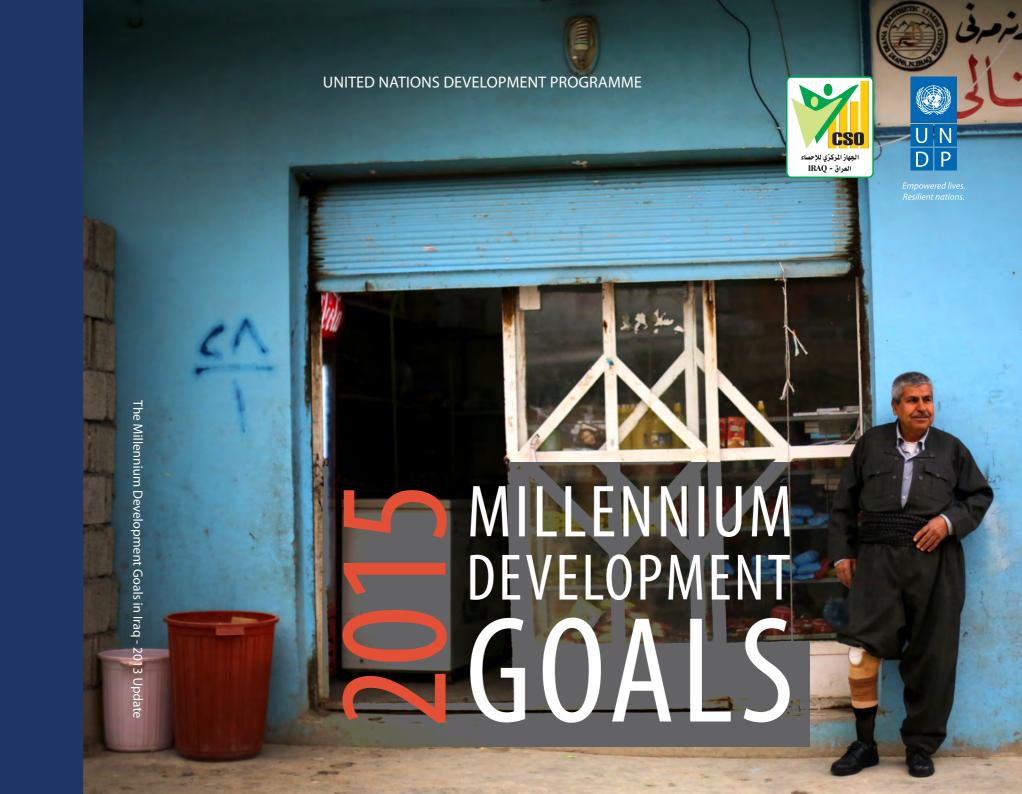


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Abbazar Ali, a young she who was supported by Ul after he was injured unex ordnance, Southern Iraq, Photo © UNDP Iraq

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WHERE DO WE GO FROM HERE?

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NOTE TO READER

Each goal includes one main indicator and a number of subsidiary indicators; together they provide a framework to evaluate the country's progress toward completion of the goals.

The data is organized by Governorate, which are ranked from lowest to highest performance. Iraq's national average and MDG targets are also displayed.

The UNDP supported hospital in Erbil that specializes in tuberculosis treatment, Northern Iraq, 2013. Photo © UNDP Iraq

FOREWORD

UNDP's work in Iraq is governed by one clear aim: to make Iraq a better place to live. This aim is reflected in every aspect of our work and is captured in a comprehensive set of eight measurable objectives known as the Millennium Development Goals (MDGs). These goals were set by world leaders at the United Nations Millennium Summit in September 2000 in response to the world's greatest development challenges. They were drawn from the actions and targets agreed upon in the internationally adopted Millennium Declaration.

With only two years remaining before the 2015 deadline, as governments around the world report back on whether or not they have achieved these goals, this is a good time to report on progress made to date in Iraq. How close are we to achieving our overall aim?

As you will see from the following pages, huge strides have been made in Iraq towards reducing hunger, achieving universal education, improving maternal health and combating HIV/AIDS, malaria and other diseases. However, despite these important achievements much work remains. In particular, promoting gender equality, empowering women and reducing child mortality are crucial areas where figures remain well below the 2015 targets. At the same time, serious gaps remain in access to essential services between urban and rural areas.

The United Nations is committed to helping the Iraqi people, supporting the government in line with the National Development Plan and the UN Development Assistance Framework (UNDAF). If the MDGs are to be fully achieved in Iraq by 2015, and these are very real targets that will benefit every man, woman and child, a significant scaling up of efforts will be needed.



TARGET:
Halve, between
1990 and 2015,
the proportion
of people
whose income
is less than one
dollar a day.

STATUS: ACHIEVED



ERADICATE EXTREME POVERTY AND HUNGER

With an estimated population of 31.7 million, of which 41% is under the age of 15¹, Iraq's economy has been under considerable stress to maintain suitable living standards and adequate employment growth. Overall, Iraq's economic growth – although positive over the last few years – is considered to be unsustainable, partly due to its high reliance on oil related revenues and poor private sector development associated with conflict and political instability. It is also non-inclusive, with an enormous gap between the very wealthy and those living below the subsistence level. A large section of the population is caught in the poverty trap with a serious shortage of employment opportunities - particularly for young people - and a low participation of women in the labour market, accompanying food insecurity and only limited access to basic services.

The original indicator measured the proportion of people living on less than US\$ 1 per day, but Iraq exceeded this target relatively quickly. To accommodate this rapid achievement, the indicator was revised to measure the proportion of people with incomes below US\$ 2.5 per day. Iraq's national target was to reduce the proportion of the population living in poverty to 16% by 2015. This figure declined from 13.9% in 2007 to 11.5% in 2011, therefore this indicator has been achieved.

The country's economic outlook has been positive in recent years with Iraq's Gross Domestic Product growth per capita continuing to rise, from 0.8% in 2007 to 2.1% in 2011. Unemployment rates among the youth population (15-24 years) dropped from 30% in 2008 to 22.8% in 2011. The government and public sector employ 40 percent of all those in regular work while the remainder is employed in the informal and private sectors.

In terms of food insecurity, a 1% reduction was observed in the population consuming less than the recommended daily energy intake. The current national rate is 6%, however Basrah has an alarmingly high rate of 21%. The percentage of underweight children under five decreased from 15.9% in 2000 to 8.4% in 2011, but some provinces still face high rates of food deprivation, with Anbar, Baghdad and Najaf having the highest malnutrition rates in the country.





TARGET:
Ensure that, be 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

STATUS:

ACHIEVE UNIVERSAL PRIMARY EDUCATION

The youth literacy rate reflects the growth of primary education over the previous decade. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement. Iraq has made steady progress enrolling children in primary education. The percentage of enrollment rose from 76.3% in 2000 to 89.1% in 2011. This is expected to increase to 95% by 2015, but disparities continue to persist amongst males and females, as well as between urban and rural areas. The current enrollment rate for secondary education remains low at 48.6%.

At 95.5%, Iraq is very close to reaching its 100% target for indicator 2.2, the percentage of children who complete primary education. Interestingly enough, while the governorate of Missan has the lowest enrollment rate for primary education, it has the highest completion rate out of all the governorates. This indicator measures an education system's success in retaining students from one grade to the next as well as its internal efficiency.

Iraq's literacy rate in persons ages 15-24 is 85.5% Sulaymaniyah enjoys a high rate of 94.4% while Missan, at the lowest end of the spectrum, remains at 72%. The unemployment rate amongst this age group is the highest. Education generally reduces the likelihood of being underemployed. The underemployment rate among those with a diploma is 9% while this rate increases to 20% among those with no formal education. Strengthening Iraq's human capital and productivity will continue to be a considerable challenge for policymakers.²



² LB Factsheet IKN

Net percentage of enrolment in primary education Current rate: 98.1% National Target: 100% 0 20 40 60 80 100 Net enrolment ratio in secondary education Current rate: 48.6% National Target: 100% 0 20 40 60 80 100 Literacy rate of 15-24 year-olds, women and men Current rate: 85.5% National Target: 100% 0 20 40 60 80 100 A child whose school benefited from UNDP's Local Area Development Programme, 2009. Photo © UNDP Iraq/Magic Carpet



TARGET:
Eliminate
gender
disparity in
primary and
secondary
education,
preferably by
2005, and at
all levels of
education no
later than 2015.

STATUS: ON-GOING

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Eliminating gender disparity at all levels of education will help increase the status and capabilities of women. Iraq enjoys a high rate of gender parity in primary and secondary school enrollment and has continued to make progress. In 2000, the percentage of girls to boys enrolled in primary education was 85% and this has steadily increased over the years, to 88% in 2006 and to 94% in 2011. For secondary education, the percentage increased from 66% in 2000 to 85% in 2011.

The percentage of women in paid employment in the non-agricultural sector has risen from 12.1% in 2008 to 14.7% in 2011. This indicator measures the degree to which labour markets are open to women in industry and service sectors, which affects not only equal employment opportunity for women but also economic efficiency. Currently in Iraq, only one in six people in the labour force is female.

An indicator that measures progress towards gender equity in literacy and learning opportunities for women is Iraq's national percentage of literate females to male ratio. For those aged 15-24, it is an impressive 91%, but again inconsistency persists. Half of the governorates exceed this number and Wassit has met the 2015 target of 100%, while Missan and Muthanna have the lowest rates of 77% and 79% respectively. Many factors have contributed to the educational gender-divide in Iraq including limited numbers of schools for girls and traditional preferences to educate boys over girls.

The participation of women in politics remains below the target level. In 2010, the average rate of parliament seats held by women was 27%. The highest rate was found in Muthanna with 40 % while the worst rate was Salah Al-din with only 9.1%. The target rate of 50% by 2015 is highly unlikely. Despite Iraq's successful fulfillment of its constitutional mandate of allocating 25% of all parliamentary seats to women, they remain underrepresented in the higher decision-making levels of the public sector and government.

Unfortunately, gender equality is not expected to be achieved in Iraq by 2015 due to the continuing influence of cultural and social factors.





TARGET:
Reduce by two
thirds, betwee
1990 and 2015
the under-five
mortality rate.

STATUS: ON-GOING

³ Preliminary Findings Report: Fourth Round of the Multiple Indicator Cluster Survey (MICS-4):IRAQ -2012

REDUCE CHILD MORTALITY

This indicator measures child survival. It also reflects the social, economic and environmental conditions in which children (and others in society) live, including their health care.

The mortality rate for children under five in Iraq has declined significantly. Infant mortality has decreased from 50 deaths per 1,000 live births in 1990 to 35 deaths per 1,000 live births in 2006, and in 2011, there were approximately 32 deaths per 1,000 live births. However, this still remains almost double the 2015 target of 17 deaths per 1,000 live births. Results from the Multiple Indicator Cluster Survey show that the infant mortality is higher for males than for females, reaching 36 deaths per 1,000 live births of boys against 30 for girls. In addition, mortality rates of children underfive in urban areas are significantly less than children in rural areas with 35 versus 42 deaths per 1,000 live births, respectively. The results also indicate that mortality rates are also related to the level of education of the mother. Children born to mothers with no education face a higher risk of death before their first birthday than those born to mothers who have secondary or higher education.

Immunization is an essential component for reducing under-five mortality. Measles immunization rates among infants have deteriorated from 90% in 2009 to 75.4% in 2011. Dahuk, Missan and Kirkuk have the highest rates of immunization, averaging 92%. Based on the Multiple Indicator Cluster Survey (MICS), the percentage of children who received the full package of vaccinations at the age of 12 months is 45 percent.⁴

⁴ According to WHO guidelines, children are considered fully immunized if they received three doses of DPT vaccine to protect against diphtheria, pertussis and tetanus; three doses of polio vaccine (OPV 1,2,3), one dose of tuberculosis vaccine (BCG), and one dose of measles vaccine at the age of 12 months.





TARGET:
Reduce by
three quarters
between 1990
and 2015,
the maternal
mortality
percentage.

STATUS: ON-GOING

GOAL 5

IMPROVE MATERNAL HEALTH

Measuring maternal mortality accurately is unusually difficult, except where there is comprehensive registration of deaths and causes of death.

Deliveries that took place under the supervision of a qualified physician increased significantly from 72.1% in 2000 to approximately 90.9% in 2011. Deliveries in rural areas under the supervision of a physician also increased significantly, from 60.2% in 2000, to 78.1% in 2006 and to 84.5% in 2011. Nine governorates supersede the national average and Karbala has reached the MDG target of 100%. Iraq is on track to achieving the 100% target rate by 2015. However, only 76.6% of births were attended at health care centers.

63.2% of mothers received tetanus toxoid vaccination in 2011. These percentages also vary according to educational level with 81.7% of mothers with primary or high school education having received the vaccination compared with 49.1% of mothers with no formal education who received the vaccination.

The percentage of unmet needs in the area of family planning decreased from 10.8% in 2006 to 8.0% in 2011, and there is a rising demand for contraception, shown in the increase of demand from 43.5% in 2000 to 52.5% in 2011. The highest such rate is found in Sulaymaniyah with 68.1% and the lowest in Ninewa with 43%. Women's education level is associated with the use of contraceptives. The percentage of women using any method of contraception rises from 45% among women with no education to 51% among women with primary education and to 57% among women with secondary or higher education.⁵

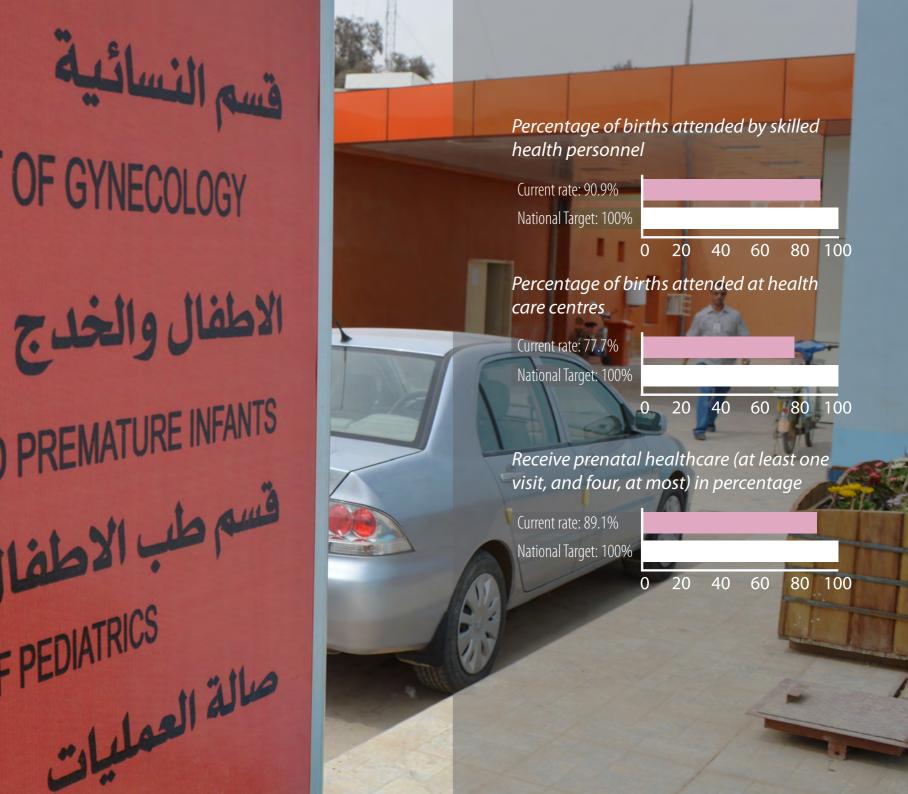
⁵ MICS4, P21-22

قسم النسائية DEPARTMENT OF GYNECOLOGY

الاطفال والخدج

CHILDREN AND PREMATURE INFANTS قسم طب الاطفال DEPARTMENT OF PEDIATRICS

Maternal health clinic in a hospital newly rehabilitated by UNDP in Fallujah, Central Iraq, 2013. Photo © UNDP Iraq





TARGET: Have halted by 2015 and begun to reverse the spread of HIV/ AIDS.

STATUS: ACHIEVED

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

In 2010, there were 12 cases of HIV/AIDS in Iraq (ten male and two females), with the majority of cases located in Baghdad. In 2011, the number was 11, (seven males and four females).

The number of incidences resulting from a lack of health awareness and social education did not exceed 10 to 11 annually. This reflects the success of national information, education and communication programmes and other efforts in promoting knowledge of valid HIV-prevention methods and reducing misconceptions about the disease. By 2011, 91.5% of women in Iraq knew about HIV/AIDS.

The percentage of women aged 15-49 years who know that having one faithful uninfected sex partner and using a condom every time, are two ways of preventing HIV transmission is very low, with significant differences between the urban and rural areas. In general, only one out of every five women has knowledge of the two prevention methods. In urban areas, 22% of women could identify two methods of HIV prevention compared to only 12% in rural areas.⁶

⁶ MICS4. P 29





TARGET:
Halve, by
2015, the
proportion of
the population
without
sustainable
access to
safe drinking
water and
basic sanitation.

STATUS: ON-GOING

ENSURE ENVIRONMENTAL SUSTAINABILITY

This indicator monitors access to improved water sources based on the assumption that improved sources are more likely to provide safe water. Unsafe water is the direct cause of many diseases in developing countries.

Despite an improvement in the number of people with access to clean and potable water, significant disparities persist between provinces. Rural and remote areas still suffer from a lack of basic services, in particular safe drinking water, and women still carry the burden of having to walk for miles to reach safe drinking water for their families.

70.6% of the population in 2011 had sustainable access to an improved water source. Just 38 percent of households rate the availability of drinking water as "good" or "very good". The highest approval ratings are found in the Kurdistan Region of Iraq, reaching up to 89 percent in urban areas of Erbil governorate.

Good sanitation is important for urban and rural populations, but the associated health risks are greater in urban areas where it is more difficult to avoid contact with waste. The proportion of urban and rural population with access to improved sanitation and sewerage has improved in the last three years. The current rate is 93.8%, only 2.5 % away from achieving the national goal of 96.3% by 2015.





TARGET:
In co-operation with the private sector, make available the benefits of new technologies, especially information and communications.

STATUS: ON-GOING

GLOBAL PARTNERSHIP FOR DEVELOPMENT

Effective communication among those involved in the development process is not possible without the necessary infrastructure. Personal computers and telephones allow people to exchange experiences and learn from each other, enabling higher returns on investment and avoiding problems of duplication or missing information.

Iraq has made steady progress in the use of modern technology and information. Although only 5.1% of households have a fixed telephone line, 94.3% of households own a mobile phone (not including the Kurdistan Region of Iraq). The percentage of households owning a personal computer has increased from 5% in 2004 to 17.2% in 2011, and there has also been an increase in the percentage of households using a satellite, rising from 40% in 2004 to 96% in 2011. Internet access in Iraq remains very low at 6%.

In the area of debt relief, the Paris Club Group reduced their official debt of \$114 billion in 2003 by \$31 billion. This is in accordance to the Paris Agreement that Iraq signed with the International Monetary Fund.



A woman from Basra participates in the 2013 provincial elections, Southern Iraq, 2013. Photo © UNDP Iraq/Magic Carpet

WHERE DO WE GO FROM HERE?

Significant progress, as borne out by detailed analysis, has been made towards achieving the MDGs but there is no room for complacency and much work still needs to be done in certain critical areas.

Overall, the MDGs are important indicators that the quality of life for the people of Iraq has improved since they were first set by world leaders in 2000. However, these statistics - while extremely useful - do not bring home the true reality of day to day life for those Iraqis living below subsistence level, with little hope of employment, struggling to feed, house and educate their children. The MDGs should not be seen as the end state but merely the beginning of even greater efforts to reduce poverty, disease and hunger, ensure equality, promote education and stimulate sustainable economic growth through good governance.

The United Nations remains committed to supporting Iraq and its people on its path towards recovery and development.