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MONTHLY REPORT SOCIAL WELFARE SOUTH IRAQ

Introduction

The Social Welfare service in Iraq needs considerable development if it is to reach the people it aims to serve and achieve a level of service provision suitable for the needs of the country. Current services are barely adequate, have suffered from under development while run by the Saddam Regime and has gaps designed to exclude sectors of society considered unfavourable to the regime. The current focus is on institutions with little capacity for outreach.

The following report gives a critical account of the situation facing the Southern four provinces. A national ministry assessment has recently been conducted and will highlight more specific areas of concern.

However on a more positive note, the social welfare directorates in the south have seen dramatic developments over the past year, primarily as a result of a generally enthusiastic and hard working staff with a thirst for knowledge and training and keen to explore their new found freedom to adapt fresh approaches to their social care methods.

Within one year, almost all facilities have been totally rehabilitated from buildings looted for even their doors and window frames. Tremendous success has been achieved in enabling 19 out of 23 Ministry facilities in the southern four governorates to be returned to operational standards and in many cases facilities have been improved beyond the scope of those available under Saddam. This would not have been possible had it not been for the work of CPA, NGO's, UK Military and the Ministry staff and I would like to congratulate all involved.

The Labour Affairs element of the Ministry has also had success with establishment of employment centres and vocational training programs, however this will be reported on separately.

I. Social Security

A. Capped Welfare Payments

There are currently a number of hurdles for people registering for welfare benefit. Applicants must go through a series of procedural checks outlined in the table below. Once checks are completed applications must be authorized in Baghdad. However, even on completion of all relevant criteria the application may still be rejected due to caps on number of benefits that can be paid through the ministry per year.

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1. All four provinces currently have a back log of applications which they can not process.
2. Review of new applicants occurs only once per year. Resulting in some genuine applicants being rejected from the system year after year.

Stage of Authorisation	Criteria	Numbers
<u>Ministry of Health Committee</u>	Disability <ul style="list-style-type: none"> - Deaf or Blindness - Physically incapacitated 75% - Mental illness 	
<u>Social Worker</u> - Checks background of the case and that there is no other form of alternative family or income support	<ul style="list-style-type: none"> - Widowed or Divorced women - Elderly - Orphaned or father less children adopted by extended family 	
<u>Nationality</u> - Checked at ID office	All people have to prove that they have Iraqi nationality to be considered.	
<u>Post Office</u> - Each applicant must receive a post office number in order for Baghdad to approve application	<ul style="list-style-type: none"> - Post office system ineffectual in most provinces. - 	
<u>Ministry in Baghdad</u> - Final approval - Cards issued		

B. Criteria for Payments

Policy decisions and national reform are still urgently required from Baghdad regarding criteria to qualify for benefit payments.

Criteria has not been reformed since it was imposed by the former regime. Therefore unfair exclusions persist today.

1. Disability benefit only constitutes individuals with three limbs incapacitated.
2. Widows do not qualify if their husbands were killed by the regime.
3. Disabled veterans qualify for a disparative level of assistance through ministry of defence stipends than those with other disabilities; a point which the Iraqis feel fuels resentment.

C. Documentation

ID offices have been opened by the Ministry of the Interior in Basra and Maysan enabling social affairs applications to be processed and nationality confirmed. Many other directorates still do not have a functioning identity office and therefore

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applications are stalled.

D. Current System

The existing system is ridiculously bureaucratic with applications needing authorization in several different places. Transfer of paper work between offices takes unacceptably long periods of time. Applications can get lost. Forgery of documentation is prevalent. Urban centres are the only locations where applications can be made and where benefit payments can be claimed. The process itself inhibits those in a vulnerable position from accessing the system. This creates a feeling of exasperation amongst the crowds of people outside the gates of the directorates every morning, many of whom have traveled long distances from rural areas to reach the office.

D. Distribution of Payments

1. Payments are currently distributed every three months at a rate of 30,000 ID (approximately \$20) per month per beneficiary.
2. Delays in payments being released from Baghdad has resulted in beneficiaries in the governorates not receiving the payment that their survival depends for months after it is due.
3. Payments have previously been distributed from Post Offices throughout Iraq. Many governorates still do not have adequate post office facilities, under which circumstances, the directors need support to distribute payments from alternative and secure premises e.g. Banks.
4. In Basra and Maysan the Social Affairs directorates are located in deprived areas of central towns. The directors are therefore reluctant to make distributions directly from the directorate offices due to concern for the security of beneficiaries collecting their cash payment in these areas. Support to the directorate through Iraqi Police and Civil Defense Corps is sometimes required to ensure distribution of payments occurs in civil manner.
5. The Telecommunications Director in Basra has written to Baghdad to request that he can relinquish the post offices duty to serve as the MoLSA Welfare Payment distribution point. CPA South recommends that MoLSA Baghdad request an instruction to be sent from the Telecommunications Ministry in Baghdad to their directorate office in Basra to consolidate compliance on this issue. On a previous payment distribution the CPA/UK Military provided an alternative location with security for distribution at the site. However this responsibility will fall to the Iraqis post June 30th which highlights the need to ensure that MoLSA has secure distribution points across Iraq before the CPA dissolves.

II. **Level of Care:**

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Rehabilitation of Directorate buildings is an essential first step to restoring care provision in Iraq and tremendous work has been conducted to date in this area by the Directorates, NGO's and CPA. The key to enabling Iraqis to care for people within their community now lies in training, provision of materials and follow up programs which will adapt the existing system to deal with the current needs.

A. Training in Baghdad

1. The establishment of a MOLSA national training centre in Baghdad will be a crucial step forward to increasing staff levels of care provision and maintaining their skills into the future.
2. CARE has provided training in Baghdad for MOLSA staff, across Iraq, working in deaf and mute centres.
3. Handicap International hopes to also provide disability care training in Baghdad and is working with War Child to conduct a needs assessment in the south.

B. Training in Basra

1. A Directorate Care Improvement Program has been designed by CPA in conjunction with the Director for Social Affairs in Basra and NGO's to improve both the administrative and psycho social care abilities of the directorate staff and facility managers.
2. Funding has been approved by CPA for the project and it is currently being tendered to NGO's. The contract will hopefully be awarded mid May.
3. Programs are also being considered to enable training and relationship building exercises between MoLSA staff in South Iraq and organizations in the Gulf States.

III. **Outreach**

MOLSA Care facilities have a legacy of institutions. The trend is towards facilities based in key urban areas that serve a small group of beneficiaries. There is concern that many individuals in need of services do not have access to application procedures. The Ministry would benefit from prioritization of projects that would reach a wider audience and expand the scope of the Ministries facilities to address evolving needs of the Iraqi people.

A. Drop In Centres

War Child/UNICEF Child Drop in centres will act as a valuable pilot to assist MoLSA to assess the potential to expand the concept of drop in centres to other facilities in Iraq.

B. Care within the Community

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1. Iraqi Society has a natural affinity towards care within the community. Social morality norms within Iraqi culture and religion place high value on caring for sick and elderly relatives within the home.
2. The prevalence of poverty often impinges on the ability of extended families to care for their relatives, resulting in levels of care falling below standard and in some instances resulting in severe neglect or abuse. Some examples from my experiences in Iraq include:
 - Traumatized war veteran from the Iran-Iraq War returning home with mental neuroses and being chained to a post in the garden for 10 years - Basra.
 - A group suffering from leprosy being ostracized from the community to live in a hovel in the desert, void of any human contact other than delivery of food - Maysan
 - Reports of children with down syndrome being drowned in the river.
3. Ignorance of basic health and hygiene practices and misunderstanding of behavioral needs of vulnerable groups also contribute to poor care practices being followed by relatives.
4. Basic Health and Care Education provided at health clinics, women's groups, youth centres, educational establishments and government service centres would create a wide reaching program that would influence care standards across Iraq. The Basra Care Improvement Program aims to provide equipment and training that will give the opportunity for the directorate to produce its own literature and guidance on care provision.

C. Mobile Social Welfare Teams

1. MoLSA has in the past provided social workers to visit families claiming welfare benefit with the aim of providing advice and assurance that welfare payments are spent according to the needs of their intended beneficiaries. This vital service no longer occurs due to lack of transport facilities and security concerns for staff safety.
2. CPA South recommends that MoLSA provide a mobile team in each governorate including health care and social workers who will visit public buildings to give lectures and distribute literature that will assist families to learn about good care standards. Similar development programs have shown success training women within each community to provide social care advice, having the added bonus of providing links between the Ministry and the communities on emerging issues.

IV. Child Protection

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A. Child Labour

Child labour is prevalent across south Iraq. Many families rely on children as a vital source of income. Children are an integral part of the work force in family businesses, on street and market stalls and in factories such as the Maysan Brick Factories. Reports are also being received of children being used in organized crime, in smuggling and drugs trades, as conduits of information and illegal goods, where they arouse less suspicion than adults conducting similar roles, and also of their participation in sex industry.

B. Street Children

There is thought to be numerous street children in Basra and the Southern provinces. Some are known to live in the wrecked boats moored along the Shat Al Arab, others have family homes but only return sporadically, preferring instead to spend their time on the streets rather than facing difficult circumstances at home.

Drop in Centres: War Child/UNICEF

1. War Child and UNICEF are working with MoLSA to develop Children's Drop in Centres in Nassiriyah and Basra.
2. In areas of high poverty the vital source of income that children bring to families, is often considered a priority over school attendance. Drop in Centres will provide valuable development opportunities for children unable to access other government services such as schools and youth centres.

V. **Co-ordination with NGO's and International Organisations.**

A. The lack of a co-ordination mechanism between organizations working in South Iraq on Social Affairs has been identified as a barrier to effective capacity building of the ministry. Monthly co-ordination meetings are being held by the Basra Social Affairs Director. Directors from neighboring provinces, facility managers, NGO's and CPA representatives have attended. Minutes are available on request.

B. Non Governmental and private organizations have shown interest in establishing non state owned care facilities. One organisation has already set up a children's orphanage in Basra, but guaranteeing a sustainable level of care for children until a time when they can become self sufficient as an adult (often over 20 years) is incredibly difficult and organizations attempting such plans should follow international guidance and consult with Iraqi authorities of their plans.

C. In an environment where extended family structures often absorb orphans into their own families questions are raised as to whether it is necessary to have orphanages at all? Day Care, Care within the community and facilities that address issues of child protection and alleviating exploitation of children through labour could be more advantageous approaches.

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D. CPA has been working with MoLSA to encourage children's relationships with extended families. In the Basra male orphanage only two children are without family and the other children return home to family relatives at weekends and during holidays.

VI. Physical and Mental Disabilities

There is currently very little information available on the numbers of people effected by physical disabilities in the south and there is space for programs that will support the Directorates to expand the reach of its disability facilities and develop activities that encourage inclusive education, dependence reducing lifestyles and which will enable their ability to positively contribute to their families and society.

A. Mines and UXO

The southern region suffers extensively from physical disabilities primarily caused by mines and unexploded ordinance remaining from the Iran-Iraq War. Mine clearance is occurring extensively and the opening of the Basra Prosthetics unit, supported by CPA, is a vital contribution to the lives of those with disabilities.

B. Support for Disabled

1. A support group to help the disabled is currently run by MoLSA, temporarily from the directorate building until such time when the disabled sewing association and the Disabled Rehab Institute buildings are rehabilitated.
2. Wheel Chairs and specialist equipment have been distributed by NGO's and IO's.
3. The War Veterans Disability Centre has also been renovated and is functional although not traditionally a facility of the Ministry for Labour and Social Affairs.

C. Mental Health Care

The Mental Health institutes in Basra and Muthanna are currently not functioning. Availability of psychiatric care professionals and training for mental health and social carers within Higher Education facilities in Iraq is limited. Basra University has no facilities for training in this discipline at present.

Basra Mental Institute

1. Rehabilitation has been delayed due to squatters refusing to vacate building premises. UK Mil working on further development of the project.
2. CPA South in discussions with a number of organisations regarding support for a post conflict traumatic stress unit and for international psychiatric professional support to be provided to the facility.

VIII. Social Housing Policy

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In light of the progression of National Housing Plans, CPA South has discussed the inclusion of social housing policy within planning of housing projects in South Iraq. Clarification is required from MoLSA Baghdad regarding national plans for housing and the intended mechanisms for administration, maintenance and allocation of housing units. If Social Housing should be incorporated into housing plans the following issues need to be considered.

1. Types of beneficiaries, vulnerable groups, criteria for application: would this be based on the existing MoLSA criteria and benefit assessments?
2. Would welfare payments be used to offset maintenance of housing units, if so what would be an appropriate contribution, would extra subsidies be available from the government?
3. What level of housing assistance is considered appropriate for welfare beneficiaries, this will be different across Iraq. Creation of disparities and resentment from other sectors of urban poor excluded from the housing allocation should be considered.
4. Creation of housing plans should take into consideration the specific needs of vulnerable groups in new housing projects and the creation of measures to provide protection, security and access to services for them. i.e. Safe houses for women fleeing from domestic abuse.
5. What measures can be put in place to ensure that governorate authorities uphold their agreements on inclusion of social housing policy.

IX. Conclusions

The Iraq Ministry for Labour and Social Affairs has a tough road ahead. The fact that Iraq has a Social Care System at all, puts it in a favorable position compared to many other countries, yet, the expectations will be difficult to fulfill without time and finance for institutional reform. In the mean time pressure will continue to grow on the ministry from the Iraqi community who feel that a fairly distributed social service is a key aspect of overcoming Saddam imposed legislation and building a new and just Iraq.

Directorates increasingly need support to adapt services within their governorates to the needs of the locality, without requiring constant letters of authorization from Baghdad, and while still operating within a secure national framework. In order for this to occur the central authority requires support to establish mechanisms of monitoring and control not solely dependent on paperwork and within a system that can be administered effectively.

Governorate Summaries

BASRA

No	Facility	Action Required
a.	Elderly Centre	• Building Rehabilitated CPA/Halcrow

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		<ul style="list-style-type: none"> • Equipment and training provided by Intersos. • Facilities include sewing, carpentry, TV, gardens and health clinic. • Level of care good. • Has spare capacity, potentially another 20 beds.
b.	Male Children's Home	<ul style="list-style-type: none"> • Rehabilitated CPA/Halcrow • Links with extended family encouraged, only two children are without family. • Well equipped with books and toys.
c.	Female Children's Home	<ul style="list-style-type: none"> • Functioning from Centre for the Blind. • Equipment provided. • Lack of follow up assistance or reintegration support for girls moving into the community aged 18 and facing lack of work or marriage opportunities.
d.	Deaf and Mute Centre	<ul style="list-style-type: none"> • Rehabilitation completed by CPA/Halcrow
e.	Al Noor Centre for the Blind	<ul style="list-style-type: none"> • Building Rehabilitated but currently being shared with girls orphanage.
f.	UNDP small loans scheme	<ul style="list-style-type: none"> • Building and Equipment complete. • Re-opened Oct 03 • Due to be passed over to MoLSA permanently end of 2004
g.	Disability Sewing Assoc	<ul style="list-style-type: none"> • Needs Rehabilitation / mental health care adults. • Site currently being used as distribution point by WFP
h.	Family Care Committee	<ul style="list-style-type: none"> • Benefit Payments Office rehabilitated CPA/Halcrow • Functional • Requires database for registration of applicants.
i.	Social Care Directorate Office	<ul style="list-style-type: none"> • Rehabilitated CPA/Halcrow • Fully equipped and staffed
j.	Al Raja Institute for Mental Care	<ul style="list-style-type: none"> • Previously focussed on children with special needs. • Building previously shared with Female Children's Home. • Rehabilitation work delayed due to squatters. (CPA/UK Mil following up) • Initial contract lapsed, further estimated \$50,000 being sought to renew contract. • Currently not operational. • Funding being sought to run training program for staff on psychiatric care focussing on post conflict trauma. Once funding is approved NGO's and international organisations will be approached to conduct the program through MoLSA. • Concern for victims from torture and people suffering from post conflict traumatic stress is of priority need to the people of south Iraq.
k.	Disabled Rehab Institute	<ul style="list-style-type: none"> • Building needs rehabilitation • Adult workshops • Illegal occupants hindering rehabilitation opportunity.
l.	Kindergarten	<ul style="list-style-type: none"> • Drop in Centres: War Child/UNICEF

Maysan

No	Facility	Action Required
a.	Male Children's Home	<ul style="list-style-type: none"> • Building rehabilitated.

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		<ul style="list-style-type: none"> Fully furnished, staffed and operational. Good level of care and service. Facilities include computers, TV and medical clinic.
b.	Al AJeal Kindergarten	<ul style="list-style-type: none"> Building rehabilitated. Fully furnished, staffed and operational.
c.	Deaf and Mute Centre	<ul style="list-style-type: none"> Building rehabilitated. Fully furnished, staffed and operational. Lack of follow up assistance or reintegration support for girls moving into the community aged 18 and facing lack of work or marriage opportunities.

Dhi Qar

No	Facility	Action Required
a.	Family Care Section	<ul style="list-style-type: none"> Rehabilitated and well equipped. Good level of care and service.
b.	Deaf and Mute Centre	<ul style="list-style-type: none"> Need further assessment
c.	Female Children's Home	<ul style="list-style-type: none"> Rehabilitated and fully functioning.

Muthanna

No	Facility	Action Required
a.	2 x Mental Health Facilities	<ul style="list-style-type: none"> Need Further Assessment
b.	2 x Deaf and Mute Centre	<ul style="list-style-type: none"> Rehabilitated The one in the rural area is too small, special needs and deaf and mute centre in same building.
c.	Family Care Section	<ul style="list-style-type: none"> Rehabilitated

Compiled by:
Charlotte Morris
Refugee/IDP and Social Affairs Adviser: CPA
South
Tel: 001 703 270 0707
964 (0) 7801 097 197

In consultation with:
Esam Al Serdah
IRDC Refugee Co-ordinator: CPA South
Tel: 001 703 270 0647
964 (0) 7801 018 776