IOM IRAQ

IOM IRAQ DISABILITY INCLUSION STRATEGY 2022– 2024

INTRODUCTION:

Iraq has one of the largest populations of persons with disabilities in the world.[1] Persons with disabilities in Iraq have been disproportionately impacted by the decades of war, armed conflict, terrorism, violence and economic hardship. [2]

In June 2019, the United Nations (UN) Secretary General launched the UN Disability Inclusion Strategy (UNDIS). The UNDIS is a policy with two accountability frameworks; an accountability framework for entities and an accountability scorecard for UN Country Teams. In December 2019, IOM Iraq launched the *IOM Iraq Disability Inclusion Strategy 2019–2021*. The strategy sought to ensure that persons with disabilities are equitably included and consulted so their requirements are identified and met in IOM Iraq activities, using a rights-based approach.

In 2020 and 2021, the IOM Iraq Disability Inclusion Strategy enabled IOM to highlight its commitment to the inclusion of migrants with disabilities, internally displaced persons (IDPs) and returnees with disabilities, and host community members with disabilities in IOM programming. During that time, IOM established strong foundations in disability inclusion including mapping; collaborating and consulting with Organizations of persons with disabilities (OPDs); working towards accessible construction; developing contextualized guidance for staff; and building an evidence base.[3]

IOM has made progress in reducing the barriers persons with disabilities experience in accessing IOM programming, but there is much more to do, and we recognized that every staff member at IOM Iraq has a role to play in this collective effort.

SCOPE:

The *IOM Iraq Disability Inclusion Strategy* 2022–2024 applies:

- Across IOM Iraq's strategic priorities of Resilience, Mobility and Governance;
- To all IOM Iraq staff and consultants, third party staff and consultants, focal points, contractors, subcontractors and implementing partners;
- To all programme and programme support divisions.

PURPOSE:

Through the external publication of the *IOM Iraq Disability Inclusion Strategy 2022–2024*, IOM Iraq seeks to:

- Be accountable to persons with disabilities in Iraq of its aim to ensure that persons with disabilities are actively included in IOM programmes;
- Communicate to stakeholders in Iraq that IOM Iraq would like to collaborate to advance the inclusion of persons with disabilities in humanitarian, transition and development programming.

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1. Committee on the Rights of Persons with Disabilities media release on the impact of the armed conflict on persons with disabilities in Iraq.

2. UNAMI/OHCHR, 2016a.

3. In 2022, IOM Iraq will publish a document with highlighting examples of disability inclusion good practices for the period 2019–2022.

APPROACH

The IOM Iraq Disability Inclusion Strategy 2022–2024 is guided by:

- UN Disability Inclusion Strategy;
- Sustainable Development Goals –under the 2030 Agenda for Sustainable Development;
- UN Convention on the Rights of Persons with Disabilities;
- Inter-Agency Standing Committee (IASC) Guidelines on inclusion of persons with disabilities in humanitarian action;
- IOM Global Vision and Strategic Result Framework;
- IOM's endorsement of the Charter on inclusion of persons with disabilities in humanitarian action;
- IOM's commitments at the Global Disability Summit 2022;
- UN Sustainable Development Cooperation Framework – Iraq 2020–2024;
- Humanitarian Needs Overview – Iraq 2021;
- IOM Iraq Country Strategy 2022–2024.

The following three rapid consultations[4] with persons with disabilities in Iraq conducted by IOM Iraq in 2020 and 2021 have informed the *IOM Iraq Disability Inclusion Strategy 2022–2024*:

- Persons with disabilities and their representative organizations in Iraq: Barriers, challenges and priorities report;
- Deaf people in Iraq, a cultural-linguistic minority: Their rights and vision for the future report;
- Barriers to durable solutions experienced by displaced persons and returnees with disabilities in Iraq: A rapid consultation report.

These rapid consultations guided the prioritization of programming areas of livelihoods and economic development, health including Mental Health and Psychosocial Support (MHPSS), Durable Solutions, and across all programme areas, accessible construction.

Image 1: Anjam Rasool/IOM Iraq

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4. Read the consultation reports Persons with disabilities and their representative organizations in Iraq: Barriers, challenges and priorities report, Deaf people in Iraq, a cultural linguistic minority group: Their rights and vision for the future report and Barriers to durable solutions experienced by persons with disabilities: a rapid consultation.

GOALS:

Recognizing that disability inclusion is a process and an outcome, IOM Iraq will work towards the following key overarching goals from June 2022 to December 2024:

- Goal 1. Internal coordination, accountability, capacity building and technical support on disability inclusion is prioritized by IOM Iraq.

- Goal 2. IOM Iraq's senior leadership, along with public information unit communications, champion disability inclusion.

- Goal 3. Disability inclusion is mainstreamed throughout IOM Iraq programme cycles by each Programme and Programme Support Divisions:[5]

  o Livelihoods and economic development; health, including MHPSS; and durable solutions will be key programme areas, and across programme areas, accessible construction will be a key focus for strengthened disability inclusion.

- Goal 4: Disability-disaggregated data are collected and used to inform programming and advocacy.

- Goal 5: Human Resources recruitment processes highlight IOM Iraq's commitment to disability inclusion in programming, and approaches to recruitment and retention of staff with disabilities are strengthened.

- Goal 6. IOM Iraq plays a proactive role in supporting stakeholders[6] to strengthen their approach to disability inclusion.

CROSS-CUTTING

IOM Iraq will enact the disability movement slogan 'Nothing about us, without us.' Cross-cutting the above goals are actions of meaningful engagement of persons with disabilities, collaboration with OPDs and accountability to person with disabilities.

In addition, IOM Iraq acknowledges that people with disabilities are not a homogenous group; some persons with disabilities are more under-represented than others, and identities 'intersect' and apply to an individual in combination, rather than in isolation.

IMPLEMENTATION AND ACCOUNTABILITY

IOM Iraq has an internal IOM Iraq Disability Inclusion Action Plan[7] covering the period June 2022–October 2023 to implement this strategy, (the action plan will be revised prior to October 2023 and updated for implementation for the remaining 18 months of the strategy). The Action Plan breaks down each of the goals above into practical actions and includes who is responsible, timeframes and measures to be taken.

IOM Iraq will release annual internal and external short statements on progress towards the goals outlined in this Strategy.

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5. Programme Support Divisions include Procurement and Logistics, Human Resources, Resource Management, Monitoring, Accountability, Evaluation and Leaning (MEAL), and Public Information teams.

6. Stakeholders include: Donors, IOM Headquarters, IOM Regional Office – Middle East and North Africa, Federal Government of Iraq, Kurdistan Regional Government.

7. There are around 20 'one-off' actions and around 50 ongoing actions in the action plan for the first 18 months to implement the goals outlined in this *IOM Iraq Disability Inclusion Strategy 2022–2024.*

ANNEX A TERMINOLOGY

The IOM Iraq Disability Inclusion Strategy 2022–2024 and internal Disability Inclusion Action Plan use the following terminology:[8]

Accessibility: Ensuring that persons with disabilities have access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.

Disability inclusion: The meaningful participation of persons with disabilities in all their diversity, the promotion of their rights and the consideration of disability-related perspectives, in compliance with the UN Convention on the Rights of Persons with Disabilities.

Mainstreaming: A consistent and systematic approach to disability inclusion in all areas of operations and programming. Mainstreaming does not focus on what is done, but on how it is done.

Organizations of persons with disabilities (OPDs): The Convention on the Rights of Persons with Disabilities (CRPD) General Comment No. 7 describes OPDs as any organizations or associations led, directed and governed by persons with disabilities that are entrenched, committed to, and fully respect the principles and rights recognized in the CRPD. OPDs are established predominantly with the aim of collectively acting, expressing, promoting, pursuing and/or defending the rights of persons with disabilities and bring a unique perspective to speak on their own behalf.

Persons with disabilities: Disability is conceptualized using a rights-based approach, guided by the 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."

Reasonable accommodations: Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

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8.   Terminology explanations are adapted from the UN Disability Inclusion Strategy.

DISABILITY INCLUSION GOOD PRACTICE HIGHLIGHTS FROM IOM IRAQ: 2019 TO 2022

INTRODUCTION:

This publication highlights several good practices of IOM Iraq in disability inclusion. In 2019, DFAT's broader funding to IOM Iraq through *Supporting Social Cohesion Through Reintegration, Revitalization and Stabilization Assistance* project in 2019–2020, was the catalyst for change. The unearmarked funding enabled IOM Iraq to prioritize establishing foundations in disability inclusion. Since then, a ripple effect has taken place in IOM Iraq, with a few programmes funded by a variety of donors strengthening their approach to mainstreaming disability inclusion, along with strategic disability-specific initiatives funded by DFAT and other donors..

THE FOLLOWING GOOD PRACTICES ARE HIGHLIGHTED:

Documenting a strategic approach to disability inclusion

Consulting persons with disabilities to build evidence on barriers they experience in Iraq

Mapping Organizations for persons with disabilities (OPDs) and creating a directory of OPDs in Iraq

Facilitating strategic opportunities for OPDs to engage in dialogue with authorities and civil society

Easing the gap in rights-based videos regarding persons with disabilities in Iraq

Accessibility construction becoming business as usual

Deaf-led participatory research

Building capacity of OPDs as organizations and advocating for the rights of persons with disabilities

A disability inclusive approach to Critical Shelter programming

Building the capacity of OPDs in Iraq through internationally recognized accessible and inclusive training

Case study: A disability inclusive approach to (Mental Health and Psychosocial Support) MHPSS programming in Iraq

Image 2: Workshop that includes people with disabilities

GOOD PRACTICE: DOCUMENTING A STRATEGIC APPROACH TO DISABILITY INCLUSION

In June 2019, IOM Iraq contracted a short-term disability-inclusion specialist to develop a two-year strategic plan for mainstreaming disability inclusion. The consultant conducted meetings, consultations and workshops to raise awareness on disability inclusion, build the knowledge of key staff members regarding disability data collection, and receive staff input on the priorities and implementation of IOM Iraq's first disability-inclusion strategy. Iraqi Alliance for Disability Organizations (IADO) and working-level representatives from relevant ministries were invited to comment on the strategy. In December 2019, IOM Iraq launched the IOM Iraq Disability Inclusion Strategy 2019–2021. Drawn from the United Nations Disability Inclusion Strategy Entity Accountability Framework, the IOM Iraq strategy sought to ensure that persons with disabilities are equitably included and consulted so their requirements are identified and met in IOM Iraq activities, using a rights-based approach. In 2020 and 2021, the IOM Iraq Disability Inclusion Strategy enabled IOM Iraq to highlight and promote its commitment publicly and internally to the inclusion of migrants with disabilities, IDPs and returnees with disabilities and host community members with disabilities in IOM programming.

Image 3: Front cover of IOM Iraq Disability inclusion Strategy 2019-2021

In December 2021, IOM Iraq's Disability Inclusion Expert commenced facilitating a process to develop new strategies documents to guide IOM Iraq's approach to disability inclusion in 2022 and 2023. The previous strategy was reviewed and it was identified IOM wanted a clearer direction outlining specific actions across programming and operations along with accountability established. In February 2022, the process included facilitating 16 awareness sessions/workshops/Q&A sessions for ~130 key IOM staff in Erbil and Baghdad, 31 meetings with 39 different IOM staff to discuss and develop actions for the IOM Iraq Disability Inclusion Strategy 2022- 2023 and accompanying IOM Iraq Disability Inclusion Action Plan was released by in X.

GOOD PRACTICE: CONSULTING PERSONS WITH DISABILITIES TO BUILD EVIDENCE ON BARRIERS THEY EXPERIENCE IN IRAQ

Documented consultation with persons with disabilities and their representative groups by government and humanitarian and development agencies prior to 2020 was scarce. Persons with disabilities and the organizations that represent them are the best qualified to provide information on the challenges they experience. To bridge the knowledge and evidence gap, and to inform programming, IOM conducted three rapid consultations.

First, in November 2020, IOM conducted a rapid consultation to identify barriers experienced by person with disabilities and the challenges and priorities of OPDs with 81 representatives of 53 OPDs and 15 disability-specific civil society organizations (CSOs) from all 18 governorates in Iraq. Ninety-six per cent of respondents were persons with disabilities. Respondents estimated that the collective membership of these organizations is approximately 172,250 persons with disabilities. IOM released the Persons with disabilities and their representatives organizations in Iraq: Barriers, challenges and priorities report (OPD consultation report) in March 2021. IOM used the recommendations from the report to inform disability-inclusion initiatives for 2021–2022 including the following consultations.

Image 4: Front page of OPD consultation report

Second, in November 2021, IOM conducted a rapid consultation on sign language use and development in Iraq and the priorities of deaf people in Iraq. Seventy-six people participated, of which 78 per cent were deaf or hard of hearing. Input was drawn from deaf individuals, leaders of deaf-led OPDs and general OPDs, sign language interpreters, representatives from deaf institutes, and government representatives. Field work was conducted in Baghdad, Basra and Sulaymaniyah, with remote interviews conducted with respondents in Erbil, Dohuk, Karbala and Mosul. Deaf people actively participated in this consultation as participants, data collectors and advisors. The report includes recommendations for Government and humanitarian and development agencies and general OPDs. IOM released the report Deaf people in Iraq, a cultural-linguistic minority: their rights and vision for inclusion in 23rd September 2022 , including a video summary of the report to ensure the information in the report is accessible to the deaf community in Iraq.

For more information on this consultation see: Good Practice: Deaf-lead participatory research

Third, in December 2021, IOM conducted a rapid consultation on the barriers experienced by IDPs and returnees with disabilities. Thirty-nine IDPs and returnees with diverse types of disabilities were interviewed. Moreover, interviews were also conducted with external stakeholders including camp management, local authorities and OPDs' representatives. 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). The data collection team included data collectors with disabilities. The report includes recommendations for government and humanitarian and development actors. IOM commissioned the report Barriers to durable solutions experienced by displaced persons and returnees with disabilities in Iraq: A rapid consultation in September 2022. A wide dissemination using Durable Solution Taskforce and Working Groups and relevant cluster is planned in the coming months..

GOOD PRACTICE: MAPPING OPDS AND CREATING A DIRECTORY OF OPDS IN IRAQ

In March 2020, IOM Iraq Disability Inclusion staff identified the need to map OPDs in Iraq as part of its approach to strengthen collaboration between IOM Iraq Community Stabilization Unit (CSU) field staff and local OPDs. Initial scoping and mapping highlighted that up-to-date information on OPDs across Iraq was not readily available, and that making a directory available externally would assist OPDs as well as humanitarian and development agencies in Iraq to collaborate. In April 2020, IOM Iraq commenced mapping OPDs in Iraq with knowledge of 30 OPDs, and by October 2020 had mapped over 60 OPDs. In March 2021, Directory: Organizations of persons with disabilities in Iraq was released and hosted on the IOM Iraq website. The OPD Directory was then updated in January 2022, and a second version was released using the same hyperlink.

Having accurate contact details of OPDs has had a positive impact on IOM Iraq's programming. Staff are now able to contact OPDs in project locations to invite them to participate in consultations to learn of the barriers experienced by persons with disabilities, to identify persons with disabilities to participate in activities and for further collaboration. In addition, having accurate contact details of OPDs enabled IOM Iraq to conduct a rapid consultation with 81 representatives of 53 OPDs. Furthermore, the mapping and OPD Directory has resulted in increased communication between OPDs in Iraq, further enabling them to carry out their mandate to collectively act, express, promote, pursue and/or defend the rights of persons with disabilities.

> *"This OPD Directory is considered a living example for consulting people with disabilities and taking into account the slogan "Nothing about us without us." We hope that this directory will be a step forward for more concrete actions to strengthen the role of persons with disabilities" Mwafaq Al-Khafaji – Head of IADO*

For more information see IOM Iraq's Mapping OPDs in Iraq case study

GOOD PRACTICE: FACILITATING STRATEGIC OPPORTUNITIES FOR OPDS TO ENGAGE IN DIALOGUE WITH AUTHORITIES AND CIVIL SOCIETY

In August 2021, IOM supported IADO to host a Disability Inclusion Symposium with the Federal Government of Iraq including Deputy Minister of Labor and Social Affairs, and around 20 Heads of Ministries who form the Commission for Care of Persons with Disabilities and Special Needs in Iraq. This symposium enabled IADO to discuss with decision makers the barriers experienced by persons with disabilities and challenges and priorities of OPDs in Iraq,[1] along with recommendations to the Government. A panel that included a deaf person, a woman with a disability and a person with a vision impairment shared their experiences with the audience. The Australian Ambassador to Iraq attended the symposium.

Image 5: Disability-inclusion Symposium, Baghdad

In late 2021, IOM facilitated short forums between OPDs, CSOs and local authorities in Dohuk, Kirkuk and Mosul. These forums provided an opportunity for stakeholders to understand more about the role and work of OPDs in the governorate and to identify ways that OPDs, CSOs and local authorities can work together to progress the inclusion of persons with disabilities in local services and programmes.

GOOD PRACTICE: EASING THE GAP IN RIGHTS-BASED VIDEOS REGARDING PERSONS WITH DISABILITIES IN IRAQ.

To address the need for rights-based disability-inclusion videos for internal IOM Iraq capacity building activities and community and stakeholder awareness. IOM developed three disability-inclusion awareness videos featuring direct messages from persons with disabilities. These videos are available with Arabic, Kurdish or English captions. Two videos showcased a selection of key messages from persons with disabilities in Iraq and key messages from OPDs in Iraq gathered as part of the OPD consultation report. The third video showcases messages from current and emerging leaders with disabilities. One video was launched on International Day of Persons with Disabilities (IDPD) in 2020, another as part of the OPD consultation report launch in March 2021 and third was launched on IDPD 2021. Last, IOM Iraq funded an Arabic translation of European Disability Forum's video on How to include organizations of persons with disabilities in humanitarian action.
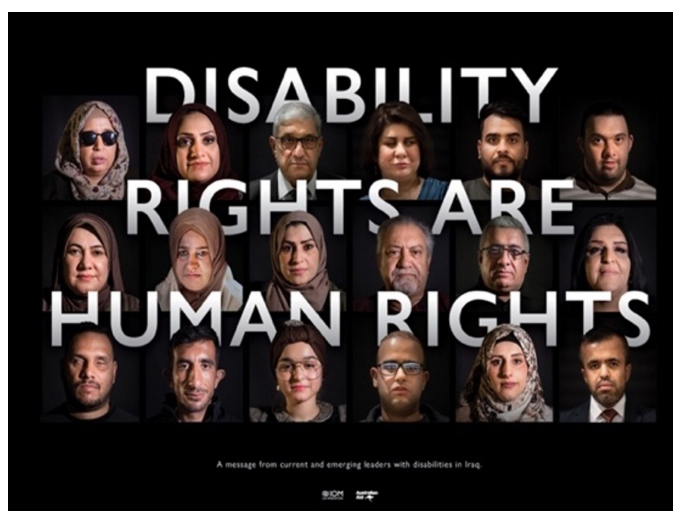

Image 6:: One of IOM Iraq's posters released for IDPD-2021. Posters are available in Arabic, Kurdish and English.

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8.   From IOM Iraq's Persons with disabilities and their representatives organizations in Iraq: Barriers, challenges and priorities report.

GOOD PRACTICE: ACCESSIBILITY CONSTRUCTION BECOMING BUSINESS AS USUAL

In 2020, IOM Iraq's construction work on new and existing IOM community centres and safe spaces began to consider accessibility. Field staff and engineers conducted accessibility audits to evaluate the accessibility of existing structures and identify possible improvements. Where possible, a participatory process that engaged persons with disabilities as members of the audit team was used. Improvements were identified, and IOM engineers supported by IOM disability-inclusion staff led the accessibility rehabilitation works including including building ramps, accessible toilets, and pathways and entrances.

From this early work, it became clear that a reference resource that pulled together Iraqi and international standards was required, as many engineers were initially searching for resources online and did not have a strong understanding of accessible design principles. In early 2021, IOM Iraq released an Accessible Construction Toolkit that outlined standards for accessible construction in Iraq, examples of Bill of Quantities (BoQs) and model designs to assist the team of over 50 engineers and architects to ensure all future reconstruction work such as schools, health centres, housing and/or shelter support and other public facilities constructions were accessible. Awareness sessions on the toolkit contents assisted engineering staff to become familiar with the resource.

Accessible construction is now one of the topics in the annual training workshops for all engineering staff, and internal quality improvement processes such as mentoring by disability-inclusion staff and senior engineers, BoQ endorsement sessions and meetings with contractors have assisted staff to work towards good accessible design and rehabilitation. Staff are now much more confident regarding accessible construction and can even propose to authorities that accessibility should be a consideration in construction of public places.

Image 7: Accessibility works on IOM Community Centre in Dohuk Governorate

GOOD PRACTICE: DEAF-LED PARTICIPATORY RESEARCH

To ensure a Deaf-led participatory approach to understanding the barriers that deaf people in Iraq face and the sign language use in Iraq, IOM Iraq developed an Expression of Interest with technical support from an international culturally Deaf contact. IOM Iraq then engaged an international team of two culturally Deaf advisers and a hearing bilingual researcher who used evidence-based, deaf-friendly participatory methods adapted to the Iraq context.

The Deaf advisors trained and equipped six local deaf data collectors using visual methods, as many deaf people in Iraq have had limited access to education and literacy. An example of this approach is that research questions were filmed in sign language on short videos that data collectors kept on their phones as guides.

The three field-based data collection locations of Sulaymaniyah, Basrah and Baghdad were chosen to ensure that deaf-led OPDs were present in these locations and could assist with reaching diverse deaf members of the community to participate. Deaf-friendly participatory methods for focus group discussions with deaf participants included a photo library, storytelling and a group discussion whereby the deaf data collectors supported the group to identify central themes from the stories. Responses from the deaf focus groups were captured on video, translated and transcribed from Iraqi and Kurdish Sign Language into English. In addition, one Deaf advisor conducted in-depth semi-structured interviews with deaf participants and deaf leaders of deaf-specific OPDs (including participants and leaders from Dohuk, Erbil, Karbala and Mosul) via online visual platforms. These interviews were carried out in Iraqi and/or Kurdish Sign Language.

Reflective practice was supported, and deaf data collectors were asked to make one-minute videos of their thoughts and feelings after each day of data collection. This helped to inform the Deaf advisors of trends seen in data collection and determine where further support to the deaf data collectors may be required.

The draft findings and recommendations were then shared by the Deaf Advisors and deaf data collectors in a hybrid validation workshop with 12 deaf participants in Baghdad. Feedback was reviewed and collected for the final report. The final report is available in Iraqi Sign Language via video with Arabic, Kurdish and English captions to maximize accessibility for deaf people in Iraq. It is also available as a written report in Arabic, Kurdish and English.

"As a deaf data collector, it was easier for me to [directly] communicate [with deaf respondents]. Through this report, we hope to launch messages towards obtaining the rights of deaf people in Iraq." Deaf data collector from Baghdad

GOOD PRACTICE: BUILDING CAPACITY OF OPDS AS ORGANISATIONS AND TO ADVOCATE FOR THE RIGHTS OF PERSONS WITH DISABILITIES.

In March 2020, IOM Iraq began collaborating with IADO to gain a better understanding of its priorities. IADO shared that one of its priority areas was to offer more support to national committees of underrepresented groups, and another priority was to increase coordination and communication with OPDs in Iraq.

In August 2020, IOM recruited an Assistant to be seconded to IADO to support their coordination and communication with other OPDs in Iraq for four months, and then again in late 2021. This Assistant role sits inside IADO and set up meetings, supported reasonable accommodations, inviting guest speakers for national OPDs meetings and led regular communication between OPDs through a WhatsApp, where each OPD sent updates and achievements. This role also supported validation of the OPD mapping at various stages in 2020.

In late 2020, IOM supported three IADO national committees (blind committee, deaf committee and women's committee) to increase their ability to represent their respective impairment groups throughout Iraq. The three-month capacity building support included eight training opportunities covering variety of topics including leadership, communication, advocacy, evidence-based approach and proposal writing in addition to other topics requested by the three committees. This capacity support to the committee members resulted in increased confidence in communicating key messages to target audiences , and increased knowledge of basics key organizational management of OPDs.

In January 2022, IOM hosted a five-day workshop for 22 representatives of OPDs from several governorates who have received less training opportunities than others. The first two days of the workshop focussed on the rights of persons with disabilities, and the final three days focussed on increasing the participants' understanding of humanitarian and development systems in Iraq and how to better represent persons with disabilities when approaching humanitarian and development agencies.

In February and July 2022, IOM hosted three workshops for a total of 70 representatives from OPDs across Iraq, on understanding how humanitarian agencies are accountable to affected populations, including persons with disabilities. Topics included humanitarian principles, accountability to affected population, complaints and feedback mechanisms and protection against sexual exploitation and abuse. Prior to attending, participants were asked what additional support they would require to participate in the workshop. Reasonable accommodations provided sign language interpreters, translators, additional transport allowance and care givers. The workshop was held in accessible venues in Basra, Baghdad and Erbil. Given the sensitive nature of some of the workshop content, sign interpreters and translators attended an orientation meeting where they were briefed on correct sexual exploitation and abuse terms along with respectful disability terminology use.
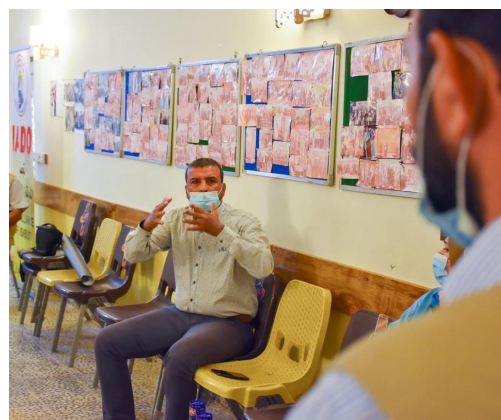
Image 8: National deaf committee members participating in training in Baghdad. © IOM Iraq

"People rarely question or dare to challenge aid workers who support them. For people with disabilities like me, it is even more difficult to get ourselves heard. Now that I was the audience for the message, I want to be the one sharing messages of these obligations that UN and NGO workers have to our network member" A participant from Basra workshop.

GOOD PRACTICE: A DISABILITY-INCLUSIVE APPROACH TO CRITICAL SHELTER PROGRAMMING

IOM Iraq's Critical Shelter projects have been strengthening their approach to accessible and disability-inclusive shelter programming over many years. As the project lead's previous job was with an international disability organization, she felt confident to start introducing a disability-inclusive approach to the different interventions in shelter projects; momentum increased after disability-inclusion staff joined IOM in 2020, who were able to offer additional support. The approach was consolidated with the development of the IOM Iraq Accessible Construction Toolkit in early 2021.

Technical and non-technical staff are trained on interacting and communicating respectfully with persons with disabilities and on referral opportunities to OPDs. Technical staff are trained on how to conduct technical assessments for increasing accessibility through providing reasonable accommodations. The project has example BOQs that include accessibility measures as a resource ready for staff to draw on and adapt the items according to the individual requirements. As part of the process, staff speak directly with the person with a disability in the household to hear directly about their reasonable accommodation requirements, and in some cases, staff also speak with the caregiver within the family.

Initially, shelter staff were concerned that accessibility adaptations to provide reasonable accommodations to shelters would be too expensive and would result in families having less money for other components of the shelter work. However, over time, the project has been able to meet the additional costs. A flexible approach has been essential when mainstreaming disability inclusion into the project. A justification sheet was introduced to document and approve the costs of additional requirements needed by persons with disabilities.

Tight project implementation periods remain a challenge, and often impact how many persons with disabilities can be consulted. In addition, communicating with persons with disabilities is sometimes challenging. For example, some family members with disabilities have not seen any accessible structures before, so they are not aware of what type or modifications are possible.

The attitude of contractors engaged to carry out construction has changed over time. Prior to each project round, shelter staff hold a premeeting with contractors on the importance of respectful communication with persons with disabilities, and contractors are held accountable for their workers' conduct. The project advocates for contractors to recruit persons with disabilities as workers and project staff ensure that these receive the same pay as employees without disabilities.

GOOD PRACTICE: BUILDING THE CAPACITY OF OPDS IN IRAQ THROUGH INTERNATIONALLY RECOGNIZED ACCESSIBLE AND INCLUSIVE TRAINING

Bridge the Convention of the Rights of Persons with Disabilities (CRPD)- Sustainable Development Goals the (SDGs) is a three-module global intensive capacity building initiative that supports persons with disabilities to develop an inclusive and comprehensive rights-based perspective to reinforce their advocacy for inclusion and the realization of all human rights for all persons with disabilities.

In November 2021, IOM partnered with International Disability Alliance (IDA), (IADO, and the Arab Organization of Persons with Disabilities (AOPD) to run Bridge CRP-SDGs Module 1 in Erbil. This was the first Iraq-specific Bridge CRPD-SDGs training, and the first national Bridge in the Middle East and North African region. A total of 108 persons with disabilities from across Iraq applied to attend Bridge.

Twenty-three participants with diverse disabilities and experiences have been selected from 12 governorates across Iraq. The Bridge Quality Criteria ensured that representatives of underrepresented groups, including persons with intellectual disabilities, Deaf people, persons with psychosocial disabilities, autistic people, women with disabilities, youth with disabilities, older people, Yazidis with disabilities and internally displaced persons with disabilities were included in the training.

> *"I've been to a lot of events like this but this is really a huge difference in the information, the facilitators, they are very motivated, very professional, very decisive in their messages and they themselves are people with a disability, which is very amazing and really very encouraging for us…the most important information we will discover when we look at the facilitators of the Bridge training is that people with disabilities can be the best advocates for their community." Abd Shareef Farhan, deaf participant.*

Accessible and inclusive facilitation will include sign interpreters, illustrators drawing concepts for participants, specific visual learning styles, support persons, translators and accessible training materials. Arabic speaking trainers with disabilities from the Middle East and North Africa Region (including Alumni from Iraq) will be facilitating the module.

Module 1, an eight-day workshop, focused on an inclusive understanding of the CRPD and introduction to the 2030 Agenda for Sustainable Development and its SDGs. Participants were introduced to Human Rights Based Approaches to disability and development, and then discussed the general principles of the CRPD. Certain aspects of the CRPD and human rights were discussed including accessibility, reasonable accommodation, discrimination based on disability, the intersectionality of gender and disability and State Obligations. The Agenda 2030 was introduced with an emphasis on the linkages to the CRPD. In-depth discussions on articles are facilitated through participant presentations and group work. In addition, participants were exposed to session on Article 11 of the CRPD through a remotely led session.

> *"This Bridge CRPD-SDGs Iraq is the first Bridge CRPD-SDGs cycle that is being supported by a UN Agency Country Office, and is therefore an extremely significant step towards closer relationships between the UN system and the disability movement in all its diversity, at the national, regional and global levels… By adopting a capacity building strategy that has been a demand of the OPDs in Iraq, IOM has demonstrated a robust commitment that sets a standard in itself and is being cited as good practice." Bridge CRPD-SDGs Module 1 Narrative report, International Disability Alliance..*

Staff from agencies in Iraq and from IOM were invited to observe Bridge in action. In addition, Bridge raised considerable interest in various circles, especially among humanitarian networks and organizations and civil society organizations active in the region, with several agencies contacting IDA to discuss potential roles and collaboration opportunities around implementation of Module 2.

In the months leading to Module 2, to be held in late 2022, participants have an individual assignment to complete. They are to develop a draft policy brief on analysing a development issue of their choice, that is important in their own context, from a CRPD perspective.

Image 9: Bridge Module 1 participants, trainers and support staff

CASE STUDY: A DISABILITY-INCLUSIVE APPROACH TO MHPSS PROGRAMMING IN IRAQ

"For a long time, I was sitting outside my tent at the Bajed Kandala camp, feeling excluded and alone. The [IOM MHPSS] outreach team told me about the centre, and I started to go to a chess activity with other men. After that, I was able to learn different life skills and how to manage my stress, this changed how I felt… I felt no longer alone or isolated. I keep going back, I am also in a barter course now. I never through I would be able to do the things I love, but because the centre includes me, I can." Beneficiary with a physical disability.

Since March 2020, MHPSS programming in Iraq has been strengthening its approach to reducing barriers experienced by persons with disabilities to accessing MHPSS programming.

Building the capacity of staff on disability-inclusive MHPSS through training and mentoring has been a critical step for the MHPSS programme to ensure disability-inclusive MHPSS. Initially, many staff did not know how to interact with persons with disabilities and were often worried about harming persons with disabilities. Some staff had had long-held attitudes that persons with disabilities would not be able to take part in activities or work within the MHPSS team and needed an opportunity to develop an understanding of a rights-based approach to disability inclusion. The IOM Disability Inclusion team ran several short online awareness sessions for MHPSS teams in the first few months and the MHPSS programme established a network of 'disability-inclusion champions.' The network was had one to two staff members with an interest in disability inclusion from each of the eight field locations. Capacity building has focused on facilitating accessible and inclusive community and family support activities along with specialized services and counselling. Building the capacity of staff has resulted in better inclusive service delivery including an increase in the number of persons with disabilities accessing psychiatrists and psychologists in Mosul.

MHPSS programming in Hassan Sham (U3) Camp consulted with persons with disabilities through Focus Group Discussions. Initially, many persons with disabilities were shy yet were able to provide valuable suggestions on how MHPSS programming could be more accessible and inclusive for persons with disabilities. IOM acted upon their feedback, including addressing physical barriers to accessing IOM community centres and addressing negative perceptions of persons with disabilities through awareness raising in the camp. In camps in Dohuk, many families had negative attitudes towards persons with disabilities and often persons with disabilities are hard to find because they remain at home, as they are under the impression that they are unable to participate in, or unwelcome at activities. To address this in different locations in Duhok, such as Qadia and Bajed Kandala camps and in Khanke community and together with CSOs, IOM identified persons with disabilities through an old list from CCCM, and conducted an assessment of their and their families' needs and challenges. IOM ran subsequent awareness sessions in the community, staff and focal points visited persons with disabilities in their home, and persons with disabilities were asked what activities they would like to attend. Often persons with disabilities shared with IOM staff that they would like to attend activities, but their families would not let them.

Recognizing that an effective way to change existing negative community attitudes about persons with disabilities is for community members to see persons with disabilities in valued roles, several MHPSS locations prioritized creating opportunities for persons with disabilities. For example, the IOM Mosul office recruited three Community Mobilizers with a disability in Zinjele, Abor and Ma'amor areas. The Community Mobilizers with disabilities received the same training as other mobilizers without disabilities and had the same duties including building relations with the community, identifying beneficiaries and conducting awareness sessions. At IOM's MHPSS community centre in Khanke, two female volunteers with disabilities support the implementation of activities and outreach. In Dawoodia camp, the MHPSS team has hired one focal point with a disability. In Hassan Sham camp, IOM has engaged one community focal point with a disability, three trainers with disabilities, and one outreach community focal point with a disability. In Kirkuk, persons with disabilities were engaged in planning community centre activities as members of the community centre committee, and recently a staff member with a disability was employed in Kirkuk. Overall, the programme has managed to engage active participants with disabilities in MHPSS activities.

OPDs are the best qualified to provide information on the challenges persons with disabilities experience. MHPSS locations in Iraq have begun to collaborate with OPDs. For example, In Wahed Huzairan, Zab, Hawija, in Kirkuk, the IOM Area Coordinator met with local OPDs. At these meetings, IOM asked for suggestions from the OPD on how MHPSS could be more inclusive, and together they planned joint activities including training for caregivers of persons with disabilities and psychosocial first aid for persons with disabilities and their families. MHPSS also made some in-kind donations to several OPDs in Wahed Huzairan. The team has organized joint activities with OPDs in Kirkuk, engaging persons with and without disabilities, and the feedback from the OPDs has been incredibly positive. Engaging with OPDs has had a positive impact on staff members' understanding of disability inclusion and how to interact with persons with disabilities.

The MHPSS Programme has used a disability-inclusive approach to design and implement MHPSS and Livelihood Integration (MLI) projects at Hassan Sham (U3) camp. In the design stages, IOM consulted with persons with disabilities and subsequently ensured their inclusion in livelihood (carpentry and bakery) workshops and the integrated MHPSS sessions. To continuously include persons with disabilities and ensure their access to livelihood opportunities and MHPSS support, IOM has developed a disability-inclusive outreach and integration approach for consistent and effective outreach to persons with disabilities (and their families), raising awareness about their eligibility to be part of the livelihood workshops. MHPSS staff and livelihood workshop trainers were trained on disability inclusion in livelihood/work settings by disability inclusion staff. MLI implementation spaces have been made easily accessible, and reasonable accommodations including a support person are provided. MLI project participants with disabilities are regularly consulted on their experience and what can be improved and adjustments are made accordingly.

In June 2020, MHPSS began to collect disability disaggregated data through attendance sheets. In the past year, MHPSS has begun to use the data to inform programming through distribution of quarterly emails to key staff, showcasing the number of persons with disabilities compared to total numbers of beneficiaries who have attended programmes in the past three months per field location, including questions to prompt staff reflection on the gathered data. These emails have promoted meetings to exchange ideas and discuss steps taken in different MHPSS programming locations to ensure disability-inclusive MHPSS and how to address common challenges.

In some locations, MHPSS programming in Iraq has made good progress in reducing the barriers experienced by persons with disabilities to accessing MHPSS programming. Challenges still exist, including the difficulty of changing long-held attitudes by some staff on disability, perceptions of families and persons with disabilities that they are unable to participate in MHPSS activities, and challenges for persons with physical disabilities to reach IOM centres due to poor road conditions and lack of transportation.

IOM IRAQ DISABILITY INCLUSION ACTION PLAN JUNE 2022–NOVEMBER 2023

AIM:

- To provide clear direction for implementing the first 18 months of the IOM Iraq Disability Inclusion strategy 2022–2024 and enable reporting back to stakeholders (including people with disabilities in Iraq) and internally.
  - In addition:
  - For IOM Iraq to become the standout Country Office in disability inclusion, within IOM but also among other agencies.
  - For the inclusion of persons with disabilities and disability inclusion, as a process and outcome, to become 'business as usual' at IOM Iraq.

SUMMARY OF GOALS IN ACTION PLAN:

Goal 1. Coordination, accountability, capacity building and technical support on disability inclusion are prioritized

  - Subgoal 1.1: Mission-wide coordination and implementation;
  - Subgoal 1.2: Technical support and capacity building on disability inclusion;
  - Subgoal 1.3: Increased accountability on disability inclusion.

Goal 2. IOM Iraq's senior leadership and external public information champion disability inclusion

Goal 3. IOM Iraq plays a proactive role in supporting stakeholders to strengthen their approach to disability inclusion

  - Subgoal: Supports United Nations Country Team and clusters;
  - Subgoal: Advocates to donors, Headquarters and Regional Office on importance of disability inclusion;
  - Subgoal: Models disability inclusion mainstreaming for the Government of Iraq and the Kurdistan Regional Government.

Goal 4. Disability inclusion is mainstreamed throughout IOM Iraq programme cycles by Programme and Programme Support Divisions

  - Subgoals for priority programming areas highlighted in strategy: Livelihoods, Health, Mental Health Psychosocial Support, accessible construction, Durable Solutions and Migration.

Goal 5: Disability disaggregated data are collected and used to inform programming and advocacy

Goal 6: Human Resources recruitment processes highlight IOM Iraq's commitment to disability inclusion in programming, and approaches to recruitment and retention of staff with disabilities are strengthened

  - Subgoal: IOM Iraq's commitment to disability inclusion commences at recruitment;
  - Subgoal: IOM Iraq strengthens its approach (that it can directly influence) to recruiting and retaining staff with disabilities

ACTION	RESPONSIBLE	TIMEFRAME	ASSESSMENT/ EVIDENCE	REPORTING ON ASSESSMENT	OWNER/ REPORTING LEAD	MEANS OF VERIFICATION	STATUS	GUIDED BY, LINKS TO
GOAL 1. COORDINATION, ACCOUNTABILITY, CAPACITY BUILDING AND TECHNICAL SUPPORT ON DISABILITY INCLUSION IS PRIORITISED								
Subgoal 1.1 Mission wide implementation and coordination								
1.1.1 CoM to endorse final Strategy and Action Plan	CoM	By 31 May 2022	Strategy and Action Plan are endorsed	Captured in Year 1 check	Executive Office	Quarterly HoD meeting		
1.1.2 Map out what technical advice/resources (existing or needs to be developed) are required to implement actions in Action Plan	All roles mentioned in responsibilities column	By 30 June 2022	Mapping completed and list of support required finalized	Captured in Year 1 check	Disability Inclusion expert	Report		
1.1.3 DCoM to review and revise Action Plan within 3 months of commencement	DCoM	By 30 September 2022	Revised Action Plan is circulated by DCoM	Captured in Year 1 check	Executive Office	HoD meeting		
1.1.4 Establish a disability inclusion champion network throughout mission	DCoM, with buy in from: HoD's of MHD, MMD, PAD, PRD, PSD, TRD & PCD with support from "disability inclusion technical support"	By 15 May 2022	Each division has nominated and communicated DI champion structure in Division to DI staff by 15 May 2022	Captured in Year 1 check	Executive Office	HoD meeting		
1.1.5 Coordinate disability inclusion champion network	"Disability inclusion technical support"	Ongoing	Report every 3 months on number of meetings and number of emails for disability inclusion champion communication and coordination	Quarterly health check	As identified in 1.4	Report		
1.1.6 Review where DI should 'sit' within mission	DCoM "Disability inclusion technical support"	By 30 September 2022	Decision made and implemented	Captured in Year 1 check	HoD - possibly PCD			

Subgoal 1.2 Technical support and capacity building on disability inclusion								
1.2.1 Identify and plan for an appropriate level of disability inclusion technical support	DCoM	By 31 December 2022		Captured in Year 1 check	Output of 1.6	To be captured in the DI strategy		Links to Action 1.2
1.2.2 Establish cost-share arrangement for "disability inclusion technical support"	DCoM	By 31 December 2022	Decision made and implemented	Captured in Year 1 check	Output of 1.6			
1.2.3 Divisions to fund own additional technical support if required	HoD's of MHD, MMD, PAD, PRD, PSD, TRD & PCD	Ongoing	Divisions report annually on number of additional technical support funded by Division	Annual health check	Output of 1.6			
1.2.4 Develop guidance and resources for implementation of action plan	"Disability inclusion technical support"	By 31 December 2022	Guidance and resources identified in Action 1.2 are developed and circulated.	Captured in Year 1 check	Output of 1.6			Links to Actions 1.3, 1,1.1.1
1.2.5 New staff/consultants complete IOM Iraq DI orientation session (online / self-paced – 1hr)	HoD's of MHD, MMD, PAD, PRD,PSD, TRD & PCD, SRMO	Ongoing	Report every 3 months: X out of X new staff in X Division completed IOM Iraq DI online orientation session	Quarterly health check	HR to ensure. Technical session on DI developed from 1.6			Guided by UNDIS Entity Indicator 14, and UNCT Indicator 13 Links to Goal 6
1.2.6 Capacity building in DI for programme and programme support staff and implementing partner staff	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD, SRMO	Ongoing	Report every 3 months: X out of X staff in X Division completed other DI training.	Quarterly health check	DCoM task (also from 1.6)			Guided by UNDIS Entity indicator 14 IASC guidelines 'must do' Links to Goal 6

Subgoal 1.3 Increased accountability on disability inclusion							
1.3.1 Strengthen accessibility of complaints and feedback mechanisms	PxD HoD PCD - MEAL with support from "disability inclusion technical support"	By 31 December 2022	Review of CFM completed, and opportunities for strengthening access and inclusion implemented.	Captured in Year 1 check	PCD - MEAL		
1.3.2 Divisions report on programmatic actions (and some other actions) as a 'health check' every 3? months to DCoM (first round to become baseline)	PCD -MEAL	Ongoing	Data is collected from each Division and others every 3 months by MEAL	Annual health check	PCD - MEAL		
1.3.3 A quarterly reflection email is sent to Divisions based on quarterly data collected	PCD – MEAL with support from "disability inclusion technical support"	Ongoing	Email is sent once a quarter	Annual health check	PCD - MEAL		
1.3.3 All other actions report once a year	PCD - MEAL	Ongoing	Data is collected once a year (with an annex of Year 1 actions)	Annual health check	PCD - MEAL	Bi-annual dashboard	
1.3.4 External and internal Disability inclusion snapshot to be produced and to be shared with CoM, OPDs and staff with disabilities, and all staff once a year	PCD – MEAL lead with input from HoD's PxD, PRD, TRD, PSD, MMD, MHD, with support from "disability inclusion technical support"	Ongoing	PCD produces short internal and external reports and disseminates	Annual health check	PCD-PSU		
1.3.5 Develop new DI Action Plan prior to October 2023 to implement final 14 months of DI strategy	DCoM and "disability inclusion technical support" to facilitate	By 30 October 2023	New Action Plan is completed and endorsed	Captured in Year 1 check	DCoM		

GOAL 2. IOM IRAQ SENIOR LEADERSHIP AND PUBLIC INFORMATION UNIT DISABILITY INCLUSION.								
2.1 CoM champions disability inclusion externally once every 6 months	CoM, PCD – PI with assistance from "disability inclusion technical support"	Ongoing	Report: DI was championed X out X times	Annual health check	PCD - PI			Guided by UNDIS Entity Indicator 1
2.2 CoM champions disability inclusion internally once every 6 months	CoM, PCD – PI with assistance from "disability inclusion technical support"	Ongoing	Report: DI was championed X out X times	Annual health check	DCoM with support from PCD - MEAL	Bi-annual dashboard/ report		Guided by UNDIS Entity Indicator 1
2.3 CoM/DCoM attends a meeting with staff with disabilities once a year	CoM, HR Officer with support from "disability inclusion technical support"	Ongoing	Meeting occurs	Annual health check	HR	Townhall?		Links with Action 6.2.4
2.4 Disability inclusion is mainstreamed in multiyear IOM Iraq Strategy	PCD HoD and "disability inclusion technical support"	By 1 May 2022	Strategy is released and mainstreams disability inclusion	Captured in Year 1 check	PSD		COMPLETED	Guided by UNDIS Entity Indicator 1
2.7 PI to implement actions designed to increase the portrayal of people with disabilities in mainstream communications	PCD- PI	Ongoing	PI reports every 3 months: X out of X actions completed	Quarterly health check	PCD - PI			Guided by UNDIS Entity indicator 15
2.8 PI to implement actions on increasing communications about people with disabilities	PCD - PI	Ongoing	PI reports every 3 months: X out of X actions completed	Quarterly health check	PCD- PI			Guided by UNDIS Entity indicator 15
2.9 PI to identify and implement realistic actions to increase accessibility of communications materials	PCD- PI	Ongoing		Annual health check	PCD - PI			Guided by UNDIS Entity indicator 15

GOAL 3. IOM IRAQ PLAYS A PROACTIVE ROLE IN SUPPORTING STAKEHOLDERS TO STRENGTHEN THEIR APPROACH TO DISABILITY INCLUSION							
Subgoal 3.1: Supporting UNCT and Clusters							
3.1.1 IOM co-chairs UN DICG and provides Secretariat for UN DICG	"Disability inclusion technical support"	Ongoing		Annual health check	PCD – Policy and Liaison		Guided by UNDIS UNCT Indicator 4
3.1.2 IOM to provide technical support in disability inclusion to UNCT	"Disability inclusion technical support"	Ongoing		Annual health check	PCD - Policy and Liaison		
3.1.3 IOM to influence CCA, UNDSCF and its log frame to consider persons with disabilities more explicitly	"Disability inclusion technical support" PCD HoD, PSU		Next documents result in UNCT Iraq being able to score higher in UNDIS Scorecard indicator 4	Annual health check	PCD		Guided by UNDIS UNCT Indicator 2 & 3
3.1.4 As part of UNCT, IOM leadership seeks out reporting and progress from UN DICG in HoA meetings, PMT, OMT and advocates to individual agencies on importance of disability inclusion	CoM, DCoM, PCD HoD and Policy and Liaison Officer	Ongoing	UNCT Iraq can score higher in UNDIS score-card Indicator 4	Annual health check	PCD - Policy and Liaison		Guided by UNDIS UNCT Indicator 4
3.1.5 Disability inclusion is strengthened in UNCT working groups that IOM chairs – and clusters, while they still exist	Durable Solutions TF Secretariat, Durable Solutions Technical WG Returns WG Secretariat, Network on Migration CCCM Coordinator Policy & Liaison Officer	Ongoing	Each IOM Secretariat member reports every 3 months: number of times DI is raised in WG/TF/net-work/Cluster	Quarterly health check	PCD – policy and liaison		

3.1.6 IOM identifies and supports progress in disability inclusion all other PWGs and WGs it participates (and clusters while they exist)	Procurement Officer, HR officer, HoD's of MHD, MMD, PAD, PRD, PSD, TRD & PCD HoD and PI	Ongoing		Annual health check	PCD -policy and Liaison		
Subgoal 3.2: IOM Iraq advocates to donors, HQ and RO on importance of disability inclusion							
3.2.1 Partner with a donor who wants to champion disability inclusion in Iraq and support them to raise DI profile with other donors	PCD HoD with support from "disability inclusion technical support"	Ongoing		Annual health check	PCD		
3.2.2 Advocate to HQ to set up expectations and guidance to COs in Programme and Programme Support on disability inclusion	Procurement Officer HR officer Comms officer HoD's of MHD, MMD, PAD, PRD, PSD, TRD PCD	Ongoing		Annual health check	PCD		
3.2.3 Participates in and contributes to IOM Disability Inclusion Focal Point Network	"Disability inclusion technical support"	Ongoing	Reports: Attended X out of X IOM DI Focal Point Meetings	Annual health check	PCD - Policy and liaison		
3.2.4 Advocate to RO to set up expectations and guidance to COs on disability inclusion	PCD HoD	Ongoing		Annual health check	PCD		

Subgoal 3.3: IOM Iraq role models disability inclusion in dialogue and technical advice/capacity building to Federal Government of Iraq and KRG								
3.3.1 National Strategies and Policies designed by IOM mainstream disability inclusion	HoD's of MHD, MMD, PAD, PRD, PSD & TRD, PCD	Ongoing	Each Division reports every 3 months: X out or X National Strategies/Policies by X division 'mainstreamed' disability inclusion	Quarterly health check	PCD – Policy and liaison			
3.3.2 National workshops with GoI and KRG main-stream disability inclusion	HoD's of MHD, MMD, PAD, PRD, PSD & TRD, PCD	Ongoing	Each Division reports every 3 months: X out or X National workshops by X division 'mainstreamed' disability inclusion	Quarterly health check	PCD – policy and liaison			
3.3.3 Persons with dis-abilities are mentioned in official dialogue/meetings with GoI.	CoM, DCoM, PCD, HoD	Ongoing		Annual health check	PCD – Policy and liaison			
3.3.4 IOM seeks out opportunities for OPDs to strategically meet with GoI and KRG	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD and "disability inclusion technical support"	Ongoing		Annual health check	PCD - policy and Liaison			
3.3.5 Sign Interpreters used and OPDs are invited to large GoI and KRG events	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD Communications Officer	Ongoing	Each Division reports every 3 months: X out of X large GoI and KRG events had disability inclusion role modelling in place	Quarterly health check	DCoM – ensure projects to implement			

GOAL 4. DISABILITY INCLUSION IS MAINSTREAMED THROUGHOUT IOM IRAQ PROGRAMME CYCLE BY PROGRAMME AND PROGRAMME SUPPORT DIVISIONS

4.1 New designs/proposals 'mainstream' disability inclusion	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD	Ongoing	Each Division reports every 3 months: X out or X final proposals by X division 'mainstreamed' disability inclusion	Quarterly health check	PCD		
4.2 Donor reports 'mainstream' disability inclusion	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD	Ongoing	Each Division reports every 3 months: X out of X final donor reports 'mainstreamed' disability inclusion	Quarterly health check	PCD		
4.3 Consultations include persons with disabilities	HoD's of MHU, MMD, PAD, PRD, PSD, TRD	Ongoing	Each Division reports every 3 months: X out of X consultations in X Division included persons with disabilities	Quarterly health check	DCoM – ensure projects to implement		
4.4 Collaborate with OPDs in project locations	HoD's of MHU, MMD, PAD, PRD, PSD, TRD	Ongoing	Each Division reports every 3 months: X out of X project locations in X Division collaborated with OPDs	Quarterly health check	DCoM – ensure projects to implement		
4.5 Engage people with disabilities as staff, guest speakers, data collectors, members of accessibility audit teams, volunteers	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD	Ongoing	Each Division reports every 3 months: X out of X projects in X Division have engaged people with disabilities in valued roles. Number of people with disabilities in valued roles in X Division	Quarterly health check	DCoM – ensure projects to implement		IASC guidelines 'must do'

4.6 'Disability inclusion expectations' are included in new agreements with implementing partners	HoD's of MHD, MMD, PAD, PRD, PSD, TRD Senior Resource officer	Ongoing	Each Division reports every 3 months: X out of X new funding agreements with implementing partners included disability inclusion expectations	Quarterly health check	DCoM – ensure projects to implement			
4.7 Project activities are 'inclusive and accessible' to people with diverse disabilities	HoD's of MHU, MMD, PAD, PRD, PSD, TRD Procurement Officer	Ongoing	Each Division reports every 3 months: X out of X activities in X project in X division are inclusive for persons with disabilities	Quarterly health check	DCoM – ensure projects to implement			
4.8 Budget for and provide 'reasonable accommodations' for persons with disabilities	HoD's of MHU, MMD, PAD, PRD, PSD, TRD	Ongoing	Each Division reports every 3 months: X out of X projects in X Division budgeted for reasonable accommodations X out of X projects in X Division provided reasonable accommodations	Quarterly health check	DCoM			
Subgoal 4.1 Livelihoods								
4.1.1 Implement 'foundational actions' as identified in "Livelihoods actions" in TRD DI Action Plan	Livelihoods PC	By 31 August 2022	Livelihoods PC reports every three months: Existing measures for actions 1.1.4, 1.2.5, 1.2.6, 3.1.6, 3.3.1, 3.3.2, .3.3.4, 4.1 – 4.7 and 5.1 – 5.5 and 6.1.1 and 6.1.2 reported on every 3 months X out of X livelihood actions in TRD DI Action Plan are completed	Quarterly health check	DCoM led-TRD/ LLH			

4.1.2 Develop and document 'next step' actions to strengthen the inclusion of persons with disabilities in livelihood activities	Livelihoods PC with support from "disability inclusion technical support"	By 31 August 2022	Actions documented	Captured in Year 1 check	DCoM led-TRD/LLH			
4.1.3 Implement 'next step' actions	Livelihoods PC	Ongoing from 1 September	Livelihoods PC reports every three months: Existing measures for actions 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 4.1 – 4.7 and 5.1 – 5.5 reported on every 3 months Next steps reported on every 3 months from 1 September 22 once developed	Quarterly health check	DCoM led-TRD/LLH			Actions: 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 Goal 4 and Goal 5
			Subgoal: 4.2 Health and MHPSS					
4.2.1 MHD implements actions: 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 Goal 4 and Goal 5 as direction of (new) MHD projects is shaped up and confirmed	MHD HoD	Ongoing	Existing measures for actions 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 4.1 – 4.7 and 5.1 – 5.5 reported on every 3 months	Quarterly health check	MHD			Actions: 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 Goal 4 and Goal 5
4.2.2 MHPSS implements actions: 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 Goal 4 and Goal 5	MHPSS PC	Ongoing	Existing measures for actions 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 4.1 – 4.7 and 5.1 – 5.5 reported on every 3 months	Quarterly health check	PSD			Actions 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 Goal 4 and Goal 5
4.2.3 MHPSS to identify and implement 'stretch actions'	MHPSS PC With support from "disability inclusion technical support"	By 30 October 2023	Report every 3 months once developed	Quarterly health check	PSD			

Subgoal: 4.3 Durable Solutions									
4.3.1 Implement actions identified in 'Durable solutions actions" in TRD DI action plan	Durable Solutions lead	Ongoing	Durable Solutions lead reports every 3 months: Existing measures for actions 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 4.1 – 4.7 and 5.1 – 5.5 reported on every 3 months X out of X actions in TRD DI Action Plan are completed	Quarterly health check	DCoM - TRD				Action 3.1.5
Subgoal: 4.4 Migration									
4.4.1 MMD implement actions: 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.3 and 3.1.4 4.1 – 4.7	MMD HoD	Ongoing	Existing measures for actions 1.4, 1.8. 3/1/6, 3/3/1 -.3.3.4 4.1 – 4.7 are reported every three months	Quarterly health check	MHD				Action 3.1.5
Subgoal: 4.5 Construction									
4.5.1 IOM offices and structures built (and refurbishments/rehabilitation) within projects are accessible to persons with disabilities.	HoD's of MHU, MMD, PAD, PRD, PSD, TRD Infrastructure Coordinator Senior Resource Officer	Ongoing	Each Division reports every 3 months: X out of X structures built for X division are accessible. X out of X renovations done for X include accessibility considerations (Infrastructure Coordinator to validate)	Quarterly health check	DCoM- P&L				

GOAL 5: DISABILITY DISAGGREGATED DATA IS COLLECTED AND USED TO INFORM PROGRAMMING AND ADVOCACY								
5.1 A stocktake of the disability data being collected by programme and research teams	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD – MEAL	By 31 Aug 2022	Report: X out of X active projects in X division collect disability disaggregated project data X amount of previous research reports in X division have disability disaggregated project data (Research Coordinator to validate)	Year 1 check	PCD - MEAL			Links to Actions 5.4 and 5.5
5.2 Data collectors are trained on disability inclusion and use of WG-SS	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD - MEAL Research lead	Ongoing	Each Division reports every 3 months: X out of X data collection activities in X division has data collectors who had been trained on using WG-SS.	Quarterly health check	DCoM – projects to implement			
5.3 Quantitative and qualitative assessments/ surveys/ research/evaluations data collection tools and their corresponding reports disaggregate findings by disability /highlight the experiences of people with disabilities	HoD's of MHU, MMD, PAD, PRD, PSD, TRD Research Coordination WG MEAL Officer	Ongoing	Each Division reports every 3 months: X out of X assessments/ surveys/research in X division considered people with disabilities X out of X corresponding reports in X Division mainstreamed disability inclusion/presented data disaggregated by disability in reports	Quarterly health check	PCD - MEAL			
5.4 Collect disability disaggregated project data in registration/attendance forms tools	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD MEAL Officer	Implemented By 30 October 2023	Each Division reports every 3 months: X out of X projects in X division collect disability disaggregated project data.	Quarterly health check	PCD -MEAL			IASC guidelines 'must do' Links to Action 5.1

5.5 Project disability data, M&E and research are used to inform programming and donor proposals	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD MEAL Officer with support from "disability inclusion technical support"	Ongoing	Each Division reports every 3 months: X out of X projects in X division use 'MEAL data portal' to have disability data presented back to them. X out or X final proposals by X division include disability information from IOM Iraq project data, M&E or research X out or X final projects by X division have used/been informed by disability information from disability inclusion project data, M&E or research	Quarterly health check	PCD -MEAL			Links to Action 4.1
5.6 Monitoring and evaluation data and report findings are disaggregated by disability	MEAL Officer TRD M&E Officer	Ongoing	MEAL and TRD reports every 3 months: X out of X monitoring exercises and evaluations collected disability disaggregated data X out of X corresponding reports presented data disaggregated by disability	Quarterly health check	PCD - MEAL			Links to Action 4.1
5.6 DTM to consider disability inclusion (qualitative and quantitative data collection and processes) when developing new tools	DTM Lead	Ongoing	DTM reports annually: X out or X new DTM tools included disability inclusion questions and/or used DI resources in the tool development	Annual health check	DCoM- DTM			

GOAL 6: HR RECRUITMENT PROCESSES HIGHLIGHT IOM IRAQ'S COMMITMENT TO DISABILITY INCLUSION IN PROGRAMMING, AND APPROACHES TO RECRUITMENT AND RETENTION OF STAFF WITH DISABILITIES ARE STRENGTHENED

Subgoal 6.1: IOM Iraq's commitment to DI commences at recruitment

6.1.1 JDs/TORs for staff consultants and focal points include disability inclusion requirements	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD HR Officer	Ongoing	Each Division reports every 3 months: X out of X JDs/TORs in X Division included disability inclusion (Validated by HR Officer)	Quarterly health check	DCoM-HR		Guided by UNDIS UNCT Indicator 12
6.1.2 Interviews for key roles to include a technical question on disability inclusion	HoD's of MHU, MMD, PAD, PRD, PSD, TRD & PCD HR Officer	Ongoing	Each Division reports every 3 months: X out or X interviews with key staff by X division included questions on disability inclusion (Validated by HR Officer)	Quarterly health check	RMU/HR		

Subgoal 6.2 IOM Iraq strengthens its approach (that it can directly influence) to recruiting and retaining staff with disabilities

6.2.1 Reasonable accommodations/ additional support is offered to all candidates offered an interview and all successful candidates offered a job	HR officer	Ongoing	HR reports every 3 months: X out X emails offering interviews include additional sentences asking if additional support is required X out X emails offering interviews include additional sentences asking if additional support is required	Quarterly health check	HR		

6.2.2 Establish and maintain a 'reasonable accommodations register'	HR officer	Ongoing	Register is established and used; non-identifying information shared to UNCT reasonable accommodations register	Annual health check	HR				UNDIS UNCT indicator 12
6.2.3 Disability inclusion considerations to be included in the design, rollout and report of upcoming 'staff MHPSS survey/assessment' being led by a consultant	MHPSS PC HR Officer "disability inclusion technical support"	By 30 October 2022		Captured in Year 1 check	MHPSS				
6.2.4 Explore whether staff with disabilities are interested in establishing an advisory group to support HR, and if so: establish a mechanism for communication	HR Officer with support from "disability inclusion technical support"	By 31 December 2022	Mechanism established if staff are interested	Captured in Year 1 check	HR				Links with action 2.3
6.2.5 Additional training for HR staff on recruit-ment and retention of staff with disabilities	HR Officer	By 30 October 22	Training has been conducted	Captured in Year 1 check	HR				

NOTE:

CoM: Chief of Mission; CCCM: Camp Management and Camp Coordination; DI: Disability Inclusion; DICG: Disability Inclusion Coordination Group; DCoM: Deputy Chief of Mission; HoD: Head of Division; HR: Human Resources; HoA:Head of Agencies; LLH: Livelihood; IASC: Inter-Agency Standing Committee; JD: Job descriptions; M&E: Monitoring and Evaluation; MHD: Migration Health Division; MMD: Migration Management Division; same MHD; MHPSS: Mental Health Psychosocial Support; OMT: Operation Management Team; PC: Program Coordinator; PI: Public Information; P&L: Procurement & Logistics; PAD:; PCD: Partnerships and Coordination Division ; PRD: Preparedness and Response Division; PSD: Peacebuilding and Stabilization Division; PSU: Program Support Unit; RO: Regional Office; RMD: Resources Management Division; WG-SS: Washington Group Short Set of questions ; SRMO: Senior Resource Management Officer; TF: Task Force; TRD: Transition and Recovery Division; ToR: Terms of Reference; UNCT: United Nations Country Team; UNDIS: United Nations Disability Inclusion Strategy; WG: Working Group.

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