



Human capital in Iraq¹

Kerina Tull

University of Leeds Nuffield Centre for International Health and Development

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Question

What is the current state and future trajectory of human capital development in Iraq (health and WASH, education, family planning, and social protection), and how does it vary across the population?

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¹ This report is part of a series of six reports on Iraq.

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1. Overview

This rapid review has found that human capital is developing in Iraq after years of stagnation due to the 2003 war, where the health and education sectors were hit particularly strongly (OCHA, 2018:5). About 50% of Iraq's population is under 19 years old, and youth unemployment is very high at 34.6% (World Bank, 2017). There is a strong need to invest in young people, to release their economic value at the individual, employer, and community levels. A number of plans and strategies to help build collective skills, knowledge, or other intangible assets of individuals are noted in this review. As there are regional differences in human capital development between areas in Iraq, the evidence is divided into regions or governorates, where appropriate.

Data on various elements of development have been taken from UN agencies and key stakeholder reports (e.g. WHO, World Food Programme, UNICEF, World Bank), non-governmental organisations (e.g. Save the Children, Médecins du Monde/ Médecins Sans Frontiers), as well as peer reviewed publications. However, surveys conducted by national and international agencies were generally outdated and poorly disaggregated, and are therefore of limited present value, due to recent rapid socioeconomic and epidemiological changes.

Key points highlighting the current state of human capital in Iraq include:

- *Health and WASH²*: Mental healthcare needs are tremendous, especially in the neglected Anbar governorate, although most attention is currently focused on Mosul (MSF, 2017a). Health facilities covered by the Early Warning and Response Network (EWARN) system report that 41% of the 156,475 communicable disease cases were in children below five years of age, while 65% were reported among males. In terms of non-communicable diseases, 1.4 million people were recorded with diabetes in 2017 according to the Independent Diabetes Federation. Chronic malnutrition (stunting) is still widespread in Iraq, especially in newly displaced children who are in need of WASH access (WFP, 2017a). This is an indicator for losses of human and national economic potential. Latest available figures from the Ministry of Health (2014) state that approximately 3 million people are estimated as disabled, and many have limited or no access to healthcare and rehabilitation, education, skills training, and employment opportunities.
- *Education* has a positive and significant contribution towards earnings, regardless of gender, sector of employment, or region (UNICEF, 2017). Inequality in access to education in Iraq is largely explained by gender (World Bank, 2017). Nearly half of the population (48.3%) of internally displaced school-aged children - some 335,000 - are out of school (UNICEF, 2018a & 2018b; OCHA, 2018). Inequality in access to education in Iraq is largely explained by gender (World Bank, 2017:47). However, the overall quality of education in Iraq is poor, which has a negative effect on real-life development (World Bank, 2017). The economic cost of dropouts and repetition in 2014-2015 in Iraq was IQD³1.5 trillion or 18.8% of the total education budget (UNICEF, 2017). The quality of

² WASH: water, sanitation and hygiene. Universal access is a key public health issue within international development.

³ IQD: Iraqi Dinar.

education is inextricably linked to the quality of teaching, but teacher quality in Iraq is undermined by inadequate training and supervision. Cost efficiency analysis on teacher professional development has been calculated as USD181 per teacher per day of training in Iraq (IRC, 2016). Training appears to be significantly more expensive in Iraq than other countries due to high costs, such as room rental and transportation – especially if courses are held in centralised locations. The flight of professors and other members of the country's intellectual elite has resulted in a massive 'brain drain' and the deterioration of educational quality. Student mobility from Iraq to other countries has been growing strongly in recent years, increasing by 428% between 2005 and 2016, from 5,493 to 28,993 degree students (Al-Shaikhly & Cui, 2017).

- *Family planning:* The Total Fertility Rate in Iraq is 4.4 births per woman. 2.5 million women are estimated as using a modern method of contraception in Iraq (FP2020, 2017a). Around 3% of young (aged 15-24 years old) married women are using a modern method of contraception. However, there is no data available on unmarried sexually active youths, or those over the age of 25 years (FP2020, 2017b).
- *Social protection:* Iraq's social protection cash transfer programme covers only one-tenth of the poor (World Bank, 2017).

Future trajectories were usually short term, based on modelling for the next 2-4 years (2020-2022). Key policies are:

- The 'Country Programme Action Plan' 2016-2019 (CPAP), a four-year framework that outlines how UNICEF and the Government of Iraq will work together to improve the health and educational situation of Iraqi children (UNICEF, 2016).
- The Iraq WASH, Food Security and Education Clusters, which have listed how they will help internally displaced people (IDPs) and vulnerable people (UNOCHA, 2018). The UN estimate that 318,000 Internally Displaced People are expected to remain in several camps, in Mosul (Salah Aldin governorate), Hawiga (Kirkuk), Tel Afar (Nineweh) and Anbar (Al Anbar).
- As part of the FP2020 global partnership (2017), Médecins du Monde (Doctors of the World) will implement a Sexual and Reproductive Health awareness programme so that the Total Fertility Rate will decrease as predicted (WPP, 2017).
- The new Poverty Reduction Strategy by World Food Programme and Food and Agriculture Organisation will help vulnerable households. Revised proxy means testing (World Bank, 2017) will allow those in need, including people with disabilities, to receive the social protection, food and cash transfer programmes they are entitled to. For unclear reasons, the Citizens Budget for health, education and social protection policies and programmes in Iraq has not been produced or published (World Bank, 2017). The government's National Investment Commission is inviting sponsors to invest in health and education, as well as other sectors (2017).

The data included in this review is not 'gender blind' as women in Iraq have been significantly affected by insecurity. The UN's Gender Inequality Index shows that women in Kurdistan Region of Iraq are relatively better off than the rest of Iraq (0.41 vs 0.55) (Kaya, 2016). Analysis on financial return of education in Iraq Centre and KRI provides strong evidence in support of current efforts to expand girls' enrolment across all education levels (UNICEF, 2017).

2. Current state

Iraq is classified as an upper-middle income country, but the upsurge in warfare from 2014 and a concurrent downturn in the macro-economy currently threatens livelihoods, increases poverty, and contributes to vulnerability and food insecurity, especially among internally displaced persons (IDPs), refugees, women, girls and boys, and the poor (WFP, 2017b:1).

While the Iraqi education and health systems were ranked near the top of the Middle East and North Africa (MENA) region in the late 1970s, now they have fallen to near the bottom (World Bank, 2017:2). Iraq's human capital has been eroded as the education and health systems have suffered from decades of sanctions, conflict, and poor administration, and the blunt implementation of de-Ba'athification⁴ (World Bank, 2017:55). Iraq's public services remain overstretched, with water and sanitation networks damaged by war or neglect and overburdened health systems struggling to serve displaced children and families (UNICEF, 2018a). Iraqis are very dissatisfied with their access to basic services: just 30% of the population is satisfied with the available education services, satisfaction with health services is under 20%, and less than 15% of the population is content with local security (World Bank, 2017:20-21).

About 50% of Iraq's population is under 19 years old. One-third of those between the ages of 15 and 29 are illiterate or only semi-literate. Youth unemployment is very high at 34.6% (World Bank, 2017:110). Estimates indicate that multidimensional poverty (MPI) in Iraq – poor health and education outcomes and limited access to essential services – is at 35%, which is higher than consumption poverty (World Bank, 2017:29).

IDPs, refugees, and Iraqi youths all suffer disproportionately from a lack of access to basic services and jobs. Therefore it is critical to focus efforts on increasing access to services for both host and IDP communities, especially social protection for the urban poor. In addition, support for building physical assets (for example, supporting housing reconstruction and repair in conflict-affected areas) would increase social and political stability and allow the eventual return of IDPs, as well as provide local employment (World Bank, 2017:3).

Health and WASH (water, sanitation and hygiene)

The health sector has been particularly hard hit since the 2003 war in Iraq (OCHA, 2018:5). The severe deterioration of health infrastructure, the difficulty in accessing health care, poor public health services including water and sanitation, malnutrition, and social fragility are all factors that undermine the health conditions of Iraqis today (World Bank, 2017:82).

⁴ The Ba'ath party ruled Iraq until the US-led invasion in 2003. De-Ba'athification is a policy undertaken in Iraq by the Coalition Provisional Authority (CPA) and subsequent Iraqi governments to remove the Ba'ath Party's influence in the new Iraqi political system.

Approximately 3 million people are estimated to be disabled according to the Ministry of Health⁵, and many people with disabilities have limited or no access to healthcare and rehabilitation, education, skills training, and employment opportunities.

According to a study by the World Food Programme (WFP) in 2013, 11% of households in Iraq (about 2.6 million people) were extremely poor and food-insecure, while 25% of households were dependent on food rations (World Bank, 2017:82). Chronic malnutrition is still widespread in Iraq, especially in newly displaced children (WFP, 2017a). This is an indicator for losses of human and national economic potential. In February 2018, WASH cluster partners supported around 730,000 IDPs in 160 camps. Since December 2017, several of these camps have witnessed a reverse movement where some IDPs who returned to their original areas in both south central and Northern zones opted to go back to live in camps due to contributing factors including lack of services in some of the areas of return (UNICEF, 2018c).

A multi-cluster assessment in 2016 showed an increase over one year of the numbers saying that health care was one of the main reasons for taking on debt (Stephen & Hart, 2016:33). According to World Bank data from 2015, Iraq has higher under-5 mortality rates than the rest of the region (34 per 1,000 compared with a MENA average of 25.5 per 1000) and infant mortality rates (27 per 1,000 compared with 21 per 1,000) (World Bank, 2017:82). Iraq today suffers from a double burden of disease. Non-communicable diseases such as cancer, chronic respiratory diseases, and diabetes-related cardiovascular disease are the leading causes of death, but infectious diseases remain major causes of morbidity and mortality (World Bank, 2017:82).

In one week in early 2018, a total of 379,883 consultations were reported from health facilities covered by the Early Warning and Response Network (EWARN) system in Iraq, with an average of 94,971 patients per week (WHO, 2018:2). Forty-one percent (41%) of the 156,475 of the reported communicable disease cases were in children below five years of age, while 65% were reported among males. The common diseases reported through EWARN were acute upper respiratory tract infection 33% (123,813 cases), followed by acute diarrhoea at 3% (10,432 cases), acute lower respiratory infection at 3% (9,618 cases), suspected scabies at 2% (6,182 cases) and suspected chickenpox at 1% (3,012 cases).

A 'Comprehensive Food Security and Vulnerability Analysis' by the World Food Programme (WFP) and the Iraqi Government was conducted in 2016 on more than 20,000 Iraqi families surveyed in urban and rural areas, including IDPs and people living in their homes (Stephen & Hart, 2016). More than half of the Iraqi families were at risk of food insecurity and could no longer absorb any further shocks such as conflict or increases in basic food prices. However, this analysis was conducted prior to the offensive in Mosul, and does not capture the food security situation among people fleeing these conflict areas.

Key countrywide variations

West: People's needs for mental healthcare are tremendous, yet Anbar governorate is a neglected area, with most attention currently focused on Mosul in the far north (capital of the

⁵ Source: USAID Iraq, Iraq Access to Justice Program, Values of Access to Justice and Persons with Disabilities in Iraq, March 2014. The percentage of which it estimated to be at 15% (compared to a global average of 10%) or just over 3 million people. However, it is noted that the Ministry of Health has not kept updated statistics concerning the number of persons with disabilities.

Ninawa governorate). As with Mosul, the population of Anbar has suffered intense violence over recent years, leaving thousands of people with physical and psychological scars (MSF, 2017a). The non-governmental organisation (NGO) Médecins Sans Frontières (MSF) has opened a clinic in Amriyat Al Fallujah camp, where more than 50,000 people live. One team treats people's physical injuries, and a second team – made up of four psychologists and a psychiatrist – takes care of mental wounds. This clinic is one of the few health facilities in Anbar governorate that provides psychological and psychiatric treatment for moderate and severe mental health conditions, in addition to its medical activities (MSF, 2017a).

North: Public health concerns in this area include limited access to health services by the population, returnees, and host communities in areas newly retaken from the Islamic State of Iraq and the Levant (ISIL) (WHO, 2018:4). This is due to shortage of health personnel and damaged secondary and tertiary health facilities. There have been limited responses to medical emergency cases in the newly re-taken areas in Ninawa governorates and limited number of ambulances available in Tikrit, capital of Salah Aldin governorate, to serve the high demand of patients requiring referrals from IDP camps here.

In western Mosul, 9% of newly displaced young children (aged 6-59 months) are malnourished (WFP, 2017b). The deteriorating security situation since June 2014, particularly in Mosul, Salahaddin, and Ramadi governorates has further reduced access to health care among displaced populations (World Bank, 2017:84). The influx of IDPs has led to a significant increase in demand for health services, which has challenged the health sector.

Kurdistan Region of Iraq (KRI): Although 29.4% in Kurdistan region are food insecure (Stephen & Hart, 2016:15), the health infrastructure is in relatively better condition than the rest of Iraq, due to the relative state of security and stability there since 1991. However, catering for such a large population increase, due to the influx of Syrian refugees and IDPs, is beyond its capacity. Recurrent health expenditures have not increased in response to this population increase, which has reduced per capita health spending on the host community. This has caused the performance of the health system to decline, including its equity and responsiveness (World Bank, 2017:84).

The widening gap in health infrastructure between the Kurdistan region and the rest of Iraq is also related to the rapid expansion of the private sector, which invested in 23 new private hospitals in the region since 2007 (Cetorelli and Shabila, 2014⁶- in World Bank, 2017:83). However, accurate, disaggregated numbers relating to the total number and distribution of primary care physicians (by professional type, organisational setting, and geography) are generally unavailable. The private health market is poorly governed and regulated: the Kurdish Regional Government (KRG)'s Ministry of Health periodically issues rules and regulations with the aim of regulating the private health market, which are both weak and inadequately implemented. Therefore, the Structural Adjustment Programme⁷ aims to enhance public

⁶ <https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-8-16>

⁷ SAPs are loans provided by the International Monetary Fund (IMF) and the World Bank (WB) to countries that experienced economic crises in order to allow the economies of the countries to become more market oriented. The World Bank has developed a structural economic reform program for KRI, drawing from the work of RAND Corporation.

oversight and regulation of KRI's rapidly developing private health care sector (Shukor et al., 2017).

Leadership positions (i.e. health directors at regional, district or facility levels) in health care, including primary care, have often been specialist clinicians with limited leadership, management or administrative training. There has been a recent trend for younger, less well-established specialist clinicians to assume leadership positions as Director Generals of Health. This complicates the development of governance structures supportive to the primary care system. However, in recent years, hospital-centric health care policy rhetoric has shifted towards an emphasis on primary care, and 'support from the Directorates of Health and presence of real intentions to improve primary health care services' has been reported (Shukor et al., 2017).

Given its relative stability and more conducive business environment, Iraqi Kurdistan has been successful in attracting regional and foreign investors in key non-oil sectors, such as housing, tourism, agriculture, health, and education to support its growing private sector (World Bank, 2017:75).

Central/South: 28.8% of people living in Baghdad were found to be food insecure in 2016 (Stephen & Hart, 2016:15). The highest concentration of food insecure families was found in the southern portion of the country, particularly in northern Muthanna and portions of Salah Aldin. In IDPs, heterogeneity was also marked within some governorates. Food insecurity was most prevalent (over 8%) in portions of Salah Aldin, and moderate along the approximately similar southern belt of the residents, ranging from Salah Aldin itself to Baghdad, Babylon, northern Najaf and northern Muthanna.

Education

Education is an investment in human capital that pays off in terms of higher productivity. However, like health, the education sector has been hit particularly hard in Iraq (OCHA, 2018:5).

Nearly half of the population (48.3%) of internally displaced school-aged children - some 335,000 - are currently out of school (UNICEF, 2018a & 2018b; OCHA, 2018:5). Overall, a large proportion of school-age internally displaced children are missing an opportunity to receive their education. Therefore, the most prevalent level of education today is primary schooling or less, and 18-year olds in Iraq are as likely to have completed primary school as those aged 30 or older. Similarly, adult literacy rates are below the MENA average and well below the average for upper-middle-income countries (World Bank, 2017:24). The large youth population presents both opportunities and challenges for Iraq's economic development (World Bank, 2017:45). The Iraqi government, UNESCO and foreign universities have already launched initiatives to expand e-learning and distance education at both the secondary⁸ and tertiary⁹ level.

Inequality in access to education in Iraq is largely explained by gender (World Bank, 2017:47): in primary education, the out-of-school rate of girls is 11.4%, more than double the rate for boys at 5.4% (UNICEF, 2017). Relatively large gender gaps remain in secondary education in Iraq Centre, where there are 142 boys and 121 boys for every 100 girls at lower secondary level and

⁸ <http://www.unesco.org/new/en/iraq-office/education/primary-and-secondary-education/distance-learning/>

⁹ http://www.unesco.org/new/en/iraq-office/about-this-office/single-view/news/building_the_university_of_the_future_in_iraq

upper secondary level respectively in 2015-2016, highlighting the need for efforts to bring more girls to higher levels of education.

Education has a positive and significant contribution towards earnings, regardless of gender, sector of employment or region. In a country where around one in every five men aged 15-24 and one in every 10 men aged 25-34 is unemployed, education is a valuable tool to keep a family out of poverty and to keep children out of labour. UNICEF analysis shows that a total of IQD1.1 trillion will be lost from the Iraq economy due to unrealised potential wages caused by drop outs from education in 2014-2015 alone (UNICEF, 2017). The financial return on education can be better compensated for in men, who can make up for a lack of schooling with work experience to certain extent. However, for women, this analysis shows that education has an outsized economic benefit that cannot be replaced by work experience to the same extent as men (UNICEF, 2017).

Growing social pressure for and acceptance of early marriage also discourages girls from continuing their education, especially in rural areas. This trend has become more pronounced with the growth in IDPs for whom the burdens of war have compounded the incentives in favour of early and child marriages, and because of the lack of school facilities in the camps that host many IDPs (World Bank, 2017:80).

Since 2013-2014, total spending on education has decreased from IQD7.9 trillion to IQD6.7 trillion in 2015-2016. Little was spent on the investment budget, which has been declining at an even faster rate. As of 2015-2016, Iraq spends only 5.7% of its government expenditure on education, which puts the country on the bottom rank of Middle East countries in any given year (UNICEF, 2017). The economic cost of dropouts and repetition in 2014-2015 in Iraq was IQD1.5 trillion or 18.8% of the total education budget (UNICEF, 2017).

Research has shown that the overall quality of education is poor, which has a negative effect on real-life problem-solving (World Bank, 2017:80). The quality of education is inextricably linked to the quality of teaching, but teacher quality in Iraq is undermined by inadequate training and supervision.

The flight of professors and other members of the country's intellectual elite has resulted in a massive 'brain drain' of skilled workers, and the deterioration of educational quality (World Bank, 2017:55). Cost efficiency analysis on teacher professional development has been calculated as USD181 per teacher per day of training in Iraq (IRC, 2016). Training appears to be significantly more expensive in Iraq than in other countries. Looking into what drove the high costs of the programme in Iraq, an almost even split exists between fixed costs (51% including staff time and capital expenses, which do not increase with the number of people reached) and variable costs (49% including transport and stationary, which do increase with the number of people reached).

Student mobility from Iraq has been growing strongly in recent years, increasing by 428% between 2005 and 2016, from 5,493 to 28,993 degree students (Al-Shaikhly & Cui, 2017). The current top destinations of Iraqi higher education students include Jordan, the United Arab Emirates, Ukraine and Malaysia. The US is presently the 7th most popular destination country of Iraqi students.

Key countrywide variations

North: In conflict affected governorates such as Salah Aldin, more than 90% of school-age children are left out of the education system (UNICEF, 2017).

Mosul was fully liberated in July 2017 by the Iraqi Armed Forces and the security situation in the city has stabilised since. UNESCO's Strategic Framework for Education in Emergencies in the Arab Region (2018-2021) aims to increase access to quality learning opportunities for children and youth, to empower them with values, knowledge and skills for life and work, to support teachers and enhance the resilience of education systems. Schools have been re-opening on an extensive scale thanks to the efforts of local volunteers and international NGOs:

- *UNICEF:*
 - Mosul: Working with partner organisations, they have rehabilitated schools and educational institutions, including the University of Mosul, prioritising those that can be fixed quickly. As a result of these efforts, 100 schools have reopened in western Mosul in the last two months, serving 75,000 students. However, many of these reopened schools are overcrowded, going well beyond their usual enrollment (Kimball, 2017).
 - Kirkuk (Hawiga): delivered six pre-fabricated classrooms in Daquq to support temporary safe access to learning for displaced children (UNICEF, 2018b:1).
- *The United Iraqi Medical Society for Relief and Development (UIMS):* provision of five caravan schools (The Iraq Education Cluster, 2018).
- *People in Need:* activities include recreational, awareness, person-shaped support, catch up classes in four villages (Hechil Mashhad, Isdera Aullea, Isdera Wasta, Shatee Al Geder) in Shirgat (The Iraq Education Cluster, 2018).
- *Save the Children:*
 - Baiji: school rehabilitation, teacher training, mine risk education with Al Ghad, provision of teaching and learning materials.
 - Samarra: school rehabilitation, teacher training, provision of teaching and learning materials, remedial education.
 - Shirgat: school rehabilitation, teacher training, provision of teaching and learning materials.
 - Al Alam: provision of teaching and learning materials.
 - Al Alam Camp 2 and Shahama Camp: remedial education (The Iraq Education Cluster, 2018).

East: In conflict affected governorate Diyala, more than 90% of school-age children are left out of the education system (UNICEF, 2017).

Iraq Centre and KRI: Dropout rates in primary and secondary education in Iraq Centre (2015-2016) and KRI (2014-2015) were 2.6% and 1.7%, respectively, and the overall rate is on the rise. Similarly, repetition rates are also increasing. In 2014-2015, 16.8% of all students across Iraq Centre and KRI repeated grades, with highest rates in the lower secondary level of Iraq Centre (27%). The UNICEF 'Cost and Benefits of Education' (2017) report finds that through dropout and repetition, about 20.1% and 13.7% of the education budget in Iraq Centre and KRI were wasted in 2014-2015, constituting a critical inefficiency in the education system.

Iraq Centre spends IQD1.3 million per student (about USD1,116), covering from pre-school to upper secondary education, significantly higher than KRI's spending of IQD47,125 per student (about USD40) in 2014-2015. Infrastructure spending, though, has remained almost non-existent. One out of every two public schools either requires rehabilitation or is unqualified which means that they do not meet national school construction standards (UNICEF, 2017).

Analysis on financial return of education provides strong evidence in support of current efforts to expand girls' enrolment across all education levels in Iraq Centre and KRI (UNICEF, 2017).

Family planning

Research has shown that high birth rates appear to reduce economic growth (Brander & Dowrick, 1994). Therefore, promotion of economic growth and control of birth rate can lead to improved human capital.

The Iraqi Total Fertility Rate (i.e. average number of births per woman) was reported as 4.4 in 2016.¹⁰ Recent figures show an infant mortality rate of 32 children for every 1,000 live births in Iraq, which is still higher than the new, internationally agreed Sustainable Development Goal of 25 per 1,000 live births (Stephen & Hart, 2016:140).

According to the global partnership Family Planning 2020 (FP2020, 2017a), 2.5 million women are estimated as using a modern method of contraception. This resulted in prevention of 625,000 unintended pregnancies, 120,000 unsafe abortions averted, and 200 maternal deaths averted. However, birth control is largely rejected by the tribal and conservative Iraqi society, which shuns the idea of limiting childbirth. This is reflected in the low numbers permanent (8.6% and 0% of women and men, respectively, are sterilised) and long acting (26% IUD and 0.3% implant) contraception used in married people (FP2020, 2017b:149).

Contraceptive pills are available in most pharmacies across Iraq. Anecdotal evidence states that newly-wed couples often seek to delay starting a family until they become more comfortable financially, and that many modern couples are satisfied with two or three children, which is a good sign for the future (The Arab Weekly, 2018).

Of all the women of reproductive age (WRA) in the country, 39% are aged 15-24 years. Of these, 2,264,000 (or 25% of WRA) are unmarried youth. Track20¹¹ use MICS 4 (2011)¹² data to assess opportunities for family planning programming among youth in Iraq. Around 3% of all married women are aged 15-24 years using a modern method of contraception. However, there is no data available on unmarried sexually active youth.

In order to determine where to focus programmatic efforts, it is important to consider how contraceptive use and need vary by age and marital status. While interventions for this population may impact on current and future contraceptive use, limited data makes it difficult to estimate the potential impact.

¹⁰ <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN>

¹¹ <http://www.track20.org/download/pdf/Youth%20Briefs/Iraq%20Youth%20Opportunity%20Brief.pdf>

¹² MICS (Multiple Indicator Cluster Survey) 5 was originally planned for 2016, re-scheduled for 2017, but was not conducted. Data collection for MICS 6 will continue in 2018.

Social protection

Social protection is a component of socio-economic development, founded on principles of human rights, and the inherent right of humans to live a decent, prosperous life that is free from deprivation, marginalisation and exclusion (Alzobaidee, 2015:1). Social protection programmes are designed to cope with the risks that endanger the lives and wellbeing of individuals (and societies). This is achieved through promoting solidarity and, in turn, social and economic security. Such programmes in Iraq include United Nations Development Assistance Framework (UNDAF 2015-2019), the Humanitarian Response Plan, and Iraq's own National Development Plan for 2018-2022.

Women

Women with low levels of education and skills are often self-employed and concentrated in private sector activities (World Bank, 2017:49). These are usually informal, low-paying jobs with almost no access to benefits such as health insurance, maternity leave, or pensions. Women working in the informal economy or private sector are generally excluded from the protections of the labour code, as these do not apply to women 'who are engaged in a family enterprise in which only family members work, and which is under the authority and supervision of the woman's spouse, father, mother, or brother.'¹³ Widows and divorced women are also specific targets of Iraq's social protection cash transfer programme (World Bank, 2017:86).

KRI: In 2014, the KRG and the Iraqi government jointly launched a National Action Plan that sought to implement the UN Security Council Resolution 1325 on Women, Peace and Security. This is the most recent document that displays to what extent domestic laws and policies follow the international standards on women's rights, although it is not the only one. Some years earlier the 'Declaration on the Elimination of Violence against Women' was passed by the Iraqi parliament and was also binding over Kurdistan (Kaya, 2016).

Iraqi Kurdistan fares better when it comes to women's participation in decision-making and when it comes to laws against gender discrimination. The UN's Gender Inequality Index also shows that Iraqi Kurdistan is relatively better off than the rest of Iraq. This measures gender inequality based on reproductive health, empowerment and labour market participation. It ranges from zero to one, where the lower the score the more equality there is between women and men. Iraqi Kurdistan achieves a score of 0.41 compared to the rest of Iraq at 0.55. However, women in Iraqi Kurdistan are not better off compared to women in other states in the Middle East or in the rest of the world: according to the same data, Kuwait, Turkey and Saudi Arabia have indices of 0.27, 0.36 and 0.68 respectively (Kaya, 2016). However, Kurdish women still face serious challenges, such as patriarchal attitudes towards women's participation in social, political and economic life, honour killing, gender-based violence, and female genital mutilation (Kaya, 2016).

Vulnerable households

Limited employment opportunities and high poverty rates have increased the population's dependence on social assistance programmes (Social Protection Net, SPN, or 'safety net') by the Ministry of Labour and Social Affairs over time (World Bank, 2017:85). However, Iraq's social protection cash transfer programme covers only one-tenth of the poor (World Bank, 2017:110). It

¹³ Labour Law No. 71 of 1987.

is inefficient and fragmented, providing cash transfers based on categorical targeting (including households with orphans, married students, widows, divorced women, and others), leading to significant leaks (World Bank, 2017:86). To remedy the problems associated with the SPN, a new poverty targeting initiative was launched by the Social Protection Commission in April 2016 to introduce proxy means testing (PMT): the Conditional Cash Transfer. However, it is also faced with many challenges including the necessity to put together a cadre of social workers to identify the poor and to undertake case management, particularly as liberated areas become accessible.

WFP is working with key stakeholders to directly provide assistance to vulnerable households in Iraq, particularly IDPs and Syrian refugees (WFP, 2017b:1). Its assistance programmes fill critical gaps for vulnerable populations, directly supporting more than 850,000 people in September 2017:

- *Implementation of Food-based Safety Nets:* providing life-saving food support and, with UN partners, other vital supplies such as water, sanitation items, and dignity kits. It then provides monthly food and nutrition assistance to people in camps, in coordination with government systems and the broader humanitarian community. The Public Distribution System (PDS) is a government-owned, food-based safety net available to most of the population.
- *Implementation of Cash-based Assistance:* In the first half of 2017, WFP delivered monthly cash-based assistance to around 342,000 IDPs and over 55,000 refugees in Iraq. Following a retargeting exercise this year, the number of IDPs receiving cash from WFP decreased to about 190,000 in September; a separate exercise is ongoing for refugees.

3. Future trajectories

The humanitarian crisis in Iraq is entering a new phase. Combat operations against ISIL have ended, and hundreds of thousands of displaced people are returning to their homes and communities (OCHA, 2018). The majority of displaced families are expected to return to their communities by the end of the year.

One of the aims of the 2018 Humanitarian Response Plan (HRP) is to strengthen the mental Health and Psychosocial Services (MHPSS) Working Group and increase focus on the clinical side of mental health (WHO, 2018:7).

Iraq's education, health, and social safety systems will be necessary to develop the human and social capital that the country will need to ensure a productive economy and a cohesive society (World Bank, 2017:78). The 'Country Programme Action Plan' (CPAP) is a four-year framework that outlines how UNICEF and the Government of Iraq will work together to improve the situation of Iraqi children. Below is a brief outline of the priorities of each of the seven programmes through which UNICEF plans to implement its activities from 2016-2019 in Iraq (UNICEF, 2016):

Health and Nutrition

- Strengthen routine immunisation.
- Improve neonatal health care and reduce neonatal mortality.
- Promote appropriate infant and young child feeding (breastfeeding).

- Reduce stunting (chronic malnutrition).

Water, Sanitation and Hygiene

- Improve equitable access to, and use of, safe drinking water and sanitation.
- Improve hygiene behaviours in the most vulnerable communities, and school and health facilities, including in humanitarian situations.
- Support the Government to continue the implementation of Phase II of the Iraq Public Sector Modernisation (I-PSM) programme, aiming to achieve high quality public sector performance in overcoming challenges in relation to high water consumption levels and concerns about water sustainability.

Education

- Strengthen the education system to overcome critical barriers to equitable school access and to enhance education quality and learning for children aged 5 to 17 years, particularly girls, and including children in humanitarian situations.
- Assist the large numbers of children out of school to return to the education system.

Child Protection

- Strengthen Government-led efforts to provide access to a high quality and well-coordinated child protection system, with four interlinked strategic components: a child-friendly justice system; a child-focused social welfare system; positive family and community behaviours and attitudes; and a supportive enabling legal and policy framework.
- Embedded within these system pillars will be a focus on prevention, monitoring and response to abuse and violence against children and women, including in humanitarian situations.

Adolescent Development

- Assist adolescent girls and boys to overcome a sense of isolation, social exclusion, and disengagement by increasing access to quality learning and civic engagement opportunities, initially focusing on geographic locations with large numbers of internally displaced people and in newly-accessible areas.

Social Policy and Evidence

- Strengthen the evidence base on children's vulnerabilities in order to promote child-friendly planning and budgeting.

Emergency Capacity and Coordination

- Strengthen national and subnational emergency management and coordination systems, including the delivery of immediate needs and services for families affected by humanitarian crises.
- Generate information and evidence to enhance child-centred, risk-informed emergency planning and response.

The rebuilding of destroyed or damaged infrastructure is essential to enable the effective delivery of services and the integration of Iraq's increasingly isolated regions to increase national cohesion. Nevertheless, Iraq's rich diversity and wealth in oil and gas present numerous opportunities for human capital development (World Bank, 2017:5).

Health and WASH

According to the WASH Cluster overall WASH needs in Iraq will remain high, with 16% of the national population estimated to require assistance in 2018 (ALNAP, 2018).

According to the Independent Diabetes Federation (IDF)¹⁴, there were approximate 1.4 million cases of diabetes in Iraq in 2017 (7.5% of the population). The predicted rise in prevalence of diabetes population to 3.8 million in 2045 (9% country prevalence) would lead to increase in cardiovascular diseases in Iraq. Other risk factors associated with cardiovascular diseases such as early onset hypertension, dyslipidaemia, and obesity will also contribute significantly towards increasing the overall CVD burden in Iraq.

Key countrywide variations

North/West. An estimated 317,625 people are expected to remain in several IDP camps in the near future. They will be expected to be in need some level of WASH support, including IDPs from Mosul (Salah Aldin), Hawiga (Kirkuk), Tel Afar (Nineveh) and Anbar (Al Anbar) and old IDPs from the 2014 displacements (UNOCHA, 2018). The water and sanitation facilities in some existing (non-consolidated) camps are in poor condition and may require upgrading or rehabilitation.

Due to the increase in people, projected hospitalisations calculated by RAND Health (Moore et al., 2017:163) for 2020 are 230 for Erbil (an increase from 200 in 2015), 188 for Duhok (up from 153), and 383 for Sulaimania (up from 339). Out-patient visits are also expected to increase in 2020 (2,290, up from 1,994 in 2015 for Erbil; 4,490 up from 3,655 for Duhok, and 2,097 up from 4,505 for Sulaimania).

KRI: The 'Kurdistan Region of Iraq 2020: A Vision for the Future' provides a framework for policy development by government officials, defines five-year policy priorities, and outlines the ways that the KRG is improving opportunities for the people of the Region (KRG, 2017:1). The Vision is to provide even better care for the people of the Region by defining and providing a package of basic health services to be covered by public financing and offered at each level of care, and then to have people pay for all other services (KRG, 2017:6). Improvement to sewerage services will be a major emphasis through 2020. Service in rural areas especially will also be strengthened (KRG, 2017:22).

Based on health projections, an extra 2,932 beds are predicted to be needed in Kurdistan region in 2020. It is also predicted that an extra 63 dentists and 368 pharmacists will be needed. However, no extra physicians or nurses would be needed (Moore et al., 2014:164-168).

Education

Getting schools up and running again, so that children can get back to learning, is an integral part of healing for them and the whole community (Kimball, 2017). The tertiary outbound mobility ratio has been calculated at 1.6% for 2020 (British Council, 2012:60). Therefore, investment in improving education is important.

In consultations with stakeholders during the preparation of the Systemic Country Diagnostic, many emphasised the importance of rewriting the education curriculum to combat sectarianism (World Bank, 2017:110). Although some progress has been made in increasing primary enrolment and gender parity at the primary level and improving maternal health, much remains to be done in order for the country to progress towards sustained growth and poverty reduction. A

¹⁴ <http://reports.instantatlas.com/report/view/846e76122b5f476fa6ef09471965aedd/IRQ?clear=true>

huge vulnerable population exacerbates pressure on an already weak system, sharpens disparities of access between regions, and is poorly served by the education and health systems and by social safety nets (World Bank, 2017:2).

Key countrywide variations

North: In Mosul (Nineveh), the second largest city, UNICEF will expand their psychosocial support services to help children who are suffering from emotional and psychological stress. This will entail building relationships between social workers and individual teachers, to better identify children with traumatic stress (Kimball, 2017).

Overall there is a lack of funding for summer conditions in classrooms, i.e. provision of air conditioners, generators, etc. Therefore, in summer 2018, Save the Children will support summer classes in Shirqat, Baiji, and Al Alam Camp 2 in Salah Aldin to support children in preparation for second chance exams in August (Iraq Education Cluster, 2018).

KRI: The 2020 Vision for Kurdistan will address the needs for education and a more diversified economy. Upgrading the standards and aligning curricula across all levels of education will be an important part of this effort (KRG, 2017:10).

Family planning

Based on current growth rates, the UN expects the country's population to surge to 50 million by 2030.¹⁵ However, the Total Fertility Rate is predicted to decrease to 3.79 births in 2025-2030, and even further in 2095-2100 (2.2 births) (WPP, 2017:33).

Future projections for Iraq are made using the Track20's Family Planning Estimation Tool model. If these trends continue, the modern contraceptive rate will increase to 27.9%, with an unmet need¹⁶ for contraception of 26.6% in 2020 (FP2020, 2017a).

In the Middle East, Iraq is the only country where access to family planning is a core component of the package of awareness campaigns and services FP2020 implement directly to act on the issue more long-term. Between 2017 and 2020, Médecins du Monde (Doctors of the World, MdM) will implement Sexual and Reproductive Health activities in 13 countries out of the 69 focus countries of FP2020, of which Iraq is one.

Social protection

Iraqis have witnessed a dramatic deterioration in most basic services. As a result, the poor and near poor are greatly in need of well-targeted and effective social protection programmes, to weather the current highly volatile economic and social conditions (World Bank, 2017:4). The government's current efforts to move Iraq's Social Protection Net from categorical targeting to a new targeting methodology based on proxy means testing, as well as the establishment of a unified registry of beneficiaries, would enhance the capacity to help IDPs and people with disabilities, and would help to ensure that benefits go to those most in need.

¹⁵ <http://www.iq.undp.org/content/iraq/en/home/countryinfo.html>

¹⁶ Defined as WRA who want to stop or delay childbearing but are not using any method of contraception.

To tackle the shortcomings of the social protection system, the government is introducing reforms to improve targeting and to create a unified registry of social protection beneficiaries. These reforms are included in the Social Protection Strategic Roadmap for 2015 to 2019, which aims to integrate the country's various social protection programmes under a coordinated policy framework. These changes would go hand-in-hand with an expansion of pension coverage, the unification of pension schemes, and a move towards the introduction of social pensions (World Bank, 2017:85).

Efforts are being made to articulate support for social protection through mechanisms such as the United Nations Development Assistance Framework (UNDAF 2015-2019), the Humanitarian Response Plan and Iraq's own National Development Plan for 2018-2022. A more focused alignment with Agenda 2030 will be contained in a 'Poverty Reduction Strategy' 2018-2022, which defines three broad pillars to achieve poverty reduction, namely creating opportunities for generating sustainable income, empowerment and building human capital, and the establishment of effective social protection (WFP, 2017b:1).

The Government of Iraq is currently preparing its National Development Plan for 2018-2022 which will set out sectoral priorities for country capacity development over the next five years. Near term priorities are expected to focus on reconstruction and recovery following years of conflict. This will be complemented by the Poverty Reduction Strategy, which identifies six key outcomes for the government and its partners: higher and sustainable incomes; improved health; improved education; suitable housing; social protection; and emergency response (WFP, 2017b:2).

The new 'Poverty Reduction Strategy' proposes social protection reform, including the creation of a unified beneficiary registry or database. Since WFP's beneficiary database is already aligned with the government's main safety net and has been used by other humanitarian partners, WFP will look to offer technical support to the government in establishing the new national database (WFP, 2017b:2).

WFP is in the final stages of identifying resilience building safety nets in areas where displaced populations have been able to return to their places of origin. WFP is working with the Food and Agriculture Organisation of the United Nations (FAO) and other key stakeholders to bring critical and stabilising programmes that will hopefully trigger a resumption of food self-sufficiency. These activities aiming at protecting, restoring and promoting the livelihoods of most vulnerable households will focus on supporting food value chains, asset rehabilitation and income generating opportunities (WFP, 2017b:2).

However, there are risks: attempts to redefine the role of the public sector, which will be critical to revitalising the private sector and to ensuring fiscal health, may face insurmountable opposition. External shocks, to which Iraq is highly susceptible, may derail efforts to strengthen security and the rule of law (World Bank, 2017:112).

The government's National Investment Commission is inviting Arab or foreign sponsors to invest in health and education, as well as other sectors.¹⁷ The Citizens Budget¹⁸ for health, education

¹⁷ <http://investpromo.gov.iq/>

¹⁸ A Citizens Budget is a non-technical presentation of a government's budget that is intended to enable the public — including those who are not familiar with public finance — to understand a government's plans.

and social protection policies and programmes in Iraq has not been produced or published (World Bank, 2017:68). This makes it virtually impossible for citizens to hold the government accountable for its management of the public's money.

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