

IOM IRAQ

A photograph showing a man in a wheelchair on the left and a woman sitting on a ledge on the right. The man is wearing a beige headscarf and a dark long-sleeved shirt. The woman is wearing a pink puffer jacket, a black face mask, and patterned pants. They are in a camp-like setting with blue metal walls and a white building in the background. The text 'IOM IRAQ' is in the top left, and the title 'BARRIERS TO DURABLE SOLUTIONS EXPERIENCED BY PEOPLE WITH DISABILITIES IN IRAQ: A RAPID CONSULTATION' is at the bottom.

**BARRIERS TO DURABLE
SOLUTIONS EXPERIENCED BY
PEOPLE WITH DISABILITIES IN
IRAQ: A RAPID CONSULTATION**

The International Organization for Migration (IOM) is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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IOM Iraq deeply appreciates the time and perspectives of displaced persons with disabilities and returnees with disabilities.

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FOREWORD

Information on barriers to durable solutions experienced by displaced persons and returnees with disabilities in Iraq is extremely scarce.

The International Organization for Migration (IOM) is working alongside the Government of Iraq and other partners to create conditions that will enable internally displaced persons to return, relocate or locally integrate in a voluntary, safe and dignified manner – through a comprehensive package of interventions aimed at addressing barriers to durable solutions.

With generous support from the Government of Australia, IOM Iraq continues to strengthen its approach to disability inclusion. In 2019, the *IOM Iraq Disability Inclusion Strategy 2019 – 2021* was launched, which laid solid foundations for disability inclusive practices and programming. In 2022, the *IOM Iraq Country Strategy 2022 – 2024* and *IOM Iraq Disability Inclusion Strategy 2022 – 2024* will also be launched, with the latter focussing on increased accountability – among all programme and programme support divisions across IOM Iraq – for reducing barriers experienced by people with disabilities, including access to durable solutions.

This report identifies concrete ways for members of the Government of Iraq, Kurdistan Regional Government, and durable solutions actors including IOM to address barriers experienced by displaced persons and returnees with disabilities in Iraq.

Ultimately, we hope that IOM's support will help to make the most of the skills, resources and solidarity already expressed by displaced persons and returnees with disabilities, with the aim of contributing to a more accessible and inclusive Iraq.

Giorgi Gigauri

Chief of Mission

IOM Iraq

ABBREVIATIONS

CCCM	Camp Coordination and Camp Management
CRPD	United Nations Convention on the Rights of Persons with Disabilities
GBV	Gender-Based Violence
HLP	Housing, Land and Property
IDP	Internally Displaced Person
IOM	International Organization for Migration
ISIL	Islamic State in Iraq and the Levant
MoMD	Ministry of Migration and Displaced
MCNA	Multi-Cluster Needs Assessment
OPD	Organization of persons with disabilities
WASH	Water, Sanitation and Hygiene
WG-SS	Washington Group Short Set of Questions
WHO	World Health Organization

EXECUTIVE SUMMARY

Information on persons with disabilities in Iraq and the barriers they experience in areas of displacement and return is extremely scarce. Given that persons with disabilities are best qualified to provide information about the challenges they face, IOM Iraq conducted a rapid consultation with internally displaced persons (IDPs) and returnees with disabilities to deepen understanding of the barriers to durable solutions that persons with disabilities experience, and to support these voices to be heard.

The rapid consultation took place between the months of December 2021 and January 2022 and was conducted with 39 persons with disabilities living in IDP camps, informal sites and areas of return, as well as through interviews with 15 key informants (representatives from organizations of persons with disabilities, camp management and local authorities). Data collection occurred in Hassan Sham camp, Jeddah 5 camp, Mosul and Sinjar (Ninewa Governorate); Kabarto camp (Dohuk Governorate); and Kilo 7 informal site and Ramadi (Anbar Governorate).

The report outlines five main findings that cover categories of barriers to return¹ along with movement intentions:

Housing

1. IDPs with disabilities experience difficulties accessing appropriate shelter, and returnees with disabilities have difficulties paying rent. In addition, many experience difficulties moving within and leaving their housing/shelter.

Livelihoods

2. IDPs and returnees with disabilities lack access to sustainable livelihoods and income generating opportunities. They want to earn an income, and when they can't, they often feel they are a burden to their families.

Basic Services

3. IDPs and returnees with disabilities struggle to access basic services due to poor physical access, and limited income, service provision and access to information. Moreover, persons with disabilities feel that service providers are not aware of their needs and concerns, and they face difficulties accessing information about the services and assistance available.

Social Cohesion and Safety and Security

4. IDPs and returnees with disabilities feel excluded from community life due to negative attitudes among community members and a lack of accessible ways to communicate. Family members are often the main source of support for persons with disabilities.

Movement Intentions

5. Most IDPs with disabilities are willing to return to their areas of origin, but are prevented by housing destruction, poor social cohesion, security issues and a lack of support networks. As such, camp closures could force IDPs with disabilities to move out of displacement prematurely, resulting in additional risks.

These findings led to a set of recommendations and suggested actions that are explained in full in the report. Here, we highlight the key recommendations by way of general guidance to the Government of Iraq, Kurdistan Regional Government and local and international humanitarian and development agencies in areas of displacement and return.

Recommendations across durable solutions

- A. Facilitate active and meaningful participation of persons with disabilities in areas of displacement and return.
- B. Ensure information on assistance and services is accessible to persons with disabilities in areas of displacement and return.
- C. Support persons with disabilities to make informed decisions regarding durable solutions pathways available to them.
- D. Build a wider evidence base on experiences of persons with disabilities and engage technical advice to strengthen disability-inclusive durable solutions.

Recommendations per barrier to return

Housing

- E. Address barriers to shelter interventions experienced by persons with disabilities.

Livelihoods

- F. Prioritize mainstream vocational training and livelihoods opportunities for persons with disabilities in areas in displacement and return.

1. Categories of barriers are from Framework: Categories of Return Barriers. In: [Protracted Displacement in Iraq: Revisiting Categories of Return Barriers](#), IOM Iraq (2021).

Basic Services

G. Address barriers to accessing basic services experienced by persons with disabilities in areas of displacement and return.

Social Cohesion

H. Prioritize accessible and inclusive social cohesion and community engagement programming.

Safety and Security

I. Prioritize enablers that assist persons with disabilities to facilitate their own safety and security.



Figure 1: Community members with and without disabilities attending MHPSS awareness session at Hassan Sham Camp ©IOM Iraq

INTRODUCTION

In 2019, IOM Iraq launched the *IOM Iraq Disability Inclusion Strategy 2019–2021*. In 2021, IOM Iraq released the report “*Persons with disabilities and their representative organizations in Iraq: Barriers, challenges and priorities*.” The report is based on key informant interviews conducted with 81 representatives of 53 organizations of persons with disabilities (OPDs) across 18 governorates. One recommended action was to identify the barriers experienced by IDPs with disabilities in camps, as well as by persons with disabilities who decided to return to their areas of origin or seek other durable solutions.

Information gathered directly from IDPs and returnees with disabilities on the barriers they experience in Iraq in accessing services, assistance, livelihoods and community life is extremely scarce. Given that persons with disabilities are best qualified to provide information about the challenges they face, IOM Iraq conducted a rapid consultation with IDPs and returnees with disabilities to deepen understanding of the barriers to durable solutions that persons with disabilities experience, and to support their voices to be heard.

Background

Iraq has experienced several waves of displacement during recent years due to armed conflicts and sectarian violence. Conflict against the self-proclaimed Islamic State in Iraq and the Levant (ISIL) triggered large-scale displacement, with about six million people internally displaced between 2014 and 2017². As of September 2021, IOM Displacement Tracking Matrix (DTM) identified 4,939,074 returnees, dispersed across eight governorates.³ However, thousands of people remain displaced. As of December 2021, 1,186,556 individuals remain displaced across the country, residing in IDP camps, but also in informal sites and in host communities.⁴

According to World Health Organization (WHO) and World Bank estimates, about 15 per cent of the world’s population have a disability.⁵ Forced displacement contexts and emergency situations such as conflicts can generate an even higher percentage of persons with disabilities due to increased risk of injuries and lack of access to quality medical care and essential services.⁶ In 2019, the Committee on the Rights of Persons with Disabilities stated that Iraq has one of the largest populations of persons with disabilities in the world.⁷

Humanitarian crises can lead to increased vulnerabilities for persons with disabilities, having a severe impact on their social and economic environment, and leading to increasing dependence on others.⁸ In the contexts of crisis and displacement, persons with disabilities are at risk of being unable to enjoy equal access to facilities and services and may be excluded from assistance efforts. They may be located far from essential services and face difficulties accessing them due to loss of assistive devices, unsuited terrain or lack of ramps.⁹

Disability is conceptualized using a rights-based approach, guided by the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Article 3 of the CRPD states that persons with disabilities include “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Persons with disabilities are not a homogeneous group; they include a diverse range of persons with different impairments and support needs that intersect with their age, gender and other identities.

2. [Visit to Iraq: Report of the Special Rapporteur on the human rights of internally displaced persons](#), 2020, United Nations General Assembly.

3. [Iraq Displacement Report 123 \(August–September 2021\)](#), IOM.

4. [IOM DTM](#), December 2021.

5. [World report on disability, WHO & World Bank, 2011](#)

6. [Committee on the Rights of Persons with Disabilities media release on the impact of the armed conflict on persons with disabilities in Iraq](#).

7. [Disability in humanitarian contexts](#), Handicap International (2015).

8. [Ibid.](#)

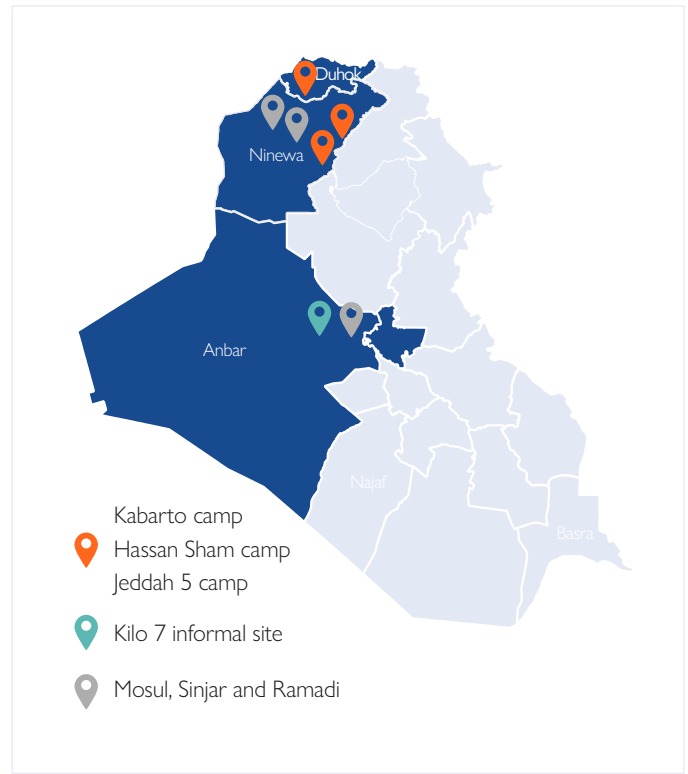
9. [Persons with disabilities in the context of internal displacement: Report of the Special Rapporteur on the human rights of internally displaced persons](#), United Nations General Assembly (May 2020).

METHODOLOGY

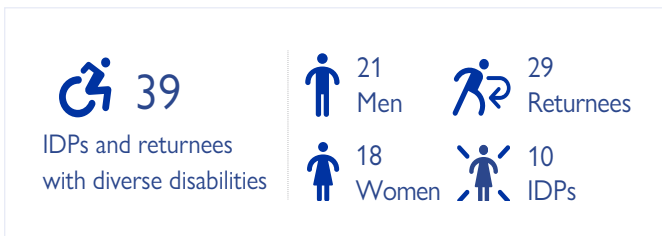
Data collection was conducted over 3.5 weeks in December 2021 and January 2022. The selection of displacement and return locations was done considering various criteria, including 1) number of returnees or IDPs living in a given location, 2) presence of IOM programming staff who could assist with rapidly identifying persons with disabilities and key external stakeholders 3) presence of OPDs in return locations to assist with rapidly identifying persons with disabilities including to act as data collectors.

Diverse populations of IDPs and returnees with disabilities were interviewed, including under-represented groups such as deaf people, persons with intellectual disabilities and women with disabilities. A total of 39 IDPs and returnees with diverse disabilities (18 women and 21 men; 15 returnees and 24 IDPs) were interviewed. Moreover, interviews were also conducted with external stakeholders (representatives from OPDs, camp management and local authorities). Interviews took place in camps and informal sites: Hassan Sham camp and Jeddah 5 camp (Ninewa Governorate), Kabarto camp (Dohuk Governorate), Kilo 7 informal site (Anbar Governorate), as well as in return locations (Mosul, Sinjar and Ramadi).

Two questionnaires (Annex 2) were used for the data collection. One questionnaire was developed for interviews with IDPs and returnees with disabilities and included demographic questions, questions on the movement intentions of IDPs and returnees, as well as questions related to barriers and enablers experienced by persons with disabilities in areas of displacement and return.¹⁰ Another questionnaire was developed for the key external stakeholders (service providers, OPDs, camp management and local authorities). Information gathered from key external stakeholders was used to corroborate information from persons with disabilities.



The data collection and analysis tools drew upon the categories of barriers from the chapter “Framework: Categories of Return Barriers” in IOM Iraq’s *Protracted Displacement in Iraq: Revisiting Categories of Return Barriers*.¹¹ According to the report, barriers to return can be divided into five broad categories: 1) Housing (housing destruction, Housing, Land and Property-related issues); 2) Livelihoods (difficulties accessing sustainable livelihood opportunities); 3) Basic services (lack of access to essential basic services); 4) Social cohesion (risks related to perceived ISIL affiliation, ethno-religious, tribal and political dynamics); and 5) Safety and security (re-emergence of ISIL, configuration of security forces, presence of explosive hazards). These broad categories were used to better understand the barriers hindering returns of persons with disabilities to their areas of origin, and to categorize the challenges experienced by persons with disabilities in terms of access to services in areas of displacement and return.



10. Disability data was collected using the WG-SS. All those that responded having “some difficulty,” “a lot of difficulty,” or “cannot do at all” to any of the questions were considered as having a disability.

11. *Framework: Categories of Return Barriers*. In: *Protracted Displacement in Iraq: Revisiting Categories of Return Barriers*, IOM Iraq (2021).

Moreover, persons with disabilities can experience specific barriers that hinder their full and effective participation in society on an equal basis with others. These barriers can be divided into the following broad categories: physical barriers (such as difficulties accessing services due to the lack of ramps), attitudinal barriers (such as stigma and discrimination from service providers and communities), administrative or legal barriers (such as difficulty in registering for disability status) and information and communication barriers (such as difficulty accessing information on the assistance available due to disability, or difficulty in communicating). The data analysis used categorization. Whenever possible, the distinction was made between non-disability specific barriers (hindering full participation and access to services for all population groups) and disability-specific barriers (hindering full participation and access to services for persons with disabilities).

The data collection team included a data collector with a disability at every interview.¹² Persons with disabilities were asked prior to their interview if they required any additional support to participate. Examples provided of reasonable accommodations include accessible interview locations and the presence of a caregiver. Knowing that the potential presence of a caregiver may influence the answer of the person with disability, space for one-to-one dialogue was created where possible, and data collectors distinguished the comments coming from the caregiver from the ones made by the person with a disability in the interview transcription. Inputs provided by the caregivers were used in some parts of the report to further illustrate the findings.

Field data collection was supported with a desk review phase of existing available data, which included needs assessments, reports and research documents produced by various actors present in Iraq. The list of documents analysed during the desk review phase can be found in Annex 1.

Qualitative analysis of the information was conducted using a thematic approach. The data was analysed collectively, and findings were grouped into headings to aid the presentation of this report.

Limitations

This rapid consultation process had the following limitations and constraints:

- Time constraints had a significant impact on the report, including limiting the number of interviews conducted in each location. A limited number of persons with intellectual disabilities or persons with psychosocial disabilities were interviewed, as they take longer to identify. In addition, time constraints meant that only one informal site was included in data collection, and only displaced persons who returned to their urban area of origin were interviewed.
- The interview questions investigated the general barriers experienced by persons with disabilities, without seeking to gather detailed data on the intersectional impact of gender and disability.
- No distinction was made between the persons who had a disability prior to the conflict and those who acquired a disability as a consequence of the conflict or while in displacement. Furthermore, the report did not seek to understand whether persons with disabilities who live with another family member with a disability experience barriers in a different way or are more severely impacted by barriers.
- Interviews were conducted in Arabic and Kurdish and were subsequently translated into English for the data analysis. Although translation by local speakers was provided, it may have unintentionally introduced a nuanced understanding of personal reflections.



Figure 2: Sayf (left), a data collector with a disability in interview with a key informant in Jeddah 5 Camp ©IOM Iraq

12. One to two data collectors with disabilities were identified at each location. They received a briefing prior to data collection and their role included welcoming the key informant, showing visual prompts when needed to support the dialogue, prompting key informants for examples, and assisting in locating key informants with disabilities if there were any last-minute changes.

KEY FINDINGS

1. BARRIERS TO ACCESSING SERVICES

Persons with disabilities often do not have equal access to facilities and aid, and may be excluded from relief efforts in humanitarian crisis contexts.¹³ According to the *Multi-Cluster Needs Assessment (MCNA) VIII* conducted in Iraq, 47 per cent of in-camp IDP households with household members with a disability were unable to access one or more services due to 'disability'.^{14,15,16} The rapid consultation findings below confirm that persons with disabilities face a variety of challenges related to accessing services in areas of displacement, but also in areas of return.

While some of the barriers in accessing services and information in areas of displacement and return are non-disability specific, the research findings show that persons with disabilities experience several types of additional disability-specific barriers that hinder their access to services, livelihoods and community life in both areas of displacement and areas of return.

1.1 Barriers to housing/shelter

IDPs with disabilities experience difficulties accessing appropriate shelter, and returnees with disabilities have difficulties paying rent. In addition, many experience difficulties moving around within and leaving their housing/shelter.¹⁷

Accessing appropriate housing/shelter and paying rent is difficult for persons with disabilities.

IDPs with disabilities experience challenges related to shelter, including insufficient tent size to accommodate the whole family, poor condition of the tent or house, and difficulties accessing electricity supply. In camp settings, the persons interviewed live in tents, which are often shared with other family members (spouses, parents, children). Persons with disabilities in some of the locations complained about limited access to electricity and inability to heat their tent.

*"Sometimes I can't see well at night, and we don't have electricity, which makes the situation harder on me."
(Female respondent who has difficulty seeing and hearing, Hassan Sham camp)*

In Kilo 7 informal site, some of the persons with disabilities also reported that their apartments require repairs. Residential buildings that now form Kilo 7 informal site were severely affected by the conflict and suffered considerable damage. Residents left the area, and IDPs who had nowhere to go moved in, choosing to compromise on their living standards due to factors such as incapacity to pay rent in other locations. Moreover, several persons with disabilities living in Kilo 7 informal site complained about difficulties covering the monthly costs for accessing electricity.

Challenges related to accessing good quality housing were reported in the areas of return. One of the respondents who returned to Mosul had his house destroyed during the conflict and now lives in a rented house with his family. However, due to an inability to pay higher rent and a lack of resources to rebuild his house of origin, he was only able to access basic housing, which required major repairs. Overall, in the areas of return, the returnees with disabilities interviewed did not report any specific difficulties related to finding housing upon their return (such as those related to HLP or other issues). Most of the returnees interviewed were able to return to the house they or their families owned – which did not suffer from major destruction. In contrast, returnees with disabilities whose houses were destroyed, or who used to rent houses prior to their displacement, struggled access housing because of the inability to pay rent or a lack of resources to rebuild their house. Barriers that persons with disabilities face in accessing sustainable livelihoods opportunities (as explained in more detail below) further hinder their ability to pay rent or purchase resources necessary for rebuilding their houses.¹⁸

13. [CRPD/C/HTI/CO/1](#), para. 20 (c) and [CRPD/C/UKR/CO/1](#), para. 22.

14. MCNA VIII, October 2020, REACH.

15. MCNA VIII does not report the proportion of households with a household member with a disability.

16. The MCNA III phrases disability as a limitation, instead of using the rights-based approach phrasing barriers related to disability as a limitation.

17. Questions asked: "What challenges do you face in accessing and living in your shelter/housing? Which of these challenges are the most important? Please share examples. What factors facilitate your access to shelter/housing?"

18. For example, MCNA VIII reports that households with at least one member with a disability were more likely to have a debt value above 505,000 Iraqi dinars (346 United States dollars) (71%), compared to the general percentage calculated nationwide for all households (55%).

A lack of physical accessibility prevents IDPs and returnees with disabilities from leaving their homes.

Both in areas of displacement and return, persons with disabilities experience physical barriers preventing them from freely moving inside their housing/shelter and leaving or entering it. Some of the respondents with physical disabilities lacked assistive devices such as wheelchairs and prosthetics, which limited their mobility. In addition, in Jeddah 5 camp, a mother of two daughters with intellectual disabilities who cannot walk and are non-verbal, reported that the daughters had never left their tent.

Many persons with physical disabilities, persons with vision impairments and deaf persons reported being dependent on their caregivers to escort them inside or outside their housing. The environment is not adapted to the requirements of persons with disabilities, with the absence of accessible roads and venues, and lack of accessible information and communication for deaf persons and persons with vision impairments, which further restricted their mobility.

"I can't easily go out from nor come back to the house because of the difficulty in movement. I can't go upstairs and can't walk freely inside the house because my legs hurt me." (Female respondent who has difficulty walking, Mosul)

"I can't hear people, and this is my biggest challenge. Sometimes people are standing in front of the front door and calling me, but I can't hear them, which really embarrasses me." (Female respondent who has difficulty hearing, Mosul)

Enablers to appropriate housing/shelter identified by persons with disabilities include access to assistive devices, health care and support from others, and addressing inadequate housing conditions.¹⁹

When asked about the factors that could support persons with disabilities in overcoming housing-related barriers, respondents with disabilities reported that having access to assistive devices and prosthetics, as well as medical treatment, would help them improve their mobility and overcome physical barriers related to moving around in or leaving their housing. Another respondent added that being escorted by a family member would also help him overcome difficulties moving around the shelter. Some of the respondents living in Kilo 7 informal site and areas of return also mentioned that they

would need support with carrying out repairs in their houses. Moreover, respondents living in camp settings also mentioned the need to address issues related to the inadequate housing conditions (small tent size, lack of electricity and heating).

1.2 Barriers to livelihoods

IDPs and returnees with disabilities lack access to sustainable livelihoods and income generating opportunities. They want to earn an income, and when they can't, they often feel they are a burden to their families.

Persons with disabilities face multiple barriers related to accessing income in areas of displacement and return. Among the 39 IDPs and returnees with disabilities interviewed, not one was employed, had participated in livelihoods programming, or ran a business.

IDPs and returnees with disabilities do not want to feel like a burden to their families; they want to earn an income and build skills.

Lack of access to employment opportunities remains a challenge for a large segment of IDPs and returnees in Iraq.²⁰ This deficiency has a significant impact on IDPs and returnees with disabilities. An economic crisis, loss of jobs during displacement and COVID-19 restrictions further impacted income sources and led to a decrease in livelihood opportunities in the country, including for persons with disabilities.²¹ In addition, movement restrictions preventing people from leaving camps and seeking income generating opportunities outside were reported by some of the respondents in Hassan Sham camp.

Respondents reported a lack of support from government and non-government actors in accessing income-generating opportunities. Some IDPs with disabilities have tried to contact NGO or government representatives to find a job, but their attempts have so far been unsuccessful.

"I tried to talk to many NGOs to support me by providing even a small salary or work so that I could pay for my doctor, but nothing happened. Having a small job would really help me." (Male respondent who has difficulty hearing, Kabarto camp)

"I am blind, and I am trying to find a job that would fit with my disability, like at a painting shop or market, but no one is supporting me. I need to re-open my painting shop." (Male respondent who has difficulty seeing, Mosul)

19. Respondents did not provide any responses around the design of housing/shelter. It is common that persons with disabilities are not aware that accessible design and adaptations are possible, particularly if they have not seen any examples previously.

20. Twenty-eight per cent of in-camp IDP households report at least one adult (older than 18 years) unemployed and seeking work. This is the case for 30 per cent of out-of-camp IDP households and 25 per cent of returnee households. MCNA IX, June–August 2021, REACH.

21. Iraq Humanitarian Needs Overview, OCHA, 2021.

Others expressed interest in participating in skills training opportunities. Some had a precise idea of the skills they would like to acquire or develop, such as sewing, painting and drawing, but reported that these opportunities were unavailable in the area where they lived. One respondent in a camp reported working as a volunteer in a Kurdish language school and that this role occasionally provided small financial payment.

Respondents depend on external assistance to secure their livelihoods, as well as on the support of their caregivers. Several persons reported that their caregivers also struggled to access a regular source of income. This situation does sometimes result in persons with disabilities perceiving themselves as a burden on their families and feeling dependent on their caregivers.

“As a deaf person, I can’t talk to people or work, I also don’t have access to social payments. I feel I am something heavy for my family.” (Female respondent who has difficulty hearing, Kabarto camp)

Stigma, traditions and a lack of education limit livelihood opportunities for persons with disabilities, which in turn has a negative psychosocial impact.

Most respondents reported feeling unqualified or unsuited for available jobs, namely due to a lack of educational background and resulting illiteracy. Several respondents reported perceiving themselves as unable to work altogether or believing that it would never be possible for them to find a job. The majority of respondents also reported having never worked in their lifetime.

Five female respondents with disabilities, who perceived themselves solely as housewives, said they would be unable to work. Gender stereotypes, customs and traditions related to interactions between male and female family members can further impact the ability of women with disabilities to gain employment, resulting in the need for economic empowerment activities to prioritize women with disabilities.²² At the same time, some of the women with disabilities complained about having to handle many household care responsibilities and feeling great pressure from their family members.

A perception among potential employers and humanitarian and development livelihoods programme staff that persons with disabilities cannot work means that many are not willing to hire or engage IDPs and returnees with disabilities. Furthermore, a lack of access to assistive devices affects some IDPs and returnees’ ability to earn an income.

“I am jobless, and I wish I could get a job. I have tried to find one, but when they see that I am deaf, no one hires me.” (Male respondent who has difficulty hearing, Ramadi)

“I wish to find a job, but I can’t walk, which makes it more difficult for me to get work. I hope to have a wheelchair so that I can move and prove my ability to work.” (Male respondent who has difficulty walking, Jeddah 5 camp)

Overall, the lack of income prevents persons with disabilities from covering their basic needs and has major implications on their lives, both from a financial and psychosocial standpoint. The lack of opportunities to earn income leads to feelings of worry and isolation, even if families are financially supportive of their family member with a disability. It also prevents persons with disabilities from marrying and starting their own a family.²³ One of the respondents reported having a debt of 10 million Iraqi dinars, and said he felt very worried about his inability to repay it.

When a person with a disability is the main breadwinner of their family but is unable to secure a stable income, it puts immense pressure on the person and results in feelings of worry and anxiety.

Persons with disabilities are experiencing difficulties in accessing and maintaining social protection payments due to lack of clarity on how to access these payments and lengthy, complicated application processes. These multiple barriers often result in a sense of hopelessness among persons with disabilities.

“I tried to get [assistance] from the social protection office. An official delegation from Baghdad came to the camp and put down our names to get this social care support, but it has been six months without any response. I am so hopeless and I don’t think anything will change.” (Female respondent who has difficulty hearing, Kabarto camp)

Enablers to livelihood opportunities identified by persons with disabilities include creating accessible and inclusive livelihoods and skills trainings.

When asked about the factors that could support persons with disabilities in overcoming barriers related to accessing livelihoods, the respondents mentioned the creation of permanent or temporary employment opportunities in areas of displacement and return (for persons with disabilities, but also for their caregivers), creation of training opportunities adapted to the needs of persons with disabilities, and provision of sup-

22. [Persons with disabilities and their representative organizations in Iraq: barriers, challenges, and priorities. IOM \(2021\).](#)

23. [Ibid.](#)

port related to accessing social payments. Two respondents living in Mosul who used to have jobs prior to their displacement (as a painting shop owner and SIM card salesman, respectively) mentioned that they needed support with reopening their business. One respondent also mentioned that having Government websites publish job opportunities adapted to the needs of persons with disabilities would be helpful. Finally, some of the respondents felt that being able to access assistive devices and adequate health care would help them overcome physical barriers preventing them from accessing livelihood opportunities.

1.3 Barriers to accessing basic services

IDPs and returnees with disabilities struggle to access basic services due to limited service provision, poor physical access, limited income and insufficient access to information. Moreover, persons with disabilities feel that service providers are not aware of their needs and concerns, and face difficulties in accessing information about the services and assistance available.

In areas of displacement and return in Iraq, the number of households with at least one member with a disability and that rely on stress coping strategies is higher compared to households without a member with a disability. Moreover, households with at least one member with a disability are at a higher risk of relying on emergency coping strategies to cover their basic needs.²⁴ According to the MCNA VIII, among households reporting at least one member with a disability, 38 per cent reported that at least one member could not access basic services due to their 'physical and/or cognitive difficulty'.²⁵

1.3.A Accessing markets and distributions

Many persons with disabilities have difficulties accessing markets and distribution centres, often having to rely on their caregivers for access.²⁶

As camp populations shrink and humanitarian resources decrease, investments in and maintenance of infrastructure and services diminish further.²⁷ In addition, potential camp closures are seen to have an impact on the level of support provided.

Across areas of displacement, the type and frequency of distributions provided vary, as camps are managed by different organizations. In some locations, persons with disabilities reported that the assistance had not reached them for several months, and they felt excluded from the ongoing assistance efforts. In other locations, respondents felt that assistance was not provided on an equal basis, and that personal connections were needed to access it.

"I see some people are receiving twice while we receive once or never receive. We haven't received any food distributions since June 2021. I think wasta²⁸ plays a big role in this. There is a need to treat everyone equally so that we receive the same items." (Deaf female respondent who has difficulty seeing, Hassan Sham camp)

"No, I haven't received anything until now. The thing is, I see many families receiving assistance, but some families are included, while some are left out. We ask all the time why no one calls us, but without any response." (Male respondent who has difficulty walking, Kilo 7 informal site)

By contrast, the respondents living in Kabarto camp reported receiving food, non-food items (NFIs) and cash support from the Ministry of Migration and Displaced (MoMD) and the Barzani Charity Foundation. In areas of return, several respondents reported receiving food and NFI assistance from the MoMD. However, the assistance was reported as insufficient, irregular and not adapted to the requirements of persons with disabilities by the majority of the respondents.²⁹

Physical distance to distribution points, unpaved streets, unevenness of the ground and lack of assistive devices prevent persons with disabilities from accessing distribution points and markets in informal sites, camps and areas of return. Many respondents rely on their caregivers to access distributions and marketplaces in areas of displacement and return.

"I can't go alone, I have to be accompanied by someone. If the street was paved, I could learn and memorize the road to the market without any concern. Paving the street would help me access the market." (Male respondent who has difficulties seeing, Mosul)

24. MCNA VIII, REACH (October 2020).

25. Ibid.

26. Questions asked: "Do you receive any kind of food- or NFI-related support in the location where you are currently living? What challenges do you face in obtaining items from distributions (e.g., food, money/vouchers/cards, NFI distributions)? Which of those challenges are the most important? Please share examples. Are there any challenges you face in accessing and using the market? Which of those challenges are the most important? Please share examples. What factors facilitate your access to distributions and markets?"

27. Iraq Humanitarian Needs Overview. OCHA (2021).

28. Wasta is an Arabic word that loosely translates into nepotism. It refers to using one's connections and/or influence to get things done.

29. MCNA VIII reports that overall, households with a member with a disability were found to be more likely than others to be food insecure, indicating a possible need for targeted assistance.

Deaf persons also reported facing difficulties communicating when accessing markets and distributions, and therefore did not go to the market or only went when accompanied by a family member. The lack of income resulting from limited access to livelihood opportunities also prevents persons with disabilities from accessing markets.

"I don't go to the market because I don't have money to pay for it; we receive some small food items or bread from the neighbours. Having a salary would help me to go - I could walk somehow to reach the market." (Male respondent who has difficulty walking, Kilo 7 informal site)

Unaccompanied persons with disabilities are often exposed to higher risks of being unable to secure livelihoods and thus cover their basic needs and access food and non-food items.³⁰

"I never go to the market because I can't pay for it. Some people bring me food or small pieces of bread every day." (Male respondent with a physical disability, Jeddah 5 camp)

Enablers to accessing markets and distributions include distributions delivered to tents and income support to enable purchases, assistive devices, accessibility of facilities and communication.

When asked about the factors that could support persons with disabilities in overcoming barriers related to accessing distributions and markets, several respondents mentioned the need to ensure that everyone is treated equally and able to access distributions based on their needs, and not on their personal connections. Some of the respondents mentioned the need to receive additional NFIs, food items and cash-based support. Moreover, persons with disabilities also mentioned that access to income would improve their access to markets. Some of the respondents also felt that there was a need for advocacy initiatives with the Government and NGOs to make sure the requirements of persons with disabilities for accessing distributions are heard.³¹

Persons with disabilities also suggested that disability-specific support, including access to assistive devices and improvements, on the physical accessibility of facilities (for instance, by paving streets) would help them overcome physical barriers related to access to markets and distributions. Moreover, some of the respondents mentioned that initiatives aiming to deliver assistance or goods directly to the houses of persons with disabilities experiencing difficulties accessing distributions and markets would be appreciated. According to some, this home delivery would, not only allow persons with disabilities to access assistance, but also reduce the burden on their caregivers.

Finally, some of the deaf respondents mentioned that initiatives aimed at addressing communication-related barriers would be helpful, including having a focal person during distributions who can communicate with deaf persons and installing visual signs in camps that can support deaf persons in moving around independently.

1.3.B Accessing Water, Sanitation and Hygiene (WASH) facilities

In both areas of replacement and return, some persons with disabilities face challenges using sanitation facilities, and depend on others for washing and bathing in both areas of displacement and areas of return^{32,33}

Respondents report the WASH facilities in areas of displacement are sometimes in bad condition. Accessing WASH facilities and taking care of personal hygiene is challenging for persons with disabilities due to physical distance and lack of assistive devices, especially for persons with physical disabilities and persons with vision impairments. Several persons with disabilities living in camps reported that WASH facilities were far from their tents. Some persons with physical disabilities reported facing difficulties accessing WASH facilities, even when they are available inside the apartment where they live. In both areas of displacement and return, several persons with disabilities that have difficulty with walking and self-care were reliant on their caregivers to access WASH facilities and look after personal hygiene.

30. This finding was also highlighted in the report "[Access to humanitarian services for people with disabilities: Situational analysis in Bentiu protection of civilians site, South Sudan](#)" (Humanity & Inclusion and IOM). The report highlighted that unaccompanied persons with disabilities were one of the most vulnerable groups and faced a greater discrimination risk.

31. Use of the word requirements: Human needs are universal for persons with and without disabilities. Persons with disabilities may require specific actions to meet those universal human needs. Rights-based actors usually replace the term 'needs' when associated with disability-specific actions with 'requirements' because this places the emphasis on realizing their rights.

32. Questions asked: "What challenges do you face in obtaining clean water, if any? Please share examples. What challenges do you face in using toilets/latrines or bathing facilities? Please share examples. What factors facilitate your access to WASH facilities?"

33. Access to clean water was not reported as a challenge by respondents. The only participant reporting facing challenges in accessing water lived in a remote neighbourhood of Mosul that is characterized by limited access to services.

“My mother washes me and takes me to the WC, too. I can’t manage it alone. I sometimes use diapers. There is no solution for my situation, I can’t get better and depend on myself.” (Female respondent who has difficulty seeing and walking, Ramadi)

A respondent with a physical disability in Jeddah 5 camp who reported living alone and having no connections in the camp complained about his lack of desire to leave the tent or take care of his personal hygiene.

“I don’t have the mood to do anything, I have not washed my body for a year. I can wash it, but don’t have the mood to even take care of myself.” (Male respondent with a physical disability, Jeddah 5 camp)

Enablers to accessing WASH identified by persons with disabilities include facility accessibility assistive devices and repairs to facilities.

When asked about the factors that could support persons with disabilities in overcoming barriers related to WASH, some of the respondents living in camps mentioned that installing the facilities closer to their tents, as well as being able to access assistive devices, would help them overcome physical barriers. Moreover, some of the respondents living in Kilo 7 informal site mentioned the need for support with carrying out repairs to the facilities.

1.3.C Accessing health care

Persons with disabilities struggle to access primary, secondary and specialized health-care services in areas of displacement and return. Some persons with disabilities lack assistive devices, which has a significant impact on all areas of their lives.³⁴

Persons with disabilities living in areas of displacement report not being able to access health-care centres due to a limited number of such centres in camps or informal sites, lack of medical personnel and medication and inability of providers to provide inclusive specialized care including mental health and psychosocial support. Due to these various challenges, some persons with disabilities feel discouraged and reluctant to continue seeking appropriate health care.

“Actually, I hate the health care centres because I talked to all of them about medical support for my case but got nothing, so I never went there again.” (Male respondent who has difficulty hearing, Kabarto camp)

Several respondents in areas of displacement and return reported lacking assistive devices and being unable to cover the cost of these devices, as well as the cost of medication and treatment they require.³⁵ Physical barriers, such as the long distances to the health care centres, a lack of assistive devices and high transportation costs also prevent persons with disabilities from accessing health care.

“I lost my legs during the war, and I can’t walk to the hospital if I need treatment. All the health care centres are far from my tent.” (Male respondent with a physical disability, Kabarto camp)

Enablers to accessing health care identified by persons with disabilities include addressing costs and increasing health-care provision.

When asked about the factors that could support persons with disabilities in overcoming barriers related to health care, several respondents mentioned that they would need support to cover the costs of health care, assistive devices and medication. The provision of support to persons with disabilities in accessing social payments, and implementation of initiatives aimed at providing free medicine and health care to persons with disabilities based on their status, was considered a priority among respondents. Persons with disabilities also expressed the need to be able to identify and access health care practitioners that can follow up on their cases and ensure continuity of care during their displacement. Some of the respondents living in camps suggested that having medical case workers who could follow up on their cases regularly (weekly or monthly) would be helpful. The majority of respondents with disabilities living in camps mentioned the need for more medical staff, additional health-care centres and medicine. One respondent from Hassan Sham camp suggested opening an investigation to understand the exact reasons for gaps in health care service provision in the camp.

1.3.D Accessing education

Many displaced persons with disabilities had limited access to education as children. Enablers to accessing informal and formal education opportunities identified by persons with disabilities include provision of assistive devices and individualized support.

34. Questions asked: “What challenges do you face in going to and using health-care services including medication, assistive devices and rehabilitation services? Please share examples. What factors facilitate your access to health care?”

35. MCNA VIII reports households with at least one member with a disability were found to be twice as likely to report health care as a primary reason for taking on debt compared to other households (26% versus 13%).

The vast majority of research participants (28 persons out of the 39 interviewed) reported having never attended school. Some of the participants (8/39) only attended primary school.³⁶ Finally, three participants attended secondary school only, and one graduated from University and obtained a master's degree in law.³⁷

When asked about the factors that could support persons with disabilities in overcoming barriers related to education, interviewees mentioned the need to create accessible and inclusive education opportunities for persons with disabilities at the primary and secondary levels in areas of return, informal learning opportunities and free literacy sessions for those who were not able to access schools in the past. The importance of creating solutions to physical barriers was also mentioned, including through assistive devices and the support of a dedicated person to accompany persons with disabilities and help them move around, as well as the importance of home-based learning opportunities.

1.3.E Accessing information on services and assistance

Persons with disabilities are forced to rely on their caregivers to access information on assistance, which makes them dependent on their caregivers and creates additional challenges for persons with disabilities living alone.

In IDP camps, many persons with disabilities access information on available assistance through their caregivers who are contacted by the camp management to pass on information. Though relying on caregivers for this allows persons with disabilities, such as deaf persons, to acquire essential information, it also makes them dependent on their caregivers. Other respondents access information through support networks, such as friends. Interviews showed that persons with disabilities who live alone sometimes struggle to access information on the assistance available.

"I don't have access to information on the assistance available. Maybe [the camp management] thinks that I am dead or doesn't even know I am living in this camp." (Male respondent who has difficulty walking, Jeddah 5 camp)

"No, we don't have information on the assistance available. Our names are not on the distribution lists because we don't have wasta here. No one is calling us." (Male respondent with a physical disability, Kilo 7 informal site)

In the areas of return, some persons with disabilities reported receiving information on assistance available through OPDs, such as the Sinjar Disability Organization. However, most respondents living in areas of return reported not having access to information on assistance due to the absence of a comprehensive approach to getting information to persons with disabilities; difficulty accessing some of the neighbourhoods where service providers are located; a lack of willingness from the government to support persons with disabilities, among others.

Persons with disabilities feel that their requirements are not known or well understood by service providers, which often leads to a feeling of isolation and frustration.³⁸

When asked whether the service providers in areas of displacement and return understand the requirements of the persons with disabilities and discuss the issues that matter to them, the majority of respondents reported not being consulted on their requirements and priorities. Some of the persons with disabilities feel that supporting them is not a priority for service providers, which can make them feel frustrated and discouraged.

"We are not consulted at all by any service providers. There are no more funds, and it is an indirect way to force us to return and close the camp." (Male respondent who has difficulty remembering and concentrating, Hassan Sham camp)

Enablers to accessing information identified by persons with disabilities include resourcing individualized support.

A minority of respondents with disabilities mentioned that having dedicated social workers who could follow up on their individual cases would help to address some of the information-related gaps mentioned above. Some of the respondents also felt that making addressing the barriers experienced by persons with disabilities a priority for the authorities and camp management, as well as mobilizing additional funds to support persons with disabilities in areas of displacement and return, would be helpful.

1.4 Barriers to social cohesion, safety and security

IDPs and returnees with disabilities feel excluded from community life due to negative attitudes of community members and a lack of accessible ways to communicate. Family members are often the main source of support for persons with disabilities.

36. Two respondents have namely reported attending specialized institutes that enable access to primary education for deaf persons and persons with visual impairments in Anbar.

37. Barriers to education experienced by respondents as children prior to displacement included distance to the learning facilities, the need to be accompanied by someone to the facilities, inaccessible facilities, negative attitudes from teachers and family attitudes that education was not a priority.

38. Questions asked: "Do service providers in this camp know and understand the needs and challenges of people with disabilities? Why?"

Persons with disabilities experience stigma and discrimination, which leads to a feeling of isolation and exclusion from community life³⁹

In Iraq, communities often lack knowledge on how to include and respectfully embrace persons with disabilities. According to IOM's report *Persons with Disabilities and Their Representative Organizations in Iraq: Barriers, Challenges, and Priorities*, persons with disabilities experience bullying, ridicule and offensive comments due to a lack of understanding of disability. In addition, with a limited understanding of the rights-based approach to disability, community members display pity toward persons with disabilities and deem them incapable of self-sufficiency and of contributing to their community.⁴⁰ Stigma, discrimination and displays of pity by community and family members have been reported by a majority of respondents with disabilities living in areas of displacement and return.

"I was sitting with some men and heard one of them saying to the other: 'Leave him, he is nothing, he is blind and can't support us as men [without disabilities] in anything'. (Male respondent who has difficulty seeing, Hassan Sham camp)"

"I like to interact with the community but people keep calling me "the deaf person" and hurting my feelings, so I don't go out. It's impossible [to do anything about it] because people will not stop thinking about and looking at disabled persons in a different way. I can see this in their eyes when they talk, and I am silent." (Female respondent who has difficulty hearing, Mosul)"

Stigma, discrimination and bullying experienced by many persons with disabilities affects them psychologically and makes them feel isolated and marginalized. These attitudes limit their participation in community life. Most persons with disabilities living in areas of displacement and return reported that they do not participate in community life, and that their interactions are limited to their caregivers and family members.

Difficulties communicating hinders many persons with disabilities, participation in community life.

Communication barriers experienced by persons with disabilities further hinder their participation in community life, and some persons with disabilities reported that they choose not to leave their homes altogether. Some of the deaf persons had never been to school, and used a sign language that was only understood by their families, which creates additional challenges in communicating and further limits their interaction with others. Some

also reported being reluctant to interact with other community members out of precaution and fear of revenge.

"No, I don't interact with people here. As I said, because I am deaf, people don't understand me." (Male participant who has difficulty hearing and remembering, Hassan Sham camp)"

"I don't interact, it's part of my personality. Besides, what happened after the ISIL war taught us to be careful and that it's better to avoid interaction and just close your door." (Male respondent with a vision impairment, Kabarto camp)"

Several respondents reported being unwilling to interact with others because it was "part of their personality." While this can indeed be the case, it is also possible to assume that the fear of stigma and discrimination from community and family members has in some cases become internalized and resulted in some of the persons perceiving themselves as introverted or not enjoying social interaction.

Support from family members plays an important role in the lives of persons with disabilities. Persons with disabilities living alone require greater psychosocial support and can experience greater difficulties in covering their basic needs⁴¹

Families are the main source of support for persons with disabilities in areas of displacement and return. Family members such as parents, siblings and spouses often support persons with disabilities in covering their basic needs, and overcoming physical and communication barriers; they also provide encouragement and mental support.

"My mother supports me; she washes me, takes me to the WC, changes my diapers, talks to me sometimes and tells me I can be stronger. She is my legend." (Female respondent who has difficulty walking and hearing, Ramadi)"

"My sister supports me and talks to me because she can use sign language. She is kind and tries to make things better for me." (Male respondent who has difficulty hearing and remembering, Hassan Sham camp)"

Assumptions that persons with disabilities will be cared for in families lead to systems and practices that increase their dependence on others and infringe their right to autonomy and independence.⁴² Displaced persons with disabilities can thus become more dependent on their family members than those without disabilities. In addition, in some cases, persons with disabilities are perceived as a burden by their families and feel alone and isolated, even when living under the same roof with other family members.

39. Questions asked: "Are you able to participate in social and cultural activities in the location where you live? If not, why? If yes, which ones? What factors facilitate your access to these activities? Have you ever been affected by stigma or negative attitudes from the community? In which way?"

40. *Persons with disabilities and their representative organizations in Iraq: barriers, challenges, and priorities.* IOM (2021).

41. Questions asked: "What kind of social support do you have access to in the location where you live (family, non-family member caregivers, friends, community members, OPDs, other)? Please share examples."

42. *Visit to Iraq: Report of the Special Rapporteur on the human rights of internally displaced persons.* United Nations General Assembly (2020).

“My husband died and left me with his family. They made me leave their house and go to my aunt’s house because no one could take care of a blind woman.” (Female respondent with a vision impairment, Kilo 7 informal site)

One of the key informants interviewed during the research highlighted the fact that some of the families with a family member with a disability manipulated this family member to get additional support from researchers or media. Persons with disabilities who are heads of households sometimes feel that they are under a lot of pressure and do not receive support from anyone. Finally, unaccompanied persons with disabilities that have limited access to support networks can be particularly vulnerable, as they face an increased risk of being cut off from any type of support and of being unable to cover their basic needs.

When asked about safety and security-related issues,^{43,44} most persons with disabilities interviewed during the research said that they did not witness or experience any major safety or security-related issues in the location where they currently live. Some of the persons interviewed were probably willing to avoid discussing sensitive security-related issues out of precaution, and further research might be needed to gather more evidence on the experiences of violence by persons with disabilities.⁴⁵ Some of the respondents did, however, report having witnessed or heard of some cases of violence, including gender-based violence.

“I have heard of many women here selling their bodies to men from other families just to get money to feed their children, so now I feel that everyone looks at me as a woman who can or might do these things”. (Female respondent with difficulty hearing and seeing, Hassan Sham camp)

Enablers to social cohesion, safety and security identified by persons with disabilities include accessible communication.

When asked about the factors that could support persons with disabilities in overcoming barriers related to participating in community life, several persons with disabilities said that they did not know what exactly could be done

about this and felt that nothing could improve the situation. Some of the deaf respondents felt that accessing health care and assistive devices that can improve their hearing could help them address communication-related barriers and start participating in community life. Moreover, a suggestion was made to teach sign language to more community members to support deaf persons’ integration into the communities.⁴⁶



Figure 3: Ali received a grant to run his own business in Mosul ©IOM Iraq

43. Questions asked: “What are the safety or security-related issues that you face in this location, if any? What are the key ones? Have you witnessed in your surrounding any exploitation, SGBV, violence, and abuse? If so, are you able to protect yourself from those? And how?”

44. [Persons with disabilities in the context of internal displacement: Report of the Special Rapporteur on the human rights of internally displaced persons](#), May 2020, United Nations General Assembly states persons with disabilities face an increased risk of targeted violence and abuse, and this issue can be further exacerbated in situations of displacement due to stigma, loss of protective networks and social isolation. When persons with disabilities are highly reliant on their caregivers, it also increases the risk of exploitation and abuse; this is especially the case for women with disabilities.

45. According to the summary of findings of the research “[Breaking barriers: experiences of gender-based violence and barriers to help seeking among persons with disabilities & older persons in Iraq](#)” (Heartland Alliance, 2022), more than half (61%) of those interviewed experienced GBV.

46. See IOM Iraq report: [Deaf people in Iraq, a cultural-linguistic minority: their rights and vision for inclusion](#) for more about Deaf people in Iraq.

2. MOVEMENT INTENTIONS

The majority of IDPs with disabilities are willing to return to their areas of origin, but are prevented by housing destruction, as well as social cohesion, security-related issues and lack of support networks. As such, camp closures could force IDPs with disabilities to move out of displacement prematurely and result in additional risks.

2.1 Areas of displacement

Returning to their areas of origin is the preferred durable solution for the majority of IDPs with disabilities. Yet, while conditions remain poor in these areas of return, most IDPs with disabilities are not currently considering moving out of displacement.

Returning to their areas of origin is the preferred durable solution for most persons with disabilities interviewed in camp settings, with 12 respondents out of 18 saying that they were willing to return to their areas of origin. However, respondents felt that the conditions for return were not yet in place in their areas of origin. As such, most displaced persons with disabilities reported that they were not considering moving out of displacement for the moment.^{47,48}

Moreover, some of the respondents living in camps, as well as the respondents living in Kilo 7 informal site, reported not knowing where they would move next due to the issues mentioned below (such as housing- and security-related challenges in areas of return). Although exact data on the level of knowledge of persons with disabilities regarding the existing durable solutions pathways was not gathered,⁴⁹ it is possible to assume that the persons with disabilities interviewed lacked comprehensive information about potential durable solutions pathways available to them. Finally, one respondent reported having applied to the Canadian Embassy and planning to move abroad if they received a positive reply.

Housing destruction, as well as insufficient social cohesion, security-related issues and lack of support networks in the areas of origin are the key barriers to return cited by persons with disabilities.

The last MCNA findings illustrate that housing destruction remains a key barrier to return for a significant number of IDPs both in and out of camp settings, with 40 per cent of IDPs living in camps and 31 per cent of IDPs living out of camps reporting being unable to return due to housing destruction.⁵⁰ Some respondents rented a house prior to their displacement and were concerned that they would be unable to rent a new house, namely due to the lack of income. Being able to access free housing in camp and out-of-camp settings is thus one of the key factors in the decision of persons with disabilities to remain in displacement.

The second most common barrier to return is related to social cohesion, safety and security at the intended destination. Several respondents expressed a fear of revenge due to the affiliations of some family members to ISIL, as well as perceived insecurity (such as in Sinjar and some locations in Anbar).⁵¹

"I haven't tried to leave the camp. I've lost my two daughters – they are in prison now because they were affiliated with ISIL, so we can't return because of the revenge cases." (Female respondent with a physical disability, Hassan Sham camp)

"There is no other place to go to, the situation is very sensitive in Sinjar now, and we don't feel safe to return." (Male respondent with a vision impairment, Kabarto camp)

Another factor that plays a role in the decision of some IDPs with disabilities to remain in displacement is the lack of relatives or support networks in the areas of return.

"I don't have any other place to go to, My father passed away, and there is no one left for us in our place of origin." (Female respondent who has difficulty in seeing, Jeddah 5 camp)

One of the respondents mentioned that staying in the camp allowed her to access a volunteer position at the Kurdish language school. This gave her a sense of purpose and brought her an income, although limited and irregular. She feared that it would be impossible for her to access a similar opportunity in the area of origin. Finally, a family member of one of the respondents reported that he was willing to remain in the camp as he felt that it would give him a better opportunity to find a spouse and create a family, compared to his area of origin.

47. Respondents did not report that they were considering local integration.

48. These findings are in line with the conclusions of the MCNA IX, which outlines that 96 per cent of in-camp IDPs and 90 per cent of out-of-camp IDPs intended to remain in their current location in the three months following data collection (and 84% and 83% respectively planned to remain in their current location in the 12 months following data collection). MCNA IX, June-August 2021, REACH. Since data collection took place in June – August 2021, the respondents were thus willing to stay in the areas of displacement until at least June – August 2022.

49. Respondents were asked: "Do you have plans to stay in the camp or to move elsewhere during the upcoming period?" They were not specifically asked about returning, relocating or settling in current location.

50. MCNA IX, conducted in June–August 2021, REACH.

51. Respondents did not speak about fears related to movement or travel to area of destination.

Camp closures could force persons with disabilities to move out of displacement prematurely and result in secondary displacement.

When asked about the factors that could trigger their decision to return to their area of origin or seek other durable solutions,⁵² most respondents referred to potential camp and informal site closures as a key factor that would force them to leave the area of displacement.⁵³ One of the respondents living in Hassan Sham camp mentioned that he would leave if the camp came under the control of the Government instead of the Kurdish Regional Government. Several persons in all the areas of displacement mentioned having heard rumours of potential camp closures, saying that it made them feel uncertain and worried.

“The thing that could push me to leave is the closure of the camp. If they close it, we will leave, but I wish not to.” (Female respondent with difficulty in seeing, Jeddah 5 camp)

Camp closures and consolidations, which have been ongoing in Iraq since 2019, often result in displaced people returning to areas that are unsafe or do not offer suitable conditions to receive them, which has sometimes resulted in secondary displacement to camps in other governorates or informal sites.⁵⁴ Knowing that most of the displaced persons with disabilities interviewed believe that the conditions for their safe, voluntary and dignified return are not yet in place in their areas of origin, camp closures, which were cited among the key factors that could trigger return, could thus lead to premature returns of persons with disabilities. People departing camps with little or no notice are likely to find it difficult to start a safe and dignified life in their areas of return as they struggle to access income and meet their basic needs and are exposed to increased protection risks in their areas of origin.⁵⁵

2.2 Areas of return⁵⁶

A restored sense of security, as well as the possibility to access housing in the area of origin, are the most common factors influencing the decision of displaced persons with disabilities to return to their areas of origin.

Most of the persons with disabilities interviewed reported that they were willing to reconnect with their place of origin as soon as possible. Interviewees in Mosul stated that they had decided to return to their place of origin as soon as the security situation allowed them to do so. The majority of respondents were able to return to the house they or their families owned before displacement, as the houses had not been destroyed or had only suffered minor destruction. Several interviewees in Sinjar and Ramadi had rented a house in other cities for the duration of their displacement. Several respondents mentioned that they had at some point spent all their money and had to return to their area of origin – the impossibility of continuing to pay rent being the key factor that had influenced their decision to return. Respondents plan to remain in the same location during the upcoming period and have no intention to move elsewhere.

“We spent all the money we had, so we decided to return; the rent was very expensive there.” (Female respondent who has difficulty walking, Sinjar)



Figure 4: Saab receiving an explanation of IOM complaints and feedback mechanisms as part of door-to-door sessions in Hai-Askari, Kirkuk ©IOM Iraq

52. Questions asked: “What are the important factors that you consider deciding when to leave the camp and move to a different location? Why are these factors important?”

53. IDPs with disabilities interviewed opted for staying in the camp despite the reduction in service provision.

54. [Visit to Iraq: Report of the Special Rapporteur on the human rights of internally displaced persons](#). United Nations General Assembly (May 2020).

55. Iraq Humanitarian Needs Overview, OCHA, February 2021.

56. Persons with disabilities having returned to their areas of origin were interviewed in the cities of Mosul, Sinjar and Ramadi. Respondents interviewed in Mosul were displaced to various camps in Ninewa Governorate (Hassan Sham, Hajj Ali, Khazer, Hamam al-Alil, As Salamiyah camps) and in Dohuk Governorate (Kabarto camp), with the displacement lasting for one to two years. The returns to Mosul took place in 2018–2019. As for the persons with disabilities interviewed in Sinjar, only one of the persons interviewed left the area of origin for an IDP camp (Sharia camp in Dohuk Governorate), while the others rented a house elsewhere in Dohuk Governorate. The returns to their areas of origin took place in 2018–2019. Finally, as for the people interviewed in Ramadi, they left the city for Baghdad and Erbil, where they rented a house, and returned to Ramadi in 2017–2018.

RECOMMENDATIONS

Persons with disabilities in areas of displacement and return experience a variety of barriers that prevent them from accessing durable solutions, support services and full participation in community life. The following recommendations identify actions that Government, local and international humanitarian and development actors can carry out to address these barriers. These recommendations are guided by the disability movement slogan: “nothing about us, without us”, which means that persons with disabilities and their representative organizations must be actively involved in any action that affects them.⁵⁷

Recommendations are presented as follows:

- a. Recommendations across durable solutions
- b. Recommendations per barrier to return

A. Recommendations across durable solutions

1. Facilitate active and meaningful participation of persons with disabilities in areas of displacement and return

Disability-inclusive durable solutions are both a process and an outcome. By engaging persons with disabilities in the process, we will also improve their outcomes. Suggested actions include to:

- Promote active involvement of persons with disabilities in data collection exercises; roll out of feedback and complaints mechanisms and community consultations, committees and decision making. Identify persons with disabilities to be key informants, volunteers and focal points.
- Collaborate with OPDs in areas of return. OPDs can assist actors to identify persons with disabilities and can provide insights into the barriers they experience. Explore supporting informal groups of persons with disabilities to meet in areas of displacement.
- Determine context-specific, appropriate ways to engage persons with disabilities if their meaningful participation requires additional support.

2. Ensure information on assistance and services is accessible to persons with disabilities in areas of displacement and return.

Accessible and inclusive communication and information not only benefits persons with disabilities, but also other community members including minority linguistic groups, children and those with low literacy. Suggestions include to:

- Build capacity of key stakeholders (camp management, local authorities’ representatives, community focal points) along with durable solutions programming staff on accessible communication methods through awareness sessions and guidance sharing.
 - Use multiple formats (verbal, print, sign language, visual, easy-to-read/plain language) each time to disseminate information on assistance, services and for complaints and feedback mechanisms.
 - *For example, include sign language interpreters as part of plans to disseminate key information on assistance and services to deaf persons.*
 - Meet with persons with disabilities in each location to understand specific barriers to accessing information in that location. Develop solutions together.
3. Support persons with disabilities to make informed decisions regarding durable solutions pathways available to them

Any intervention toward durable solutions should integrate the principles of accessibility and non-discrimination. Specific actions include to:

- Ensure that persons with disabilities are aware of their right to a durable solution, in line with the Guiding Principles on Internal Displacement and the National Plan to End Displacement, by enacting suggested actions to increase accessible communication.
- Support persons with disabilities in accessing information and legal advice about the different durable solutions that are available to them (voluntary return and reintegration, local integration and resettlement elsewhere in Iraq) to enable them to make a free and informed choice regarding their preferred durable solution.
- Support persons with disabilities to identify the specific assistance they need to access their preferred durable solutions pathway and support them in reaching out to Government and other actors that could provide this assistance.
- Conduct advocacy initiatives targeting the Government and durable solutions actors to highlight the fact that persons with disabilities require targeted support in achieving their preferred durable solutions.
- Link IDPs with disabilities with OPDs and any disability-specific civil society organizations or specialized health services located in areas of origin.

57. These recommendations also align with recommendations in IOM’s report [Persons with disabilities and their representative organizations in Iraq: barriers, challenges, and priorities](#) and in the report [Persons with disabilities in the context of internal displacement: Report of the Special Rapporteur on the human rights of internally displaced persons](#). United Nations General Assembly (May 2020).

4. Build further evidence of experiences of persons with disabilities and engage technical advice to strengthen disability-inclusive durable solutions

This rapid consultation intended to serve as a starting point for more dialogue and action on disability-inclusive durable solutions. Further evidence and technical advice will be required. Suggested actions include to:

- Systematically gather accurate, disability-disaggregated quantitative data (including in existing assessments and dedicated data collection exercises and assessments focusing on persons with disabilities and their requirements).
- Collect qualitative data, allowing for a more nuanced understanding of the lived experiences of persons with disabilities.
- Conduct further research on the requirements and barriers experienced by persons with disabilities to inform programming. For example, an in-depth analysis of requirements and barriers experienced by underrepresented persons with disabilities (persons with intellectual disabilities, unaccompanied persons with disabilities and women with disabilities).
- Ensure that information gathered through data collection exercises and the purpose of data collection is conveyed to the community, and that follow-up occurs to share and discuss findings if feasible. As much as possible, highlight specific findings and implications of the data related to persons with disabilities.
- Engage disability inclusion technical support to identify and distribute existing guidance and resources available for disability-inclusive durable solutions, and to develop guidance for any remaining gaps.

B. Recommendations per barrier to return

The following recommendations all require actors to support and resource OPDs to advocate for increased support from the Government of Iraq to strengthen disability-inclusive durable solutions.



HOUSING:

5. Address barriers to shelter interventions experienced by persons with disabilities

Accessible shelter and housing is vital for the inclusion of persons with disabilities because of its impact on reducing physical barriers, enabling individuals to facilitate their own protection and to access livelihoods. Specific actions include to:

- Collaborate with the Government to support persons with disabilities in accessing mechanisms that restore their housing, land and property rights or provide them with compensation that allow them to access new or repair existing housing.
- Meet with individuals with disabilities and their families to provide reasonable accommodations⁵⁸ that are tailored to the specific requirements of the persons with disabilities.
- In camps, explore locating shelter for families with a member with a disability that is closer to support networks, water points, sanitation facilities and services.



LIVELIHOODS:

6. Prioritize mainstream vocational training and livelihoods opportunities for persons with disabilities in areas in displacement and return

In order to promote a rights-based approach to disability-inclusive livelihoods programming, ensure that persons with disabilities' choice and autonomy is reinforced; separate livelihoods opportunities exclusively targeting persons with disabilities should be avoided. Suggested actions include to:

- Conduct disability inclusion awareness sessions for vocational training personnel, livelihoods project staff and potential employers on the importance of including persons with disabilities in mainstream livelihoods opportunities and how to address the barriers that persons with disabilities may experience in accessing existing and new mainstream livelihoods projects.
- Factor disability inclusion into livelihood programme proposal development and design, including budgeting for reasonable accommodations and increasing accessibility within livelihoods projects.
- Identify and specifically target persons with disabilities to participate in vocational training and livelihoods projects. This includes seeking out underrepresented groups of persons with disabilities, such as women with disabilities, persons with intellectual disabilities and deaf persons.

58. According to the Convention on the Rights of Persons with Disabilities, reasonable accommodation aims to ensure that persons with disabilities can exercise human rights and fundamental freedoms equally with others. Reasonable accommodation means necessary, appropriate modifications or adjustments that do not impose a disproportionate or undue burden on the service provider.



BASIC SERVICES:

7. Address barriers to accessing basic services experienced by persons with disabilities in areas of displacement and return

Access to basic services is a key component of creating disability-inclusive durable solutions. Suggested actions include to:

- Ensure that markets, distribution points, and WASH, education, health including mental health and psychosocial support (MHPSS) and other key facilities in areas of displacement and return can be easily and safely accessed by persons with disabilities.
 - For example, through work on the construction of ramps, select easy-to-access locations in camp settings, and position homes close to facilities whenever feasible.
- Identify outreach solutions to deliver assistance directly to persons with disabilities who struggle in accessing distribution points and other key services, with particular attention to unaccompanied persons with disabilities who cannot rely on caregivers to access assistance.
 - Examples include mobile service provision, door-to-door services by trusted community focal points, and where possible engaging other persons with disabilities in outreach delivery.
- Promote initiatives that aim to ensure continuity of care for persons with disabilities in contexts of displacement and return.
 - For example, establish of a streamlined referral process for health service providers and MHPSS and collaborate with OPDs in areas of return to understand requirements and priorities of persons with disabilities.
- Fund the provision of assistive devices including wheelchairs, crutches, prostheses, white canes, glasses and hearing aids.
- Support persons with disabilities in accessing social protection payments, namely by sharing information on their rights and the mechanisms allowing them to access these payments.



SOCIAL COHESION

8. Prioritize accessible and inclusive social cohesion and community engagement programming

Active participation of persons with disabilities in community life is a key component of diverse and cohesive community. Active participation of persons with disabilities will also combat stigma and negative attitudes. Suggested actions include to:

- Support initiatives that seek to promote the values of tolerance and non-discrimination at the community level, for instance by streamlining these topics into other types of awareness-raising activities.
- Promote positive portrayals and representations of persons with disabilities in communities through dedicated awareness-raising activities, and communication initiatives organized with the involvement of representatives of persons with disabilities.
- Create dedicated spaces where persons with disabilities can gather and socialize with each other. For instance, this might include the creation of “deaf-friendly spaces” in areas of displacement and return, where deaf people could meet and socialize.
- Identify non-accompanied persons with disabilities and put in place regular follow-up mechanisms (for example through case workers) to ensure that they have access to services, assistance and community-level initiatives.



SAFETY AND SECURITY

9. Prioritize enablers that assist persons with disabilities to facilitate their own safety and security

Accessible shelter, inclusive livelihoods opportunities, access to information and other mentioned conditions all assist persons with disabilities to facilitate their own safety and security. Additional suggested actions include to:

- Conduct an in-depth analysis of safety and security-related issues experienced by persons with disabilities (including GBV) to gather additional evidence and inform programming.
- Carry out awareness-raising activities targeting actors working with persons with disabilities on the safety and security-related risks they can be exposed to and ways to mitigate them.

ANNEX 2: DATA COLLECTION TOOLS

QUESTIONNAIRE – IDPS AND RETURNEES WITH DISABILITIES

Date:

Location:

Welcoming the participants and introduction

Good morning/afternoon. Thank you for taking the time to join us and for your cooperation. My name is X and this is my colleague X. Together we are conducting a consultation on behalf of the International Organization for Migration (IOM) in Iraq.

Purpose of the research

IOM Iraq is seeking to identify the barriers and enablers experienced by IDPs and returnees with disabilities in camps and areas of return in terms of accessing services, community and family life, and information.

IOM Iraq will use this data to inform programming in the future. We cannot promise to give you support in exchange for this discussion, but we would greatly value your time and responses.

Confidentiality and anonymity

Your information is confidential, meaning that your data and answers will not be shared with anyone not involved in this research. Your identifying information (name, address and contact number) will not be shared in the report. We also want to inform you that IOM will use the data collected to produce a report.

Final

Do you have any questions before we continue?

The next questions are about you:

1. DEMOGRAPHICS

1.1. Name				
1.2. Sex	Male / Female / Other			
1.3. Age				
The next questions ask about difficulties you may have doing certain activities because of a health problem:				
1.4a. Do you have difficulty seeing, even if wearing glasses?	No – No difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all
1.4b. Do you have difficulty hearing, even if using a hearing aid?	No – No difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all
1.4c. Do you have difficulty walking or climbing steps?	No – No difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all
1.4d. Do you have difficulty remembering or concentrating?	No – No difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all
1.4e. Do you have difficulty with self-care such as washing all over or dressing?	No – No difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all
1.4f. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood by others?	No – No difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all

The next set of questions is about factors that are the most important for you when deciding whether to leave or remain in this location.

2. MOVEMENT INTENTIONS AND FACTORS IMPACTING THE DECISION TO MOVE (IDPs ONLY)	
Question	Notes for the researcher:
2.1. Where were you living before your displacement to this camp?	Governorate and district + location (city, town etc.) to be specified
2.2. How long have you been living in this camp?	Obtaining specific answers, for example: since 3 months, since 1 year etc.
2.3. Have you made any attempts to leave this camp? If no, why? If the answer is Yes, proceed to the next 3 questions below	Yes/No
If yes, where did you go?	If yes, governorate and district + location (city, town etc.) to be specified. Ask if it is the area of origin, area where the person was living before the displacement, other
How long did you stay in that location before deciding to return to the camp?	Obtaining specific answers, for example: 3 months, 1 year etc. It should be considered that people might have also been living in other displacement locations, have tried to return or move outside the camp and then ended up in some of these sites for example.
Which factors influenced your decision to return to the camp? Please share your story. Were there any reasons that delayed your decision to return?	
2.4. Do you have plans to stay in the camp or to move elsewhere soon?	
2.5. If planning to move, where exactly do you plan to move to (area of origin, area where you were living before the displacement, other)?	Specify the governorate and district, location Specify the type of the area: area of origin, area where the person was living before the displacement, other
2.6. When do you plan to move?	Obtaining specific responses, for example: *Planning to move in the next month *Planning to move in the next 3 months*Planning to move in the next 12 months *Planning to stay in the camp as long as it's possible*Other (specify)
2.7. What are the important factors that you consider to decide when to leave the camp and move to a different location? Why are these factors important?	Notes for the researcher: The factors can for example include camp closures, return of family members or caregivers, sense of increased safety and security in the area of return or relocation, feeling of belonging to the same ethnic/tribal/religious group etc. If needed, ask follow-up questions to identify if some of the factors are disability-related (better access to services for people with disabilities, possibility to receive disability-related support etc.)

2. MOVEMENT INTENTIONS AND FACTORS IMPACTING THE DECISION TO MOVE (RETURNEES ONLY)

Question	Notes for data collectors:
2.1. Is the area where you currently live in your area of origin?	Yes/No
2.2. If not, what is your area of origin?	Governorate and district + location to be specified
2.3. How long have you been living in this area?	Obtaining specific answers, for example: 3 months, 1 year etc.
2.4. Did you live in an IDP camp before moving to this area?	Yes/No
2.5. If yes, which one?	
2.6. If not, where did you live before (area and type of housing)?	Governorate and district + location to be specified Type of housing: rental housing, unfinished building, shelter, other
2.7. What were the main factors which made you decide to move to this location?	
2.8. In the following months, do you plan to stay in the same location / move to your area of origin (if different from the current location) / move to an IDP camp / other? Why?	If moving to another area, governorate and district + location + type of area (area of origin, other...) to be specified

The last set of questions is about the challenges you might be experiencing in this location, as well as the factors which might help you addressing these challenges.

3. GENERAL

Question	Notes for data collectors:
3.1. What are the key challenges that people with disabilities are experiencing in this location? Please share examples.	Informant to answer the question, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include: *Physical barriers: example – lack of ramps at distribution center *Attitudinal barriers: example – fear of harassment on the way to distribution site *Communication/ information barriers: example – difficulties in accessing information on location and time/day of distribution *Institutional / administrative / legal barriers: example – not eligible to volunteer at distribution site due to disability Ask for examples
3.2. Speaking about yourself, what are the key challenges you are currently experiencing in this location? Why are they particularly challenging for you? What helps you deal with these challenges? Please share examples.	Same comment as above. Ask the person which challenges are the most important, and why.

4. HOUSING

<p>4.1. What kind of housing/shelter do you currently live in?</p> <p>Whom do you live with?</p> <p>For returnees: Is it the same house you were living in before your displacement?</p>	<p>Specify the type of housing, the N of people living in the shelter/housing, kinship</p>
<p>4.2. What challenges do you face in accessing and living in your shelter/housing? Which of these challenges are the most important? Please share examples.</p> <p>What factors facilitate your access to shelter/housing?</p> <p>For returnees: If you had to find a new house to live in, were there any challenges you faced in finding and obtaining a place to live in?</p>	<p>Informant to answer the question, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include: *Physical barriers: example – physical barriers to enter and leave their home/shelter *Attitudinal barriers: example – perceptions and beliefs of family / community / humanitarian and other actors makes it difficult / impossible for them to leave their shelter / home; fear of harassment outside the shelter *Communication / information barriers: example – difficulties in accessing information on the way to access a shelter *Institutional / administrative / legal barriers: example – persons with disabilities do not have the necessary documentation to access shelter Ask for examples</p>

5. LIVELIHOODS

<p>5.1. Do you currently have a paid job (irregular or regular)? Which one? If no, why?</p>	<p>Specify the job and its type (permanent, temporary, regular, irregular)</p>
<p>5.2. What challenges do you face in earning an income (training, employment, business creation opportunities)? Which of those challenges are the most important for you? Please share examples.</p> <p>What factors facilitate your access to income?</p>	<p>Informant to answer the question, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include: *Physical barriers: example – obstacles on the way to work / at job site *Attitudinal barriers: example – perceptions or beliefs of families / community / staff make it difficult / impossible for them to earn an income; fear of harassment on the way to work / at job site *Communication / information barriers: example – difficulties in accessing information on the way to benefit from training, employment opportunities etc. *Institutional / administrative / legal barriers: example – persons with disabilities do not have the necessary documentation to access a job Ask for examples</p>

6. BASIC SERVICES

<p>6.1. Do you receive any kind of food- or NFI-related support in the location where you are currently living?</p> <p>What challenges do you face in obtaining items from distributions (e.g., food, money/vouchers/cards, NFI distributions)? Which of those challenges are the most important? Please share examples.</p> <p>What factors facilitate your access to distributions?</p>	<p>Informant to answer the question, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include: *Physical barriers: example – lack of ramps at distribution center *Attitudinal barriers: example – perceptions or beliefs of families / community / staff make it difficult / impossible for them to access the distributions; fear of harassment on the way to the distribution site / at the site. Communication / information barriers: example – difficulties in accessing information on the way to benefit from distributions Institutional / administrative / legal barriers: example – persons with disabilities do not have the necessary documentation to access distributions Ask for examples</p>
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<p>6.2. Are there any challenges you face in accessing and using the market? Which of those challenges are the most important? Please share examples.</p> <p>What factors facilitate your access to markets?</p>	<p>Informant to answer the question, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include:</p> <p>Physical barriers: example – obstacles on the way to the markets or at the market</p> <p>Attitudinal barriers: example – perceptions or beliefs of families / community / staff make it difficult / impossible for them to access the market; fear of harassment on the way to the market / at the market; exploitation or discrimination by vendors or community members</p> <p>Communication / information barriers: example – difficulties in accessing information on the way to access markets</p> <p>Ask for examples</p>
<p>6.3. What challenges do you face in obtaining clean water, if any? Please share examples.</p> <p>What factors facilitate your access to water?</p>	<p>Informant to answer the question, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include:</p> <p>Physical barriers: example – obstacles on the way to the water point</p> <p>Attitudinal barriers: example – perceptions or beliefs of families / community / staff make it difficult / impossible for them to access water; fear of harassment on the way to the water point / at the water point</p> <p>Communication / information barriers: example – difficulties in accessing information on the way to access water points</p> <p>Institutional / administrative / legal barriers: example – persons with disabilities are not prioritized / identified for additional water allocation</p> <p>Ask for examples</p>
<p>6.4. What challenges do you face in using toilets/latrines or bathing facilities? Please share examples.</p> <p>What factors facilitate your access to toilets/latrines or bathing facilities?</p>	<p>Informant to answer the question, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include:</p> <p>Physical barriers: example – obstacles on the way to the latrines / in using the latrines</p> <p>Attitudinal barriers: example – perceptions or beliefs of families / community / staff make it difficult / impossible for them to use latrines; fear of harassment on the way to the latrines</p> <p>Communication / information barriers: example – difficulties in accessing information on location and existence of accessible toilets/latrines</p> <p>Institutional / administrative / legal barriers: example – persons with disabilities do not have the necessary documentation to use accessible latrines</p> <p>Ask for examples</p>
<p>6.5. What challenges do you face in going to and using health-care services including medication, assistive devices and rehabilitation services? Please share examples.</p> <p>What factors facilitate your access to health-care services?</p>	<p>Informant to answer the question, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include:</p> <p>Physical barriers: example – obstacles on the way to health careservices/facilities, obstacles to enter or move around in health care services/facilities</p> <p>Attitudinal barriers: example – perceptions or beliefs of families / community / staff make it difficult / impossible for them to go to health care facilities; fear of harassment on the way to the health care facilities</p> <p>Communication / information barriers: example – persons with disabilities (or support persons) do not have information on available services, or how they can go to or use health care services</p> <p>Institutional / administrative / legal barriers: example – persons with disabilities do not have adequate documentation to access health care facilities, services or benefits</p> <p>Ask for examples</p>

<p>6.6. How many years of school, including higher education, have you completed?</p> <p>Did you have to stop your education during your move?</p> <p>If yes, what was the main reason for never attending or stopping your education?</p> <p>What factors facilitate your access to education?</p>	<p>Informant to answer the questions, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include:</p> <p>Physical barriers: example – obstacles on the way to school/learning spaces, obstacles to enter or move around the school/learning space</p> <p>Attitudinal barriers: example – perceptions or beliefs of families / community / staff make it difficult / impossible for them to engage in learning; fear of harassment on the way to the / in the education facilities</p> <p>Communication / information barriers: example – persons with disabilities (or support persons) do not have information on available education services, or how they can go to or use education services</p> <p>Institutional / administrative / legal barriers: example – education is not adapted to their learning requirements, children with disabilities do not have the necessary documentation to access education</p> <p>Ask for examples</p>
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<p>6.7. What challenges do you face in accessing other basic services?</p> <p>Please share examples of the challenges you may be facing.</p> <p>What factors facilitate your access to these basic services?</p>	
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7. SOCIAL COHESION

<p>7.1. Are you able to participate in social and cultural activities in the location where you live?</p> <p>If not, why?</p> <p>If yes, which ones?</p> <p>What are the factors which facilitate your access to these activities?</p>	<p>Informant to answer the questions, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include:</p> <p>Physical barriers: example – obstacles on the way to the activities / in the space where activities take place</p> <p>Attitudinal barriers: example – perceptions or beliefs of families / community / staff make it difficult / impossible for them to participate; Fear of harassment / disrespect by those who manage activities or other participants</p> <p>Communication / information barriers: example – persons with disabilities (or support persons) do not have information on how and where they can participate</p> <p>Institutional / administrative / legal barriers: example – there are no activities designed in a way that persons with disabilities can participate</p>
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<p>7.2. Have you ever been affected by stigma or negative attitudes from the community? In which way?</p>	
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<p>7.3. What kind of social support do you have access to in the location where you live (family, non-family member caregivers, friends, community members, OPDs, other)? Please share examples.</p>	
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8. SAFETY AND SECURITY

<p>8.1. What are the safety- or security-related issues that you face in this location, if any? What are the key ones?</p>	<p>The issues can include, for instance, the presence of armed groups within the camp or close to the camp; risk of being considered as having affiliations with these armed groups; presence of explosive hazards; risk of harassment or attack by the community members, restrictions of movement – enforced or self-imposed as a result of perceptions of safety.</p>
<p>8.2. Have you witnessed in your surrounding any exploitation, SGBV, violence, and abuse? If so, are you able to protect yourself from those? And how?</p>	<p>This question can be quite sensitive to ask. Important not to push the person if the person feels uncomfortable replying.</p>

9. ACCESS TO INFORMATION

<p>9.1. Do you have access to information related to humanitarian assistance and services provided in this location? If yes/no, why?</p>	<p>Informant to answer the questions, then researcher can ask a follow-up prompt: Are there any challenges related to having a disability? These can include:</p> <p>Physical barriers to accessing and understanding the information</p> <p>Attitudinal barriers: example – service providers do not consider that persons with disabilities need to access information on services</p> <p>Communication / information barriers: example – persons with disabilities (or support persons) do not understand the information that is provided to them</p> <p>Institutional / administrative / legal barriers: example – information is not shared in ways that can reach and be understood by persons with disabilities</p>
<p>9.2. Do service providers in this camp know and understand the needs and challenges of people with disabilities? Why?</p>	<p>Important to answer question</p> <p>Also, try to understand if the persons with disabilities feel consulted, if the consultations are limited, if they are not consulted at all by the different service providers</p>

Is there anything else you would like to share in relation to the challenges you are experiencing, as well as to the factors that help you overcome these challenges?

Thank you

QUESTIONNAIRE – KEY EXTERNAL STAKEHOLDERS

Date:

Location:

Name of the person interviewed:

Role/position of the person interviewed:

1) General questions

- 1.1. Have you observed any trends in terms of movement of returnees/IDPs with disabilities from/to this location (arrivals, departures), or has the situation remained stable overall? How would you explain this trend?
- 1.2. In areas of return or of relocation, do you think the proportion of people living with disabilities in the area has changed compared to prior to the conflict? Why? What impact did it have on the living conditions of people with disabilities?
- 1.3. Which mechanisms are in place for identifying IDPs/returnees with disabilities and capturing their needs?
- 1.4. Are there mechanisms in place for IDPs/returnees with disabilities to access information about available services and protection mechanisms?
- 1.5. What are the key challenges that IDPs/returnees with disabilities in this location face?
- 1.6. What challenges (whether relating to resources, budget, knowledge, capacity, attitudinal, or other) do service providers and authorities face in addressing the barriers identified by IDPs / returnees with disabilities?

2) Housing

- 2.1. What type of housing do most IDPs/returnees with disabilities live in?
- 2.2. Are IDPs/returnees with disabilities able to access housing in this location?

What are the main challenges for IDPs/returnees with disabilities in terms of accessing housing in this location? (try to capture the different dimensions: physical access, legal rights, lack of available housing, inability to rent a place etc.)

- 2.3. Which IDPs/returnees with disabilities groups face the biggest challenges in accessing housing?
- 2.4. Are there any specific ongoing initiatives by the government, humanitarian or development agencies that would aim at improving access to housing for IDP/returnee with disabilities?

3) Food security, NFI and livelihoods

- 3.1. Can IDPs/returnees with disabilities easily access food, cash or NFI distributions in this location? Which factors hinder or facilitate this access?
- 3.2. Can IDPs/returnees with disabilities easily access markets in this location? Which factors hinder or facilitate this access?
- 3.3. Can IDPs/returnees with disabilities easily access income-generating activities (IGA) in this location? (vocational training, employment, business development support)
- 3.4. What are the most common IGA that IDPs/returnees with disabilities have access to? What are the factors that facilitate this access, and factors that hinder the access to IGA for IDP/returnees with disabilities?
- 3.5. Which groups of IDPs/returnees with disabilities face the biggest challenges in accessing IGA?

3.6. Are the IDPs/returnees with disabilities able to access to access social protection payments (benefits, pensions)?

Are there challenges in terms of enrolling for social protection, particularly for people who developed a disability as a consequence of the conflict/while in displacement?

3.7. Are there any specific ongoing initiatives by the government, humanitarian or development agencies that would aim at improving access of IDPs/returnees with disabilities to food distribution points, cash assistance, markets or livelihood opportunities?

4) Basic services

4.1. What are the key challenges that IDPs/returnees with disabilities in your location face in terms of:

Access to water and sanitation?

Access to education?

Access to public places and transport?

Access to health care, including access to assistive devices and specialized medical support, access to mental health and psychosocial support?

4.2. Are there any specific ongoing initiatives by the government, humanitarian or development agencies that would aim at improving access of IDPs/returnees with disabilities to basic services?

5) Social cohesion

5.1. Do you feel that there is a general understanding of disability inclusion and the rights of persons with disabilities by families, communities, teachers, humanitarian staff and government officials?

5.2. Are IDPs/returnees with disabilities able to participate in community activities taking place in this location (cultural, social, sport activities)? If not, why?

5.3. Which groups of IDPs/returnees with disabilities are, according to you, the most excluded from community life, and why?

5.4. Do IDPs/returnees with disabilities in this location suffer from stigma, isolation, exclusion or negative attitudes from the community?

5.5. What are the main sources of support for IDPs/returnees with disabilities in this location (families, caregivers, communities, other)?

6) Safety and security

6.1. Are there any specific safety or security-related issues that IDPs/returnees with disabilities face in this location?

7) Other

7.1. Has the COVID-19 pandemic and the resulting restrictions impacted the situation of IDPs/returnees with disabilities in this location (access to services, income-generating opportunities etc.)?

7.2. Which factors are, according to you, the most important for the sustainable reintegration of returnees with disabilities in the areas of return?

7.3. Are there any other points related to the situation of IDPs/returnees with disabilities in the current location?

Access to health care, including access to assistive devices and specialized medical support, access to mental health and psychosocial support

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