

IOM IRAQ



**PERSONS WITH DISABILITIES  
AND THEIR REPRESENTATIVE  
ORGANIZATIONS IN IRAQ: BARRIERS,  
CHALLENGES, AND PRIORITIES**

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IOM Iraq deeply appreciates the key informant's time and perspectives.

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## FOREWORD

### Foreword by IOM

Persons with disabilities in Iraq have been disproportionately impacted by war, armed conflict, terrorism, violence and the economic hardship. Iraq has one of the largest populations of persons with disabilities in the world. Despite this, and certain efforts by key stakeholders in country, there has been little consultation among persons with disabilities and their representative groups by government and humanitarian and development agencies. Persons with disabilities and the organisations that represent them are the best qualified to provide information on the challenges they experience.

Globally, IOM is committed to address and reduce vulnerabilities and reduce barriers facing those with disabilities. This includes improving data collection on disability and capacity development of IOM staff and partners on disability inclusion. With the generous support of the Government of Australia, IOM Iraq is strengthening its approach to disability inclusion. In 2019, we launched the IOM Iraq Disability Inclusion Strategy 2019—2021. The strategy supports IOM Iraq in developing capacity to effectively address the requirements of migrants with disabilities, IDPs with disabilities, and host communities members with disabilities.

In 2020, we have built solid foundations in disability inclusion, including mapping and collaborating with Organisations of Persons with Disabilities, working towards making our community centres accessible, and developing contextualised guidance for staff on how to implement disability inclusive programming.

This report identifies concrete ways for stakeholders, including the United Nations, national and international NGOs, and local CSOs, to address barriers experienced by persons with disabilities, including addressing the key challenges and priorities of their representative organisations.

Ultimately, we hope that IOM's support will help to make the most of the skills, resources and solidarity already expressed by people with disabilities and their representative organisations, with the ultimate aim of contributing to a more accessible and in-clusive Iraq.



Gerard Waite  
Chief of Mission  
IOM Iraq

## ABBREVIATIONS

<b>DFAT</b>	Department of Foreign Affairs and Trade
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CSO</b>	Civil Society Organization
<b>CSU</b>	Community Stabilization Unit
<b>IOM</b>	International Organization for Migration
<b>KRG</b>	Kurdistan Regional Government
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>OPD</b>	Organizations of persons with disabilities
<b>WQSSQ</b>	The Washington Group Short Set of Questions

## EXECUTIVE SUMMARY

There has been little consultation with persons with disabilities in Iraq and their representative organizations by government and humanitarian and development agencies to date. This has prevented a rights-based, comprehensive assessment on the barriers experienced by persons with disabilities and the development of appropriate policies and programmes. Yet, we know that persons with disabilities are disproportionately impacted by war, armed conflict, terrorism, violence and the economic hardship.<sup>1</sup>

This report and the consultations that informed it aim to improve our understanding of the barriers experienced by persons with disabilities, including the key challenges and priorities of their representative organizations, in order to inform programming. This report shares the unique perspectives of persons with disabilities in Iraq, expressed via their representative organizations, since there is no one better qualified to provide information on the barriers they experience than persons with disabilities themselves and the organizations that represent them. The analysis is based on interviews conducted with 81 representatives of Organizations of persons with disabilities (OPDs) based in Iraq. Of the 81 respondents, 59 were male, 22 were female. 96 per cent of respondents were persons with disabilities.<sup>2 3</sup>

The report outlines five main findings that cover the barriers experienced by persons with disabilities in Iraq, key challenge faced by OPDs and OPD key priorities:

### Barriers experienced by persons with disabilities

1. There is a general lack of knowledge and understanding of disability inclusion and the rights of persons with disabilities by families, communities, teachers, humanitarian staff and government officials. This results in stigma, isolation, and exclusion of persons with disabilities. Communities lack the knowledge on how to include and respectfully embrace children and adults with disabilities. Additionally, community members have a limited understanding of the rights of persons with disabilities. Many persons with disabilities are excluded from cultural, social, art and sport activities in their communities due to negative attitudes, accessibility and cost. Many families in Iraq do not understand disability inclusion and the rights of persons with disabilities. Women with

disabilities are particularly isolated as social customs prevent them from accessing the support they need. Thus, the level of inequality between women with disabilities and men with disabilities is significant and places women with disabilities at a further disadvantage.

2. Most persons with disabilities have little to no income. They are excluded from livelihood opportunities, such as vocational training, employment, and business development support. In addition, many are not able to access social protection payments. Many persons with disabilities are unemployed with limited access to skills training, opportunities for employment or business development support. This means that they have little to no income and struggle to afford their basic needs. Women with disabilities have even fewer job opportunities compared to men with disabilities. More recently, COVID-19 restrictions have led to persons with disabilities to be even more isolated due to a decrease in livelihood opportunities, social distancing and OPD activities being put on hold. Many persons with disabilities reported not being able to receive social protection payments.
3. Persons with disabilities experience difficulties in accessing education, public places, transport and healthcare due to inaccessibility and negative attitudes. Additionally, they experience challenges accessing assistive devices and accessible communication due to unavailability and high cost. The Iraq education system currently struggles to include children with disabilities, with many children with disabilities refused entry to schools. In Iraq, public buildings and areas are not accessible. Many public buildings lack ramps or elevators and streets and sidewalks are difficult to navigate due to rubbish, obstacles and lack of tactile paving and signage. Moreover, transportation is expensive and many persons with disabilities are unable to afford it. Persons with disabilities also have difficulty accessing many services, in particular health services, due to access, attitudes and cost. Overall, there is a general lack of assistive devices, including wheelchairs, crutches, prostheses, white canes, glasses and hearing aids. Communication barriers also affect the lives of persons with disabilities in Iraq due to low literacy, lack of braille and screen reading software, and lack of knowledge of sign language and sign interpreters.

1. United Nations Assistance Mission for Iraq (UNAMI)/Office of the High Commissioner for Human Rights (OHCHR), 2016a, *Report on the Rights of Person with Disabilities in Iraq*.

2. Disability data was collected using the Washington Group Short Set of Questions. 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. Any respondents that responded "no difficulty" or "a little difficulty" to all six questions were then asked, "Do you identify as having a disability?" If they answered yes, they were recorded as having a disability for the purposes of the consultation.

3. There were three respondents that were interviewed that did not have a disability. Two respondents were parents of children with disabilities, and one was a family member of a deaf person and is the spokesperson for the deaf-specific OPD.

### Key challenges experienced by OPDs

4. The lack of funding and support from governments, humanitarian and development agencies drastically affects OPD's ability to carry out their mandate of representing persons with disabilities, and to plan and implement activities. The lack of funding creates difficulties in meeting the cost of office rent, administrative needs, and activities. It also affects the OPD members' ability to travel to meetings and events, conduct field visits, and ensure the physical accessibility of offices and activity locations/centres. This has also impacted OPDs' ability to carry out activities to support persons with disabilities in their communities.

### Key priority of OPDs

5. The key priority identified by OPDs is to improve the knowledge and understanding of disability at all levels through awareness and advocacy on rights of persons with disabilities. Specific areas advocacy and awareness areas include COVID-19, laws, inclusive education and accessible livelihoods opportunities. Important advocacy areas identified by OPDs include inclusive education, COVID-19 prevention and response, strengthening disability and related laws, and increasing livelihood opportunities for persons with disabilities. These awareness and advocacy areas are also critical for addressing barriers that may hinder persons with disabilities from participating in society on an equal basis with persons without disabilities.

These findings produced a set of recommendations which are explained in full in the report. Here, we highlight key recommendations and examples of specific actions to be taken, by way of general guidance for humanitarian and development agencies:<sup>4</sup>

1. Ensure that government, humanitarian and development actors have a rights-based understanding of disability, disability-inclusive approaches, and the role of OPDs. This can be addressed by organizing awareness raising sessions, (social) media campaigns, and advocacy events and publications. Such awareness raising should ideally be organized and carried out in partnership with persons with disabilities and their representative organizations, as this approach provides a powerful opportunity for the audience to understand disability issues and the barriers that exist for persons with disabilities.

2. Facilitate an active, empowered, and central role for persons with disabilities and OPDs in humanitarian and development programming. Disability inclusive humanitarian and development action is both a process and an outcome. By engaging persons with disabilities in the process, we will also improve the outcomes for persons with disabilities by increasing knowledge of disability inclusion. Examples of actions that can be taken include consulting with persons with disabilities and OPDs through meetings, key informant interviews, focus group discussions, and larger consultations. Furthermore, persons with disabilities should be engaged in active roles on committees, data collectors, members of accessibility audit teams, trainers, volunteers, focal points and staff.
3. Allocate funding to progress disability inclusion. Disability inclusion requires funding. Humanitarian and development organizations should ensure they allocate funds within their organizational budgets to incorporate disability inclusion within their organization and projects. Actions that could be taken include providing consistent funding to OPDs, mainstreaming disability inclusion into existing budget lines rather than budgeting for separate disability related activities, budgeting for accessibility measures and reasonable accommodations during consultations, project activities, and events.<sup>5</sup>
4. Prioritize livelihoods opportunities for persons with disabilities by identifying and addressing barriers experienced by persons with diverse disabilities to mainstream vocational training, employment, and business development support. Humanitarian and development agencies should prioritize the inclusion of persons with disabilities in their existing and future livelihood programming. All livelihoods opportunities for persons with disabilities should align with a rights-based approach by ensuring choice and autonomy and recognizing different experiences, knowledge, and capacity. This means that creating separate, disability-specific livelihoods opportunities for persons with disabilities should be avoided.<sup>6</sup>

4. These agencies include members of the United Nations Country team (UNCT), national and international NGOs, and local CSOs and other international and local stakeholders.

5. Reasonable accommodations refers to modifications or adjustments made for a person with disability who requires them to facilitate participation on an equal basis with others. Reasonable accommodation must be provided on demand.

6. It is more effective and inclusive to involve persons with disabilities in existing mainstream livelihoods projects than to carry out separate activities for them. Mainstreaming ensures persons with disabilities are not stereotyped or placed in stereotypical roles (for example, only offering women with disabilities the opportunity to do a sewing course or excluding all persons with disabilities from physically demanding work).

5. Identify and address barriers experienced by persons with disabilities that arise within programming carried out by humanitarian and development agencies, particularly in the fields of education, health, and mental health and psychosocial support. Without a deliberate approach to disability inclusion, programmes are likely to further marginalize persons with disabilities who already experience significant levels of poverty and marginalization. Examples of preventative measures to mitigate this outcome involve incorporating disability-inclusive measures in programme proposals and designs, conducting awareness for humanitarian agency staff on the importance of including persons with disabilities in programmes, and ensuring a budget for reasonable accommodations inside projects.
6. Collect, analyze and report disability disaggregated data to inform programming and develop evidence. Disability disaggregated data can ensure more accurate identification of persons with disabilities, inform planning and determine

whether programming is reaching and benefitting the target group on an equal basis. The Washington Group Short Set of Questions (WGSSQ) should be used when collecting data at individual and household level.<sup>7</sup>

7. Resource further investigation of complex issues in relation to disability in Iraq, and then implement subsequent recommendations. This study was carried out as a rapid investigation to produce an initial understanding of the issues faced by persons with disabilities and their representative organizations. Many issues are complex and require further investigation. Topics for further investigation include the situation of social protection payments for persons with disabilities, the limited knowledge and use of sign language by deaf and hard of hearing persons and the experiences of internally displaced persons with disabilities and refugees with disabilities.<sup>8</sup>



Figure 1: Tali facilitating media training for grant recipients in Sinjar. © IOM Iraq

7. For more information, please see IOM Iraq's *Guidance on using the Washington Group Short Set of Questions on Disability to collect disability data in Iraq* [available in English and Arabic](#).
8. The investigation should be guided by the World Federation of the Deaf's (WFD) global recommendations. Specifically, it recommends against transplanting sign language from one country to another because sign language should be influenced by the culture, heritage and traditions of each country. In 2009, WFD made a specific [statement](#) calling for the discontinuation of the unification of Sign languages in the Arab Region.



## INTRODUCTION

In 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 seeks 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.<sup>9</sup>

In 2020, IOM Iraq's Community Stabilization Unit (CSU) developed the Framework: *CSU's approach to mainstreaming disability inclusion into programming in 2020* to ensure the inclusion of persons with diverse disabilities in all CSU projects and initiatives. One activity under this framework was to hold

field-based, participatory, group consultations with OPDs in nine governorates where CSU operates to identify barriers, challenges and priorities of OPDs to inform programming. However, unfortunately IOM Iraq could not implement consultations in 2020 due to COVID-19 restrictions. Therefore, IOM Iraq sought to conduct a rapid consultation with OPDs across Iraq's 18 governorates. The rapid consultation is the first phase of consultation with OPDs. In the next phase, IOM Iraq staff and implementing partners will utilize this report's findings and recommendations to follow up and continue to consult, collaborate and engage with OPDs.



Figure 2: Accessibility works on IOM Community Centre in Dohuk Governorate © IOM Iraq

9. Use of word requirements: Human needs (for food, shelter, health services, etc.) are universal for persons with and without disabilities. Persons with disabilities may require specific actions to meet these universal human needs. These actions can include the provision of personal assistance, various forms of communication or adaptations in physical accessibility. Rights-based actors usually replace term “needs” with the term “requirements,” because this places the emphasis on realizing their rights.

## BACKGROUND

Persons with disabilities in Iraq have been disproportionately impacted by the decades of war, armed conflict, terrorism, violence and the economic hardship.<sup>10</sup> The Federal Government of Iraq, Kurdistan Regional Government, United Nations agencies, international non-governmental organizations and civil societies are making efforts toward addressing the multiple, intersecting barriers faced by persons with disabilities.<sup>11</sup> Unfortunately, these efforts have been hampered by a lack of resources, competing institutional priorities, insufficient institutional will and the prevalent use of the charity approach, where persons with disabilities are pitied, rather than empowered, through a rights-based approach to disability inclusive mainstreaming.<sup>12</sup>

An estimated 15 per cent of the world's population has a disability. Eighty per cent of persons with a disability living in low- and middle-income countries, such as Iraq.<sup>13</sup> Currently, there are no accurate statistics on the number of persons with disabilities living in Iraq. Government statistics vary between 0.9 per cent and 8.4 per cent.<sup>14 15 16</sup> However, Iraqi disability advocates and disability-specific international organizations have reservations about these figures, suggesting that the actual numbers are higher. Given that the rate of disability is likely higher in humanitarian settings, it is probable that Iraq's estimate exceeds the global average of 15 per cent.<sup>17 18</sup> Similarly, 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.<sup>19</sup>

The Federal Government of Iraq ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2013. Despite the estimated size of Iraq's disability population, there has been little consultation among persons with disabilities and their representative groups by government and humanitarian and development agencies. 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 gap, this report draws upon interviews with OPD representatives to inform disability inclusive policy and programmes.

## TERMINOLOGY

This report utilizes the following terminology:

### Persons with disabilities:

Disability is conceptualized using a rights-based approach, guided by the United Nations 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."

### Organizations of persons with disabilities (OPDs):

The 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.<sup>20</sup> They 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.

10. UNAMI/OHCHR, 2016a.

11. UNAMI/OHCHR, 2016a.

12. IOM Iraq, 2019a, *Disability Inclusion Strategy 2019 – 2021*.

13. World Health Organization (WHO) & World Bank, 2011a, *World Report on Disability*.

14. The methods used to collect data on disability are not known.

15. WHO & World Bank, 2011a.

16. Mentioned in *IOM Iraq Disability Inclusion Strategy* as Department of Health, but no reference was provided.

17. IASC, 2019a, *Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*.

18. Due to the lack of available data, the *Iraq Humanitarian Needs Overview (HNO) 2020* uses a global estimate of 15 per cent.

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

20. This report uses the term "Organizations of persons with disabilities;" other common terms include Disabled Persons Organizations, DPOs, representative groups of persons with disabilities and the disability movement.

Organizations of persons with disabilities include umbrella and coalition organizations, impairment specific organizations, formal organizations or informal groups, organizations including family members and/or relatives of persons with disabilities, self-advocacy groups, organizations of women with disabilities or organizations of children and youth with disabilities, among others.<sup>21</sup> CRPD General Comment No. 7 notes OPDs “are not affiliated, in the majority of cases, to any political party and are independent from public authorities and any other non-governmental organizations of which they might be part/members of.”<sup>22</sup> In Iraq, however, OPDs are often affiliated with political parties and with government departments.

This report distinguishes between OPDs, which are organizations led, directed, and governed by persons with disabilities, and disability-specific civil society and international organizations which provide services and/or advocate on behalf of persons with disabilities, but do not have leadership primarily made up of persons with disabilities (and therefore are not viewed as OPDs).

#### Disability inclusion:

Disability inclusion ensures the meaningful participation of persons with disabilities in all their diversity. It enables the promotion of their rights and the consideration of disability-related perspectives, in compliance with the CRPD.

### ORGANIZATIONS OF PERSONS WITH DISABILITIES' GLOBAL ENGAGEMENT

Governments are required to consult and involve persons with disabilities through their OPDs in the implementation and monitoring of the CRPD.<sup>23</sup> This emphasis on participation of persons with disabilities is a response to their systematic exclusion from consultation and decision-making mechanisms related to design, planning and monitoring of policies, programmes and services that affect their lives and communities.<sup>24</sup>

A global study on the participation of OPDs in policies and programmes found that OPDs were displeased with the level of engagement with their governments and they are even less engaged with UN and funding agencies. The study also found that when OPDs are engaged, it is often with disability-specific

agencies.<sup>25</sup> For instance, the majority of work by humanitarian actors to address disability inclusion are through established formalized processes (e.g., rapid needs assessments), which are constrained by limited time and budgets, and as such, are rarely conducive to open dialogue and reflection involving OPDs. This often results in humanitarian agencies taking short cuts, bypassing local OPDs, and consequently, the development and implementation of sub-standard disability-inclusive humanitarian responses.<sup>26</sup>

### ORGANIZATIONS OF PERSONS WITH DISABILITIES' ENGAGEMENT IN IRAQ

There is a lack of empirical evidence in English or Arabic regarding the consultation and active involvement of OPDs in policy planning and implementation, including humanitarian and development programmes and services by government, and humanitarian and development agencies in Iraq. Currently, persons with disabilities and their representative groups are not consulted as part of humanitarian and development planning mechanisms. The few existing reports provide some information on how OPDs have been engaged and/or supported, often in relation to disability-specific activities in limited sectors, rather than more broadly on issues of concerns for Iraqi citizens. For instance, some Iraqi OPDs reviewed, validated and provided their feedback and recommendations on the final draft of the *Parallel Report for the Government's Report on The Convention on the Rights of Persons with Disabilities*.<sup>27</sup>

Yet, there is some interest by Federal Government of Iraq and Kurdistan Regional Government (KRG) to acknowledge the role of OPDs. For example, Law No. 38 of 2013 states that seven seats on the Commission for Care of Persons with Disabilities and Special Needs must be allocated to OPD representatives.<sup>28</sup> The Kurdistan Regional Government Law No. 22 (2011) requires that representatives of OPDs and ministries are a part of the Council for the Care and Rehabilitation of Persons with Disabilities and Special Needs.<sup>29</sup>

Although some activity is occurring, OPD engagement in Iraq is still severely limited. Therefore, effective consultations with persons with disabilities through OPDs could provide information to inform planning and implementation of disability inclusion practices in Iraq.

21. CRPD General Comment No. 7, 2018a.

22. CRPD General Comment No. 7, 2018a.

23. CRPD Article 4.

24. Bridging the Gap, 2020a, *The unsteady path: Towards meaningful participation of Organizations of Persons with disabilities in the implementation of the CRPD and SDGs. A pilot study*.

25. International Disability Alliance, 2019a, *Global Survey on DPO Participation in Development Programmes and Policies: Initial report*.

26. Al Jubeh, K. and Abdalla, A., 2020a, *A participation revolution: creating genuine dialogue and partnerships between humanitarian actors and the disability movement*.

27. Iraqi Alliance of Disability Organizations, 2019a, *The Parallel Report for Government's Report on The Convention on the Rights of Persons with Disability (CRPD)*.

28. Iraqi Alliance of Disability Organizations, 2019a.

29. Committee on the Rights of persons with Disabilities, 2015a, Initial report submitted by Iraq under article 35 of the Convention.

## PURPOSE

As mentioned previously, information on persons with disabilities and their representative organizations is extremely lacking in Iraq. To address the knowledge gap, IOM Iraq commissioned a rapid consultation as the first step in presenting information on the barriers that persons with disabilities and their representative organizations experience.

The purpose of this rapid consultation with OPDs was to:

1. Identify the barriers experienced by persons with disabilities as reported by representatives of OPDs.
2. Identify the challenges and priorities of OPDs.
3. Gather information that would be used to:
  - a. Validate the existing mapping of OPDs carried out by IOM Iraq's CSU in early 2020, which will be used to produce a directory of OPDs by governorate.

- b. Develop two-page summaries of barriers experienced by persons with disabilities and OPDs' challenges, priorities and key messages for the nine governorate that IOM Iraq's CSU works in.
- c. Gather key messages from OPDs that IOM Iraq could use for advocacy and awareness activities, such as scripts for advocacy videos.

This report aims to answer the first two questions of the rapid consultation, namely:

1. What are the barriers experienced by persons with disabilities in Iraq?
2. What are the key challenges and priorities of OPDs in Iraq?



Figure 3: Dastan being filmed for a disability inclusion advocacy video in Kirkuk © IOM Iraq

## METHODOLOGY

Information gathered for this report was based on the formative inquiry approach to collect and summarize information from OPD representatives.

Data was gathered through in-country phone interviews in Arabic and Kurdish with 81 key informants from 18 governorates in October 2020. Initial mapping carried out by IOM Iraq's CSU between April to June 2020 identified over 50 OPDs in all 18 governorates. This list was reviewed and endorsed for consultation by the Iraqi Alliance of Disability Organizations. The criteria mandated the interview at least 23 per cent female respondents. When interviewing a representative of an impairment-specific OPD, IOM Iraq's strong preference was to speak to a representative with that specific impairment type. It was also aimed to interview at least three respondents per governorate.

A team of 16 data collectors from IOM Iraq's Research team conducted the interviews by phone. They were based in Baghdad, Kirkuk, Erbil, Ninewa, Basrah, and Sulaymaniyah.

In total, 81 respondents were interviewed, aged between 22 and 70 years old. Seventy-three percent (N=59) of respondents were male, 27 percent (N=22) were female and 96 percent (N=78) of all respondents had a disability.<sup>30 31</sup> The respondents represented 53 OPDs and 15 disability-specific local civil society organizations (CSO) and government entities.<sup>32</sup>



Respondents estimated that the collective membership of these organizations is approximately 172,250 persons with disabilities. Eighty-seven interviews were planned, but only 81 interviews were conducted due to unanticipated issues, including instances in which individuals declined the interview.<sup>33</sup>

Interviews were conducted using a semi-structured questionnaire containing 33 questions (See Annex B). The responses from seventeen questions from that survey form the backbone of this report, while the remaining questions served to validate IOM Iraq's mapping of OPDs. Considering that this investigation was the first phase of IOM Iraq consultations, the questions focused on collecting basic information to inform upcoming programming. The questionnaire was developed in English and then translated into Arabic. Prior to implementation, the questionnaire was tested by experienced data collectors who identified and addressed issues related to validity, reliability, and ethical standards for efficient and effective use of translated questionnaires.

A number of additional, reasonable accommodations were used to ensure meaningful participation of OPD representatives with disabilities in the consultation. Prior to beginning data collection, local data collectors received training on disability inclusion, how to interact respectfully with persons with disabilities, how to ask the WGSSQ, and how to administer the questionnaire.<sup>34</sup> During data collection, respondents were first asked if they required any additional support to participate in the interview. Additionally, some OPDs were contacted in advance of interviews to identify and provide support to meet specific requirements for assistance. For instance, deaf-specific OPDs were contacted prior to commencing data collection, thus allowing the deaf respondent or IOM to arrange for a sign interpreter.

OPDs were contacted prior to commencing data collection, thus allowing the deaf respondent or IOM to arrange for a sign interpreter.

30. Disability data was collected using the WGSSQ. 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. Any respondents that responded "no difficulty" or "a little difficulty" to all six questions, were then asked "Do you identify as having a disability?" If they answered yes, they were recorded as having a disability for the purposes of the consultation.

31. There were three respondents that were interviewed that did not have a disability. Two respondents were parents of children with disabilities, and one was a family member of a deaf person and is the spokesperson for the deaf-specific OPD.

32. OPD was classified by asking respondents, "are most of the leaders of your organization, persons with disabilities?"

33. Reasons include one respondent working for the government, another declined to be interviewed because (previously) many organizations promised assistance but did not keep that commitment, and others were unreachable.

34. The WGSSQ asks about six core domains of function; that is, the questions seek to determine how much difficulty a person has in performing basic functions (walking, seeing, hearing, cognition, self-care and communication), rather than about disability directly. The WGSSQ is also the internationally recognized method to ask about disability in humanitarian settings.

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. Interim findings and recommendations were validated through an online meeting in Arabic and with a sign language interpreter. This involved nine persons with disabilities representing OPDs from six governorates. In addition, two persons with disabilities representing OPDs from two governorates reviewed and provided feedback on the final draft of the report, in Arabic and Kurdish prior to publication.

### LIMITATIONS AND CONSTRAINTS

This report has the following limitations and constraints:

- Due to time constraints, this initial consultation does not incorporate a desk review of empirical evidence on persons with disabilities and OPDs. Such desk review is recommended in future to support a deeper understanding.

- Interviews were conducted in Arabic and Kurdish and were subsequently translated into English for the data analysis, which may have unintentionally introduced a different understanding of personal reflections.
- No persons with intellectual disabilities or severe mental disorders were interviewed as part of this consultation.<sup>35</sup> This was largely due to the fact there were no impairment-specific OPDs identified which represent these groups of persons and they did not hold leadership positions in other OPDs.
- This report only investigates the experience of persons with disabilities who live in urban areas where there are OPDs present. It does not investigate the experiences of internally displaced persons with disabilities or refugees with disabilities, as there are no known OPDs in camps in Iraq.
- It was difficult to locate females with disabilities as representatives of OPDs.

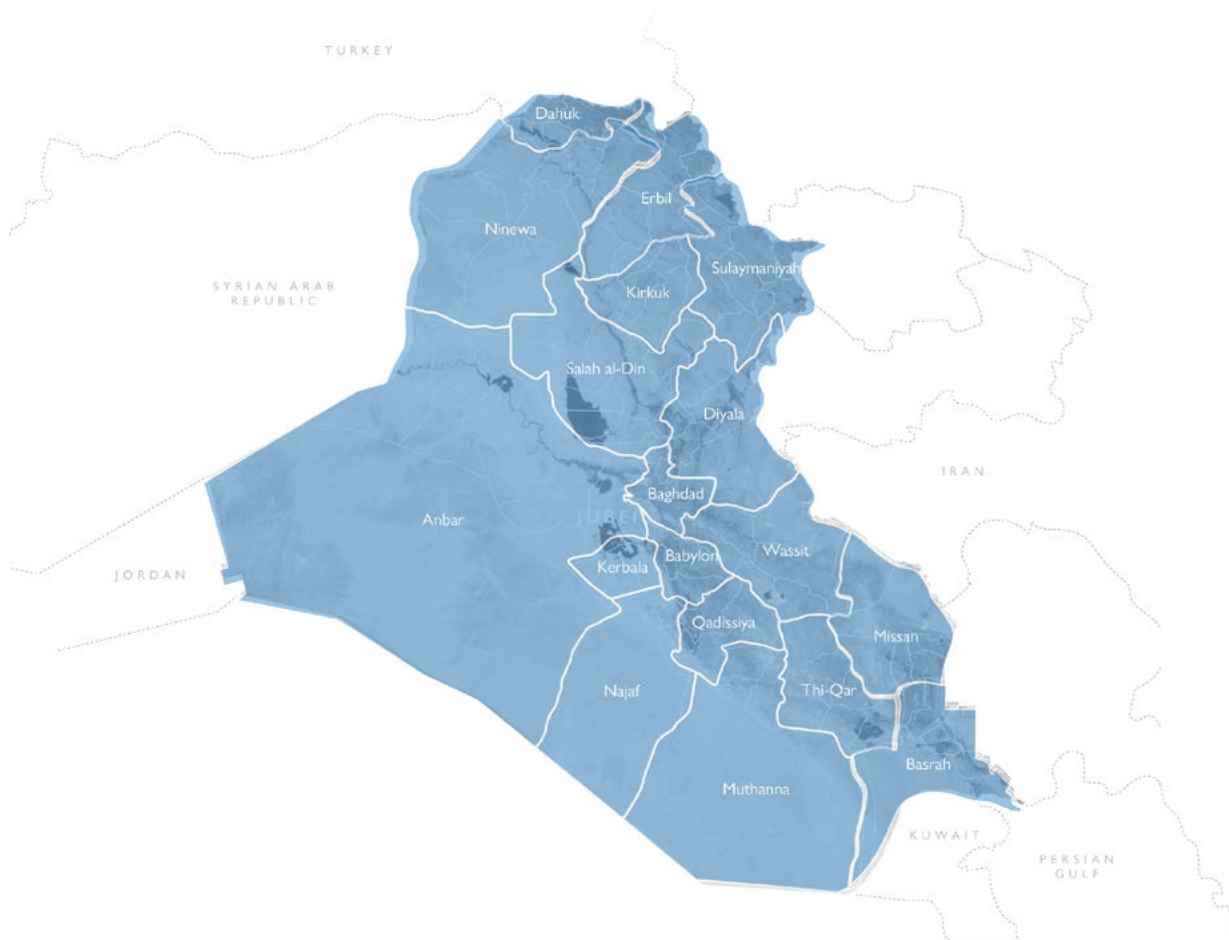


Figure 4: Map of Iraq showing 18 governorates

35. Term used by IOM MHPSS programming to describe persons with psychosocial disabilities.

## FINDINGS

The section below outlines the main findings of the consultations with OPDs and presents information on the barriers experienced by persons with disabilities, the key challenge experienced by OPDs, and the key priority of OPDs:

### BARRIERS EXPERIENCED BY PERSONS WITH DISABILITIES

1. There is a general lack of knowledge and understanding of disability inclusion and the rights of persons with disabilities by families, communities, teachers, humanitarian staff and government officials. This results in stigma, isolation and exclusion of persons with disabilities.

#### Limited understanding of disability inclusion by community members leads to active exclusion

Communities lack knowledge on how to include and respectfully embrace children and adults with disabilities. Many community members do not know and use respectful terms for disability. Persons with disabilities experience bullying, ridicule and offensive comments due to a lack of understanding of disability. For instance, deaf persons are bullied and are generally fearful of being bullied when leaving their homes. As a result, many persons with disabilities choose not to leave their homes, as a respondent of short stature noted:

*“We face a lot of ridicule when making field visits, and this behaviour is deep-rooted resulting from ignorance, so there are many calls for widespread awareness and protection of little persons.”*

Male respondent of short stature, Baghdad Governorate

In addition, with a limited understanding of the rights based approach to disability, community members display pity toward persons with disabilities and deem them to be incapable of self-sufficiency. Respondents shared that this stigma does not recognize the abilities of persons with disabilities and the contribution they can make to communities. When persons with disabilities are not (seen to be) active members of their communities, they become isolated and marginalized. This affects them psychologically, leading to feelings of guilt, worry, and fears for the future.

Many persons with disabilities are excluded from community cultural, social, art and sport activities due to negative attitudes of community members, lack of access and cost. This leads to isolation. Some OPDs have tried to negate this effect by organizing their own socializing opportunities for their members, such as forming sports teams and running sports tournaments.

*“We receive offensive remarks in the parks such as, “you are disabled, why don’t you stay at home.”*

Female respondent with a physical disability, Diyala Governorate

#### Families do not understand disability inclusion and thus actively isolate family members with disabilities

Many families in Iraq do not understand the rights of persons with disabilities. Family members with a disability are often seen as a burden, are not encouraged to access services nor supported to engage with their local OPD. Some families hide the fact that they have a child with a disability due to fears of public bullying. Some families neglect their children with disabilities. Other families allow their children with disabilities to participate in their community but only through specific activities, such as going to school.

*“Families of people with disabilities are upset to have a family member with a disability in their family and they don’t give enough care and attention and the medical visits diminish, no schools or even small walks to parks.”*

Female respondent with a vision impairment, Diyala Governorate

#### Women with disabilities are particularly isolated due to social customs compounded by stigma and discrimination associated with their disability

Similar to their peers without disabilities, women with disabilities are extremely isolated due to local customs that limit male-female interaction and restrictions on their movement. However, they experience greater levels of inequalities in comparison to their peers without disabilities due to barriers challenges such as stigma and discrimination associated with their disability.

In some locations, women with disabilities cannot register or engage in OPD activities, including advocacy, due to traditions, safety concerns, family attitudes and lack of confidence. Young women of marriageable age with disabilities are often denied the opportunity to marry and start their own families due to social customs and family attitudes. Furthermore, there may be requests for divorce if either spouse acquires a disability during the marriage. Girls and women with disabilities are often isolated at home or escorted by a family member outside the home (due to fears of sexual assault), which leaves them frustrated, feeling inferior and with low self-esteem.

*“Social discrimination against women with disabilities, this means to become trapped by customs, traditions and disability.”*

Female respondent with a physical disability, Basrah Governorate

Due to customs and traditions related to interactions between male and non-relatives, some women with disabilities have difficulties accessing health care and participating in sports due

to the prevalence of male staff. Consequently, women will often choose not to attend. This also impacts women with disabilities' ability to gain employment.

**Persons with disabilities experience frustration interacting with government officials on disability issues.**

For many years, OPDs have unsuccessfully petitioned the government to address issues including accessibility in public infrastructure and education. Most of the time, there has been no response or action and consequently, OPDs report feeling ignored and excluded. Respondents stated this has led to frustration and a lack of trust. Participants pointed out several circumstances that contributed to their frustrations, including the amount of time needed to set up and confirm government appointments; government officials cancelling meetings at the last minute; receiving little follow-up responses or actions; and experiencing difficulties in getting required authorizations to carry out their work.



Figure 5: Woman cooking meal for her family in her home in Erbil Governorate. © IOM Iraq



Persons with disabilities were also frustrated that disability issues are often only seen as a priority for voter registration in the leadup to government elections. They also reported minimal interest from government outside of this period.

*“The challenges we face in the community are nothing compared to those challenges that hinder the implementation of our work when we apply or claim something from the government.”*

Deaf male respondent, Kirkuk Governorate

2. Most persons with disabilities have little to no income. They are excluded from livelihood opportunities, such as vocational training, employment, and business development support. In addition, many are not able to access social protection payments.

### The lack of income has negative financial and psychosocial implications for persons with disabilities

Many persons with disabilities are unemployed with limited to no access to skills training, opportunities for employment, or business development support. This means that they have little to no income and struggle to afford their basic needs, including housing and transportation. This has extreme financial and psychosocial implications. The lack of opportunities to earn income as an employee or through self-employment and lack of access to social protection payments has led to feelings of worry and isolation. This has occurred even if families were financially supportive of their family member with a disability. Additionally, a lack of income has put immense pressure on relationships, thus resulting in separation or divorce. Furthermore, when persons with disabilities do not have an income to begin with, they cannot marry or start a family. Respondents recognize that having a job would provide persons with disabilities with many benefits, such as inclusion in the community, independence, dignity, and improved living conditions.

*“It is better to solve persons with disabilities’ issues by helping them to help themselves, like job opportunities, instead just helping them temporarily within a particular time and project.”*

Male respondent with a physical disability, Dohuk Governorate

### Women with disabilities face even more barriers than men with disabilities to accessing an income

Women with disabilities have even fewer job opportunities compared to men with disabilities. For instance, respondents noted that many of women with disabilities can create handicrafts, but they lack access to markets to sell their products. Customs and traditions related to interactions between male and non-

relatives also impact the ability of women with disabilities to gain employment. Respondents spoke about the need for economic empowerment activities which prioritize women with disabilities.

*“The challenges for the women [with disabilities] are much more because there are few job opportunities to compare with men [with disabilities] and due to the obstacles [posed] by the culture and tradition in the community.”*

Female respondent with a physical disability, Sulaimanyah Governorate

### COVID-19 restrictions have significantly impacted income sources for persons with disabilities

More recently, COVID-19 restrictions have led to persons with disabilities becoming even more isolated due to a decrease in livelihood opportunities, social distancing, and OPD activities being put on hold. Some persons with disabilities have lost or cannot access their jobs due to lockdown, and businesses own by some persons with disabilities have closed. For persons with disabilities who have become unemployed, the loss of their livelihoods has had a psychosocial impact as they become more disengaged from their families and community life.

*“The living condition of many deaf people who depend on daily wages deteriorated because the majority lost their jobs during the lockdown period.”*

Deaf female respondent, Najaf Governorate



Figure 6: © IOM Iraq

### Persons with disabilities are experiencing difficulties in accessing and maintaining social protection payments

Many persons with disabilities reported not being able to receive social protection payments. Reasons stated included ineligibility; the medical test or government facilities being inaccessible; high cost of transportation; sponsor is required to accompany them; medical test results being delayed due long processes and complicated procedures and inability to access centres due to COVID-19 restrictions. When persons with disabilities do receive social protection payments, they are very low. Thus, persons with disabilities are unable to meet their own needs and become dependent on charities to meet their basic needs, including additional disability costs.<sup>36</sup> COVID-19 restrictions have also impacted their ability to access social welfare centres, resulting in the social protection payments being cut.

*“Most [persons with disabilities] do not complete their medical report due long processes and complicated procedures, and they lose their social welfare payment, which puts more burden on the people with disabilities.”*

Female respondent with a vision impairment, Basrah Governorate

3. Persons with disabilities experience difficulties in accessing education, public places, transport and healthcare due to inaccessibility and negative attitudes. In addition, they experience challenges accessing assistive devices and accessible communication due to unavailability and high cost.

### Children with disabilities are not able to access an education

Federal Iraq and KRG education systems currently struggle to include children with disabilities, with many children with disabilities refused entry to schools. Schools have refused entry due to challenges such as teachers lacking relevant expertise and resources to implement inclusive education in their classes or inaccessible school infrastructures. Schools lack materials such as audio books or books in braille, and they do not teach using sign language. Children with intellectual disabilities are not catered for. Some children with disabilities are not allowed to attend middle and secondary school with peers without disabilities. In some cases, they complete high school but cannot attend universities. Children with disabilities are also subjected to bullying and cruel taunts by their peers, which has resulted in children not wanting to go to school or families keeping their children away from schools.

The move to online learning due to COVID-19 restrictions has created difficulties for students with vision impairments as they currently use braille and reading machines which are not used in remote learning. Respondents reported that children with disabilities experience psychosocial issues as a result of their exclusion from school and education. There are some positive reports of schools in the KRI including children with disabilities. OPDs have prioritized inclusive education awareness to Education Departments, school administration and teachers and community members in local municipalities. But much more is needed, particularly in priority areas identified by respondents. They include the need for accessible school infrastructure in all mainstream schools, more special education classes, the implementation of inclusive education in mainstream schools and accelerated learning support for children who have missed school to help them catch up.

*“Recently, we conducted a questionnaire to know the proportion of educated persons with disabilities and the results were shocking, as more than 85% of the sample is without a primary education and this is the biggest problem we face.”<sup>37</sup>*

Male respondent with a physical disability, Najaf Governorate

### Public areas and buildings are not accessible for persons with disabilities

In Iraq, public buildings and areas are not accessible as many public buildings lacking ramps or elevators. Streets and sidewalks are difficult to navigate due to rubbish, obstacles and lack of tactile paving and signage. These streets and sidewalks also have high traffic at all hours, requiring a support person to accompany some persons with disabilities at all times. Some persons with disabilities have been injured on the streets due to these obstacles. Social venues, such as restaurants, are not accessible. Many locations do not have venues where persons with disabilities can come together to meet as a group of persons with disabilities and/or participate in activities alongside persons without disabilities. Respondents shared that having venues where persons with disabilities meet is one of their key priorities.

*“[Persons with disabilities] have faced car accidents when they get out from home or passing across the streets.”*

Male respondent with a vision impairment, Sulaimanyah Governorate

36. This refers to the higher expenditure of persons with disabilities and their households compared to the rest of the population. Extra costs commonly stem from specific goods and services (e.g., mobility devices, personal assistance, accessible housing) and/or lack of access to general goods and services (e.g., using taxis where public transportation is not accessible).

37. This survey result is only from this respondent. There are no known statistics on the numbers of persons with disabilities in Iraq who have not accessed education.

### Persons with disabilities are not able to access or use transport options

Transport is not accessible, with no allocated seating for persons with disabilities. Some persons with disabilities are concerned about being transported to the wrong destination due to communication barriers with transport providers. Transportation is expensive, and many are unable to afford it on their limited incomes. Additionally, most transport drivers will not offer support to persons with disabilities to access the vehicle. Women with disabilities reported additional challenges using transport as they cannot ask for help from unrelated men due to local customs.

*“... unable to afford high cost of private transportation including taxi.”*

Male respondent with vision impairment, Basra Governorate

### Persons with disabilities are not able to access healthcare services

Persons with disabilities have difficulty accessing many services, in particular health services due to access, attitudes and cost. Medication and treatment costs are expensive and persons with disabilities often do not have money to pay for doctors. Due to the lack of quality services in existing health systems, many persons with disabilities aspire to seek medical treatment overseas, which they often cannot afford. When accessing services, persons with disabilities experience difficulties due to long queues at hospitals and medical centres, and in many cases, the health facilities not being physically accessible with ramps or elevators to access the upper floors.

*“When we visit medical clinics, we face problems because we live in a country where doctors did not think of persons with disabilities... I visited one of the medical clinics for the purpose of treatment and did not imagine how hard and painful it was to reach the second floor due to the lack of an elevator.”*

Female respondent with a physical disability, Kirkuk Governorate



Figure 7: Street in Erbil © IOM Iraq

Respondents also shared that persons with disabilities require MHPSS due to the psychosocial impact of a lack of income, exclusion from education and healthcare and the experiences of abuse, and stigma and isolation. In some instances, some persons with disabilities having thought about or made suicide attempts.

#### Assistive devices and other disability specific services such as physiotherapy are hardly available in Iraq

There is a general lack of assistive devices, including wheelchairs, crutches, prostheses, white canes, glasses and hearing aids (and batteries – which are not available in some governorates). Those that are available are often expensive, which means most persons with disabilities are unable to independently afford them. This has led to persons with disabilities losing their independence and depending on others. OPDs often put out calls on social media for donations for wheelchairs or treatment-related costs.

*“For example, we were approached by a family who could not afford the cost of a wheelchair for their disabled child, we have collected donations from friends and neighbours and OPD female members to secure the wheelchair.”*

Female respondent with a physical disability, Anbar Governorate

Additionally, there is limited availability of rehabilitation services and staff, including physiotherapy services, relative to the number of persons with disabilities who require treatment. There is also limited support services for persons with intellectual disabilities. Other persons with disabilities, such as deaf persons, experience difficulty communicating with staff when accessing health care either due to not knowing sign language and or the lack of available sign language interpreters. Requests have been made to governments for a health insurance/benefit and subsidised treatment for persons with disabilities who need continued health care, but so far this, has gone unaddressed.

#### Persons with disabilities experience many challenges in communication

Communication barriers also affect the lives of many persons with disabilities in Iraq. Low literacy levels due to exclusion from education of some persons with disabilities affect their ability to use social media and access information. Persons with vision impairments are still reliant on braille due to lack of access to and affordability of smart devices and screen reading software. They seek materials and books printed in braille. Deaf persons who know sign language continue to face challenges as there is a general shortage of sign interpreters throughout the country; deaf persons who did not have the opportunity to learn sign

language are forced to rely on lip-reading and gestures, which are often non-reliable methods of communication and accessing information.

*“The community also needs to know the language of deaf persons, especially in the location where deaf persons are working. So, [sign] language trainings for community is important too.”*

Male respondent with a physical disability, Dohuk Governorate

Deaf persons and persons with vision impairments have difficulty communicating with each other. Consequently, disability-specific OPDs have difficulty collaborating on advocacy messages. Persons with vision impairments, deaf persons, persons with intellectual disabilities and persons with severe mental disorders have experienced considerable difficulty accessing information related to COVID-19 prevention and care.

#### KEY CHALLENGE EXPERIENCED BY ORGANIZATIONS OF PERSONS WITH DISABILITIES

4. The lack of funding and support from governments, humanitarian and development agencies drastically affects OPD's ability to carry out their mandate of representing persons with disabilities and to plan and implement activities.

The most significant challenge that OPDs reported is the lack of funding.<sup>38</sup> A stable annual income is needed to enable OPDs to plan and implement their activities, along with paying staff wages. In situations where OPDs had an income, it was provided through donations from OPD members themselves or individual community members. In some cases, this has reduced or ceased due to the impact of COVID-19. Some OPDs in the KRI received funding from government prior to 2014, but this funding stopped due to the economic situation. The absence of funding creates difficulties in meeting the costs associated with office rent, administrative needs, and activities. Some OPD members use their own money to pay for rent and electricity, and others were forced to close their offices due to an inability to pay rent. Other OPDs struggle to purchase office supplies and assets, and members are continually volunteering their time carry out the work.

*“The major challenge is the lack of funding and the lack of donors, which has impacted on our activities. I started managing the organization two years ago and so far, we have appealed to many government or non-government agencies for support but was in vain.”*

Deaf male respondent, Head of deaf and deafblind OPD, Kirkuk Governorate

38. Other challenges experienced by OPDs were directly related to barriers experienced by persons with disabilities (their members) and have been covered in the first three findings.

The lack of funding also affects the ability of OPD members to travel to meetings and events, to conduct field visits, and to ensure the accessibility of offices and activity locations/centres. Without funding, OPDs are not able to provide or subsidize transportation costs for members and members have little to no income to pay for their own travel costs, especially if accessible transport is required. Respondents shared that if OPDs have funds to pay for transport, members with disabilities could travel independently without having to be accompanied by another person. Without transport support, many persons with disabilities cannot attend OPD meetings and events and continue to be isolated from their peers.

Limited funding has affected the ability of OPDs to carry out activities to support persons with disabilities in the communities. This also promotes a lack of trust by members with disabilities in the OPDs, as the OPDs cannot provide support to members without funding. Respondents shared that when OPDs are not able to carry out their work, persons with disabilities are more likely to become isolated and excluded.

*“The most daunting challenge is the lack of donors. Donations dropped a lot since 2014. This challenge badly impacted OPD members as they are unable to attend the meetings and activities held by our OPD.”*

Male respondent of short stature, President of OPD, Kirkuk Governorate

## KEY PRIORITY OF ORGANIZATION OF PERSONS WITH DISABILITIES

5. The key priority identified by OPDs is to improve the knowledge and understanding of disability at all levels through awareness and advocacy on rights of persons with disabilities. Specific areas advocacy and awareness areas include COVID-19, laws, inclusive education and accessible livelihoods opportunities.

Many OPDs have plans to conduct advocacy and awareness sessions for decision makers and influential persons on how to interact with, include and enable the rights of persons with disabilities; however lack of funding and resources remains a key challenge. Proposed audiences include government staff, district mayors and school principals along with other community members. In addition, OPDs plan to educate persons with disabilities about their rights and how to exercise them. This will be carried out through posters, television, radio, social media and face-to-face activities. OPDs also prefer to set their own agenda for their work, rather than it being prescribed by other agencies.

*“There are many international organizations that impose their activities on our organization. We as an organization have projects and goals that we need support, and we don't prefer to replace our activities with [the funding] organization's activities.”*

Male respondent with a physical disability, Director of OPD, Kirkuk Governorate



Figure 8: National deaf committee members participating in training in Baghdad. © IOM Iraq



Figure 9: Louay addressing audience at International Day of Persons with Disabilities event in Kirkuk

The key advocacy areas are:

- Inclusive education: OPDs advocating to the Ministry of Education to ensure children with disabilities have the opportunity to receive an education.
- COVID-19 prevention and response: COVID-19 has significantly affected persons with disabilities and OPDs plan to ensure that persons with disabilities are well informed on COVID-19 prevention measures by running awareness sessions. In particular, they will ensure this information is accessible and relevant to the requirements of persons with disabilities, especially persons with vision impairment, deaf persons, persons with intellectual disabilities and children with disabilities.
- National Laws: Currently, OPDs have plans to advocate to strengthen the Federal Government of Iraq's Law No. 38

and Kurdistan Regional Government's Law No. 22; both laws are disability-related legislation.<sup>39</sup> <sup>40</sup> In addition, there are plans to advocate for changing specific, existing laws that currently exclude persons with disabilities. For instance, short statured persons are not currently able to obtain a driver licence due to minimum driver height requirements.

- Livelihoods: OPDs plan to engage with government and relevant key stakeholders to advocate for opportunities for persons with disabilities to be engaged in mainstream livelihood activities and employment.

*"My main message to decision makers is to implement the Iraqi labour law regarding persons with disabilities, which states that five per cent of the jobs in the public sector and three per cent in the private companies should be for persons with disabilities."*<sup>41</sup>

Female of short stature, Vice Chair of OPD, Ninewa Governorate

39. Law No. 38 of 2013: on the care of persons with disabilities and specific needs.

40. Law No. 22 of 2011: on rights and privileges of disabled and people with special needs.

41. The respondent incorrectly named the law in this quotation. It is the Federal Government of Iraq Law No. 38 of 2013: Chapter 6, Article 16 which states the public sector shall allocate no less than five per cent of jobs for persons with disabilities, mixed sector must employ one worker with a disability in a workplace less than 30 employees and at least three per cent of all jobs must give given to persons of disabilities where there are more than 60 employees.

## RECOMMENDATIONS

The following recommendations identify the actions humanitarian and development agencies can take to address the barriers and challenges outlined in the report. 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.

### 1. Ensure government, humanitarian and development actors have a rights-based understanding of disability, disability inclusive approaches and the role of OPDs.

Many of the barriers that persons with disabilities face are compounded by the reality that most individuals and agencies in Iraq do not understand disability or have knowledge on the rights-based approach to disability, leading to stigmatization and exclusion. To combat this, it is essential that governments, humanitarian and development agencies strengthen and grow their understanding of disability, disability inclusive approaches and the role of OPDs. This can be addressed through awareness raising sessions, (social) media campaigns and advocacy events and publications. This should ideally be organized and carried out in partnership with persons with disabilities and their representing organizations, as this approach provides a powerful opportunity for the audience to understand disability issues and the barriers that might exist for persons with disabilities.

Specific actions include:

- IOM Iraq to provide technical support to OPDs, enable them to share the findings of this report and other information on the experiences of persons with disabilities with various levels of government.
- Partner with OPDs to deliver disability awareness sessions for all levels of staff from humanitarian and development agencies and where possible, with various levels of government.
- Develop and implement a media campaign in partnership with OPDs on the rights and abilities of persons with disabilities.
- Seek opportunities to advocate for the preconditions to disability inclusion when speaking with the Federal Government of Iraq and the KRG.<sup>42</sup>
- Develop an accessible and inclusive training package/resource on evidence based COVID-19 prevention and care that can be used by OPDs to raise awareness with their members.

### 2. Facilitate an active, empowered, and central role for persons with disabilities and OPDs in humanitarian and development programming.

Disability inclusive development and humanitarian action is both a process and an outcome. By engaging persons with disabilities in the process, we will also improve the outcomes for persons with disabilities by increasing knowledge of disability inclusion. Humanitarian and development agencies should actively include persons with disabilities throughout programme planning, implementation, monitoring and evaluation.

Specific actions include:

- Consult with persons with disabilities and OPDs through meetings, key informant interviews, focus group discussions, and larger consultations.
- Consult under-represented groups including women with disabilities, persons with intellectual disabilities and deaf persons or specific programme areas including IDPs with disabilities or refugees with disabilities.
- Engage persons with disabilities in active roles on committees, data collectors, members of accessibility audit teams, trainers, volunteers and focal points.
- Ensure that any feedback mechanisms which collect input from stakeholders and beneficiaries (such as consultation or assessments) are inclusive of and accessible to persons with disabilities.
- Ensure that funding mechanisms, such as grants, are accessible to persons with disabilities and OPDs. This could include modifying eligibility due diligence procedures to ensure OPDs are eligible, such as encouraging OPDs and Civil Society Organizations (CSOs) to partner if the OPD, alone, is not eligible.
- Employ staff with disabilities in all levels of agencies. This may require strengthening organizational approach, reviewing job designs and position descriptions, advertising vacant positions through OPDs, reviewing interview and shortlisting procedures and ensuring that reasonable accommodations<sup>43</sup> are provided in the workplace.

<sup>42</sup>. Preconditions refers to the six cross sectoral preconditions outlined in the CRPD for the inclusion of persons with disabilities that are essential to policies, systems and services: equality and non-discrimination, service delivery, accessibility, participation of persons with disabilities, CRPD compliant budgeting, financial management and accountability and governance.

<sup>43</sup>. Reasonable accommodations refers to modifications or adjustments made for a person with disability who requires them to facilitate participation on an equal basis with others. Reasonable accommodations must be provided on demand.



Figure 10: Participatory Accessibility Audit of IOM Community Centre in Kirkuk © IOM Iraq

### 3. Allocate funding to progress disability inclusion.

Disability inclusion requires funding. Humanitarian and development organizations should allocate funding within their organizational budgets to prioritize disability inclusion within their organization and projects.

OPDs are best placed to advocate for and represent the rights of persons with disabilities, but their main challenge lies in obtaining adequate funding to carry out those activities. Where possible, OPDs should be provided funding that enables both the humanitarian and development agencies and the OPD to pursue joint priorities together enables OPDs to pursue their own priorities. This may include conducting awareness and advocacy activities for their own audience, as well humanitarian and development agencies.

Specific actions include:

- Seek to secure consistent core funding to support the running of OPDs (this differs from funding an OPD to implement or partner to implement a project chosen by a humanitarian agency).
- Allocate funding to build the institutional capacity of OPDs to meet the administrative and financial due diligence requirements of humanitarian agencies who may be able to provide funding or award grants.
- When using the services of OPDs, such as asking for advice or input, pay them for their expertise, reimburse them for costs, and provide reasonable accommodations.
- Ensure disability inclusion is factored into existing project budget lines rather than budgeting for in separate disability inclusion activities. For example, ensure trainings on disability inclusion are budgeted for in the generic training budget lines and that accessibility is budgeted for in the general refurbishment and construction budget lines. This will ensure an effective and efficient use of funds and will increase the opportunities for persons with disabilities to access all project opportunities.
- Budget for accessibility measures and reasonable accommodations in programming (for example, providing transport, sign interpreters and where possible the provision of assistive devices) consultations, project activities, and events to ensure persons with disabilities can actively participate.
- Budget for reasonable accommodations for staff with disabilities in humanitarian agency workplaces.
- Budget for disability inclusion expertise and focal points to support disability inclusive programming.



4. Prioritize livelihoods opportunities for persons with disabilities by identifying and addressing barriers experienced by persons with diverse disabilities to mainstream vocational training, employment, and business development support.

The lack of income, often due to a lack of livelihood opportunities and access to education, has great financial and psychosocial impact on the lives of persons with disabilities. Humanitarian and development agencies should therefore prioritize the inclusion of persons with disabilities in their existing and future livelihood programming. All livelihoods opportunities for persons with disabilities should align with a rights-based approach to disability inclusion ensuring choice and autonomy and recognizing different experiences, knowledge, and capacity. Therefore, separate disability-specific livelihoods opportunities persons with disabilities should be avoided.<sup>44</sup>

Specific actions include:

- Factor disability inclusion into livelihood programme proposal development and design.
- Conduct disability inclusion awareness sessions for staff from livelihoods projects 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.
- Consult with persons with disabilities and OPDs to identify the specific barriers experienced by persons with disabilities to livelihoods opportunities in Iraq.
- Carry out an analysis of existing livelihood programming. Important questions may include whether persons with disabilities partaking in these programmes? and If not, why not?
- Identify and specifically target persons with disabilities to participate in livelihoods projects. This includes seeking out underrepresented groups of persons with disabilities, such as women with disabilities, persons with intellectual disabilities and deaf persons.
- Budget for reasonable accommodations and increasing accessibility inside livelihoods projects.
- Engage persons with disabilities in active roles in livelihoods projects.
- Ensure livelihoods opportunities for persons with disabilities align with a rights-based approach to disability inclusion ensuring choice and autonomy (offering specific separate livelihoods opportunities persons with disabilities should be avoided).



Figure 11: Mustafa serving a customer in his mobile phone repair business in Kirkuk Governorate © IOM Iraq

44. It is far more effective and inclusive to involve persons with disabilities in existing mainstream livelihoods projects than to carry out separate activities designed specifically for them. Mainstreaming ensures persons with disabilities are not stereotyped or placed in stereotypical roles (for example only offering women with disabilities the opportunity to do a sewing course or excluding all persons with disabilities from physically demanding work).

5. Identify and address barriers experienced by persons with disabilities that arise within programming carried out by humanitarian and development agencies, particularly in the fields of education, health and MHPSS.

A disability-inclusive approach seeks to identify and address barriers that prevent persons with disabilities from participating in and benefiting from programmes. Without a deliberate approach to disability inclusion, programmes are likely to further marginalize persons with disabilities and may fail in reaching this key target group that already experiences significant levels of poverty and marginalization.

Specific actions include:

- Factor disability inclusion into all humanitarian and development programme proposal development and design.
- Conduct disability inclusion awareness sessions for humanitarian and development agency staff on the importance of including persons with disabilities in programmes.
- Consult with persons with disabilities and OPDs before

designing the programmes or refining existing ones to identify the specific barriers experienced by persons with disabilities to programming sectors in Iraq.

- Define and implement studies to identify the specific barriers experienced by persons with disabilities to specific programmatic sectors.
- Carry out an analysis of existing programmes; are persons with disabilities partaking in these programmes and if not, why not?
- Identify and superficially target persons with disabilities to participate in projects. This includes underrepresented groups of persons with disabilities, such as women with disabilities, persons with intellectual disabilities and deaf persons.
- Budget for reasonable accommodations and increase accessibility inside projects.
- Engage persons with disabilities in active roles in projects.
- Conduct accessibility audits of locations, such as schools and health centres, where programmatic actions take place.



Figure 12: Avesta addressing audience at International Day of Persons with Disabilities event in Kirkuk

## 6. Collect, analyze, and report disability disaggregated data to inform programming and develop evidence.

Disability disaggregated data should be collected, analyzed, and reported by stakeholders to ensure more accurate identification of persons with disabilities, to inform planning and to determine whether programming is reaching and benefitting persons with disabilities on an equal basis with others. Data should be disaggregated by disability any time data is disaggregated by sex and/or age. The WGSSQ should be used when collecting data at individual and household level.<sup>45</sup>

Specific actions include:

- Plan to disaggregate data by disability any time data is disaggregated by sex (and age) in monitoring and evaluation log frames.
- Ensure all staff responsible for data collection and monitoring and evaluation understand how to collect, analyse and report on disability disaggregated data using the WGSSQ for data collected at individual and household level.
- Conduct training for data collectors and enumerators on disability inclusion, how to ask the WGSSQ and the do's and don'ts regarding WGSSQ.
- Ensure disability disaggregated data is included in reports.
- Ensure disability inclusion is assessed in all evaluations, even if disability has not been considered in the programme.
- Engage OPDs in data collection planning, implementation, and analysis, including engaging persons with disabilities on data collection teams.
- Seek technical assistance on how to collect, analyse and report on disability disaggregated data using the WGSSQ.
- Conduct cognitive testing of the translations of the WGSSQ being used in Iraq to ensure they are valid and reliable.<sup>46</sup>

## 7. Resource further investigation of complex issues in relation to disability in Iraq, and then implement subsequent recommendations.

This study was carried out as a rapid investigation produce an initial understanding of the array of issues persons with disabilities and their representative organizations face. Many issues are complex and require further investigation. We recommend prioritizing and resourcing further investigations on the following topics:

- Situation of social protection payments for persons with disabilities.
- Limited knowledge and use of sign language by deaf and hard of hearing persons.<sup>47</sup>
- Existing screen reading software for computers, tablets and smart phones and its availability and applications in Iraq.
- Responsible assistive device provision as part of reasonable accommodations for programmes.
- Specific barriers experienced by persons with disabilities in accessing livelihoods opportunities.
- How humanitarian actors can collaborate with governments to progress disability inclusion in Iraq.
- The experiences of internally displaced persons with disabilities and refugees with disabilities.
- Possible ways to provide funding to fund OPDs that meets humanitarian and development agency financial and administrative due diligence requirements. For example, grant opportunities run through implementing partners or foster partnerships between civil society and OPDs.

In addition, a comprehensive, CRPD-guided, multi-stakeholder situational analysis of the rights of persons with disabilities in Iraq should be conducted in partnership with OPDs to inform catalytic country-level advocacy and programming.

## CONCLUSION

This report shares the perspective of persons with disabilities in Iraq through their representative organizations. It aims to improve our understanding of the barriers persons with disabilities face, as well as key challenges and priorities of their representative organizations, in order to strengthen policies and responses to address them. We hope that these findings, and the recommendations they produced, will inform effective action for disability inclusion, and that humanitarian and development agencies will take these actions forward in future in close partnership with persons with disabilities and their representative organizations.

45. For more information, please see *IOM Iraq's Guidance on using the Washington Group Short Set of Questions on Disability to collect disability data in Iraq* available in [English](#) and [Arabic](#).

46. Cognitive testing is a process of qualitative question evaluation that uncovers translation mistakes, regional variation of terms, lack of familiarity with vocabulary, idioms and culturally unknown or irrelevant concepts and cognitively difficult questions. Cognitive testing is recommended by the Washington Group on Disability Statistics.

47. The investigation should be guided by the World Federation of the Deaf's global recommendations. Specifically, it recommends against transplanting sign language from one country to another because sign language should be influenced by the culture, heritage and traditions of each country. In 2009, WFD made a specific [statement](#) calling for the discontinuation of the unification of Sign languages in the Arab Region.

## ANNEX A: LIST OF ORGANIZATIONS SURVEYED

Organizations of persons with disabilities	Governorate
Al-Shahbaa Organization	Anbar
Iraqi Alliance of Disability Organizations– Anbar Branch	Anbar
Friends Association for People with Disabilities and Special Needs in Babylon	Babel
Mizan Center for Law Support	Babel
Women's Committee for Women with Disabilities	Baghdad
Baghdad Association for the Deaf	Baghdad
Iraqi Alliance of Disability Organizations	Baghdad
Iraqi Qasir Association	Baghdad
Braille Organization for the Rehabilitation of the Disabled and the Blind	Baghdad
Voice of the Iraqi Disabled	Baghdad
Iraqyoon Group for Disabled and Persons with Specific Needs	Baghdad
Association of the Blind – Basrah Branch	Basrah
Iraqi Association for Persons with Disabilities – Dhi Qar Branch	Dhi Qar
Sumer Association	Dhi Qar
Diwaniyah Disabled Persons Association	Diwaniya
Human Touch Association	Diwaniya
Khanaqin Organization for Disabled	Diyala
Short Statured Association - Diyala Branch	Diyala
Yaqin Organization for the Blind and Low Vision	Diyala
Ashnona Sport Center for Disabled	Diyala
Ziko Organization	Duhok
Nimuna Organization for People with Disabilities	Duhok
Deaf and Mute Association – Dohuk Branch	Duhok
Kurdistan Union for the Blind and People with Low Vision – Duhok Branch	Duhok
Association of the Rights of Intellectual and Mental Disabilities- Duhok Branch	Duhok
Short Statured Association - Duhok branch	Duhok
Kurdistan Union for the Blind and People with Low Vision – Erbil Branch	Erbil
Zheen Society for Physical Disability	Erbil
Short Statured Association– Erbil Branch	Erbil
Association of the Rights of Intellectual and Mental Disabilities - Erbil Branch	Erbil
Deaf and Mute Association – Erbil Branch	Erbil
Halabja Disability Organization	Halabja

Organizations of persons with disabilities	Governorate
Karbala Disabled Association	Karbala
Karbala Association for the Deaf	Karbala
Al- Shams Organization	Kirkuk
Dakok Organization for the Rights of Persons with Disabilities	Kirkuk
Rohz Society Organization – Kirkuk Branch	Kirkuk
White Hand Organization	Kirkuk
Short Statured Association- Kirkuk Branch	Kirkuk
Kirkuk Disabled Association	Kirkuk
Blind Union of Kurdistan – Kirkuk Branch	Kirkuk
Aswan Organization for Persons with Disabilities	Missan
Iraqi Alliance for Disability Organisations – Muthana Branch	Muthana
Al-Ghadeer Organization for the Deaf	Najaf
Um Rabi'in Foundation for the Blind and Low Vision	Ninawa
Sinjar Organization for People with Disability	Ninawa
Balad Organization for People with Disability	Salahaldin
Salah Aldin Association for Disabled Rehabilitation	Salahaldin
Rohz Society Organization - Sulaimanyah Branch	Sulaimanyah
Disabled Union of Kurdistan	Sulaimanyah
Short Statured Association - Sulaimanyah Branch	Sulaimanyah
Kurdistan Union for Blind and People with Low Vision – Sulaimanyah Branch	Sulaimanyah
Sufara'a Alrahma	Wasit

Disability -specific CSO and government entities	Governorate
Shams Al-hayat Organization	Anbar
Anbar Association for Persons with Disabilities and Specific Needs	Anbar
Physical Disability Organization	Baghdad
Toba Education Center for Hearing and Speech Difficulty.	Basrah
Mahid al ata'a Independent Institute for Empowerment	Basrah
Human Rights Association	Basrah
Basra Sport Club for Persons with Disabilities	Basrah
Iraqi National Paralympic Committee – Basrah Branch	Basrah
Iraq National Paralympic committee - Diyala Branch	Diyala
Khamo Organization	Duhok
Runaki for the Blind	Duhok
Child Association for Special Needs	Muthana
Amal Institute for Deaf	Najaf
The Observer Human Rights Center	Najaf
Happy Childhood	Ninawa

## ANNEX B: INTERVIEW GUIDE

### Welcome participants and introduction

Good morning/afternoon. Thank you for taking the time to join us and for your cooperation in advance. My name is (\_\_\_\_\_) I work with the International Organization for Migration (IOM) in Iraq.

### Purpose of the Research

IOM Iraq is seeking to identify the barriers experienced by Organization of persons with disabilities (OPD) members with disabilities and to identify the priorities of OPDs throughout Iraq.

IOM Iraq will use this information 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. We are here to hear from your OPD and honour the disability movement slogan: 'nothing about us, without us'.

### Reasonable Accommodations

Do you require any assistance to participate in this interview?

Yes / No [note: assistance may include a sign interpreter or calling back at a time that the respondent can be in a quiet location]

### Confidentiality and Anonymity

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

### Consent

The interview will take no longer than 60 minutes and your participation in this interview is voluntary.

If you have any questions, please feel free to ask.

Otherwise, do you agree to participate to this study?

Yes / No

### Final

Do you have any questions before we continue?

The next questions are about you:

Demographics				
1. Name				
2. Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
3. Age				
The next questions ask about difficulties you may have doing certain activities because of a health problem:				
4a. Do you have difficulty seeing, even if wearing glasses?	<input type="checkbox"/> No – no difficulty	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
4b. Do you have difficulty hearing, even if using a hearing aid?	<input type="checkbox"/> No – no difficulty	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
4c. Do you have difficulty walking or climbing steps?	<input type="checkbox"/> No – no difficulty	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
4d. Do you have difficulty remembering or concentrating?	<input type="checkbox"/> No – no difficulty	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
4e. Do you have difficulty (with self-care such as) washing all over or dressing?	<input type="checkbox"/> No – no difficulty	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
4f. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood by others?	<input type="checkbox"/> No – no difficulty	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all

Note for data collectors: If the respondent does not answer “some difficulty”, ‘a lot of difficulty’ and ‘cannot do at all’ to at least one question:

Ask – do you identify with as having a disability?

If yes - proceed

If no, ask for the name and contact details of a member with a disability. Cease interview.

These questions are about the OPD you are representing:

OPD information		
5. What is the name/s of the Organization of Persons with disabilities (OPD) you are representing today?		
6. What is your position in the OPD?		
7. Are majority of the leaders of your OPD, persons with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. What is the location of the OPD?		
9. What locations does the OPD cover?		
10. Are you registered as a CSO in Iraq or KRG?	Iraq:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	KRG:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you a member of Iraqi Alliance of Disability Organizations (IADO)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does your OPD receive funding	<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes: From who?	
13. How many members with a disability does your OPD have?		
14. Does your OPD focus on a specific group of persons with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes: Which specific group?	
15. Does your OPD focus on a specific component?	<input type="checkbox"/> Yes <input type="checkbox"/> No, (Optional) If yes: Which specific group?	
16. What are the core activities of your OPD?		
17. Do you give consent for IOM to add your OPDs contact details to a directory of OPDs in Iraq?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. What are the names of other OPDs or informal groups in your area?		

I am going to ask you questions about experiences of your OPD members with a disability over the past 12 months. Please do not include COVID experiences in your answers to my questions, I will ask a specific question about COVID at the end of each series of questions.

Barriers
19. What are the key challenges your OPD members with disability have experienced in past 12 months?
20. How have these challenges impacted on OPD members ability to participate fully in their community?
21. What at the specific challenges that female OPD members with a disability have experienced in the past 12 months?



### Barriers

22. What are the specific challenges that OPD members who have difficulty hearing have experienced in the past 12 months?

23. What are the specific challenges that OPD members who have difficulty seeing have experienced in 12 months?

24. What are the specific challenges that OPD members who have difficulty remembering and concentrating have experienced in 12 months?

25. Are there any specific COVID-19 challenges for OPD members with a disability?

I am going to ask you questions about experiences of your OPD members with a disability over the past 12 months. Please do not include COVID experiences in your answers to my questions, I will ask a specific question about COVID at the end of each series of questions.

### OPD Priorities

26. What is your OPD working towards achieving in the next 12 months?

27. What is your OPD aiming to achieve in next 3 months?

28. What is your OPD aiming to achieve in relation to COVID-19?

29. What challenges does your OPD face in carrying out your work in the community?

30. Who are some of your OPDs key partners and supporters?

### Decision makers

31. What are the key actions that decision makers could take to support OPDs?

32. What is your key message for decision makers regarding the inclusion of persons with disabilities?

33. Is there anything else you would like to share with IOM Iraq?

Thank you for your time.

## IOM IRAQ

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