims to cover all PHC's by the year 2000.

iii **Uncertainty of polio eradication, measles control or neonatal tetanus elimination.**

Strategies: The excellent results from immunization coverage still do not ensure reaching the NPA goals, due to lack of resources and need for optimal community participation. Immunization efforts and surveillance need to be sustained. This must ensure adequate supplies, equipment, cold chain maintenance, logistics for regular vaccinations and campaigns (polio, measles and tetanus toxoid for mothers) as required. Continuous attention is paramount, especially for high risk areas with lower coverage rates.

iv. **Continued high rates of maternal mortality.**

Strategies: Improved access to-and use of - pre-natal and delivery, and of family planning services are being addressed by the Mother-Baby package of the MOH. This is to ensure safe motherhood services and practices and reduce the prevalence of low birth weight in the newborn. Anaemia, affecting more than half of pregnant women, must be countered by effective use of iron/folate, improved feeding and iron fortification of wheat.. Chronic protein-energy and vitamin A deficiency must also be countered.

- Greater awareness is needed about the link between appropriate breast feeding, child spacing and family planning. As with nutrition, control of diarrhoea/ARI and immunization, adequate training, supervision, monitoring, logistics, appropriate message delivery and community participation is needed.

v, **Inadequate water and environmental sanitation conditions, especially in rural areas, combined with harmful health and food hygiene practices affect the health and development of communities, with special reference to women and children, and of institutions such as schools and hospitals.** The supply side, i.e. provision of chemicals for water treatment, repair and maintenance of existing plants and networks is being partly attended through the Oil for Food. However there is no consideration for improving the quality of services and the need to educate communities and school children about the proper use of water and sanitation facilities, especially latrines. Sewage treatment plants and networks cover only one-quarter of the urban population and none of the rural. This raises doubt on the achievement of water and sanitation goals, especially in rural areas.

Strategies: The government needs support in preparing an assessment of the WATSAN sector to come up with a national rehabilitation plan, to include monitoring. Strategies should include improved service delivery to targeted areas of greatest need based on sub-districts identified in the recent water and sanitation services survey (complemented by a high prevalence of water-borne diseases), to include feasibility and presence of demonstrated community participation at least in organization and contribution of free labour. This

requires improved coordination between the local authorities and communities.

- Revitalize the Health and Education Ministry joint school health programme, with needed coordination and support, such as transport. Opportunities are missed for educating young school children on behavioural changes concerning the proper use of water and sanitation facilities, especially latrines.
 - Conduct a survey on sanitation and hygiene practices to assist in the preparation of IEC materials on proper use of WATSAN facilities, safe handling of water and food, sanitary disposal of wastes and the promotion of hand washing.
 - Prepare training materials for both local WATSAN facilities (planning, monitoring, evaluation and supervision of projects, organizing communities and communication skills) and for communities (managing associations, operation and maintenance of facilities, sanitary toilet construction, and communicating sanitation and hygiene messages).
- vi. Access to and quality of education.** The access to school is seriously affected by the sharp deterioration of school buildings, lack of infrastructure maintenance, poor health/hygiene conditions, closure of schools, teachers' absenteeism and chronic shortage of basic educational supplies. The Oil for Food Programme is providing a rather limited contribution to the improvement of conditions within the section; mostly in infrastructure rehabilitation.

Strategies: Strategies while supporting improved physical infrastructure and basic supplies, should also address neglected areas of concern, such as educational planning, teachers' training/motivation and production of teaching aids.

- Coordination between the MOE and MOH is needed to improve continued poor hygiene conditions in schools and health practices.

- vii. The breakdown of the socio-cultural fabric of the society, due to the economic collapse and decline of basic services has resulted in a substantial increase of the number of female-headed households, working mothers, street children and child labourers.**

Strategies: Increased awareness is needed for policy and decision makers, society at large and the private sector about the nature, scale and causes of these new threats to the well-being of children and women in especially difficult circumstances. The potential role they can play through coordinated approaches requires stressing.

- Partnerships between the government and other potential actors, such as private sector and NGO's need to be developed. Attitudinal and behavioural changes at the institutional, community, family and individual levels are required to identify, understood and tackle these problems, where their novelty and the complex inter-linkages demand innovative approaches.

The last four problems (viii-xi) to address cross-sectoral issues are also considered in the following section on advocacy for child rights.

- viii. A major concern is a weak capacity of governorate, district and sub-district level government sectoral staff and extension workers in health, nutrition, water and sanitation, and education to improve the quality of basic services as well as beneficiary demand for these services.**

Strategies: Extend reliance on centrally determined services and information, education and communication materials (and their use) to encompass special local needs and situations. This requires mobilizing the necessary policy changes and resources.

- Integrate and target services reinforced through the local councils and community-based institutions.
- Provide adequate information, in an understandable and relevant form, both centrally and locally on the various indicators relating to progress towards the NPA goals. Such monitoring with cross-sectoral integration helps advocacy, planning and social mobilization

activities based on the NPA and CRC.

- ix. **Current trends suggest that many the goals and targets of the NPA will be difficult to achieve unless substantial additional physical and financial resources for child survival and protection are available in 1999 and 2000.** Also as demanding will be the implementation of the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), both ratified by the GOI.

Strategies: Even with such resources, an effective partnership must be developed between government, NGOs and private sector, to agree on how to reach these goals, the necessary behavioural changes and how to effect these through a sequence of carefully-planned activities and events. Successful prototypes have included mobilization during National Immunization Days, Vitamin A capsule distribution, the Baby and Mother Friendly Hospital Initiative, etc.

x. Unclear and isolated communication, information and education channels hinder achieving the behavioural changes required for the NPA goals.

Strategies: An integrated agreed strategy is needed between the involved sectors to develop “core” materials and messages for adaptation to specific local requirements. This should result in a clearly articulated proper sequence for promotion, implementation and monitoring (*see also page 6*).

xi. Families, and especially women have insufficient access to the knowledge and skills for self-action in health and well being, and optimizing the demand for and use of available services provided by GOI, NGOs and private sector.

Strategies: Strongly promote the “Facts for Life” approach, whereby families are conversant with essential information on preventive health measures conveyed through media, school systems, and religious and community organizations. Disseminate and present the information in multiple ways - book, leaflet, poster, slide shows, transparencies, radio, film, television, etc., where necessary to be modified for local conditions. Such messages must take into account the current constraints of the present situation.

4.2 Partnership for Children

The ratification of the CRC in 1994 by the GOI and the approval of the National Plan of Action for Iraqi Children by the National Assembly in 1995 has sparked a growing national interest and created a broad-based action for children, to be placed in the centre of the political and social agenda. The Government prepared the initial State Party Report of Iraq on its compliance for CRC implementation. The Committee on the Rights of the Child met with UN Organizations and bodies to discuss the GOI report on 27 January 1998 in Geneva, to be followed by a plenary session in September 1998.

Despite the current economic hardship, the GOI succeeded in implementing some of the Mid-Decade Goals for children, especially where there was community participation, e.g. in the areas of immunization, Vitamin A provision and ORT.

4.2.1. Advocacy Strategies

13. The Child Welfare Commission (CWC), mandated by the government to promote and coordinate NPA activities, should also serve as the focal point for policy advocacy and social mobilization. The CWC should review the outcome of the plenary session of the Committee on the Right of the Child with the Government of Iraq, analyze the current situation of children in Iraq and revise the NPA.
2. The National Assembly should continue to pursue a legislative agenda for child-oriented policies, based on the CRC and achievement of NPA goals. This would require dialogues, fora and field visits of legislators as well as orientation of legislative staff in advocacy, social mobilization and use of information related to progress of the CRC and NPA. Policy priorities would be reflected in the annual government and sectoral ministry’s development plans.
3. The Annual Statistical Report on the Situation of Children and Women should be published every year by CWC in collaboration with the Central Statistics Organization (CSO). Weaknesses and gaps in information such as infant and maternal mortality¹⁵⁸ and Children in

¹⁵⁸ This and other key information should be available from the 1997 Population Census later this year

Especially Difficult Circumstances (CEDC) must be address. The CSO recently executed the Multiple Indicator Cluster Survey of September 1996, providing crucial national and sub-national information for monitoring the NPA and Mid-Decade Goals¹⁵⁹. An orientation and training manual on monitoring and evaluation (ME) would be required on NPA indicators, with selected case studies.

4. A multi sectoral NPA communication task force should be organized by GOI from information units of selected government departments and institutions to produce, package and release of information needed by various target groups - including policy-makers, implementors and beneficiaries.
5. The resulting public education, using mass media and education related to child and maternal health issues, through all available channels should be based on inter-sectoral consensus of core messages.

The messages should focus on the following initially:

- Immunization against the six childhood diseases, and TT for women of child bearing age.
- Frequent ante natal case visits (at least four) during pregnancy.
- Proper dietary intake, especially among girls and women, and prevent micro-nutrient deficiencies (anaemia, vitamin A, iodine deficiency).
- Meeting the needs of women and their role within the family and the community.
- Household food security.
- Proper infant and complementary feeding practices, within the context of the International Code for Marketing of Breastmilk Substitutes and Baby and Mother Friendly Hospital Initiative.
- Understanding the importance of feeding, health and care in maintaining good nutrition
- Use of latrines for sanitary excreta disposal, hand washing after defecation, correct personal, environmental and hygienic practices.
- Links between diarrhoea, use of contaminated water, excreta disposal and poor personal hygienic practices.
- Importance of regular school attendance especially for girls
- Issues related to Children in Especially Difficult Circumstances (CEDC)/CRC, with focus towards progressive elimination of child labour and reduction of the negative impact of working children.

¹⁵⁹ As well as a baseline for the Oil for Food Programme