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# IRAQ ACCESS TO JUSTICE PROGRAM VALUES OF ACCESS TO JUSTICE AND PERSONS WITH DISABILITIES IN IRAQ

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# ABBREVIATIONS & ACRONYMS

<b>COMSEC</b>	General Secretariat for the Council of Ministers
<b>CRPD</b>	United Nations Convention on the Rights of Persons with Disabilities
<b>CSO</b>	Civil Society Organization
<b>CT</b>	X-ray Computed Tomography
<b>dTS</b>	Development & Training Services, Inc.
<b>EBT</b>	Electronic Benefits Transfer
<b>GDF</b>	Gender dimensions framework
<b>GOI</b>	Government of Iraq
<b>IADO</b>	Iraqi Alliance of Disabilities Organizations
<b>ICRC</b>	International Committee of the Red Cross
<b>IKR</b>	Iraqi Kurdistan Region
<b>IQD</b>	Iraqi Dinar
<b>KRG</b>	Kurdistan Regional Government
<b>MOH</b>	Ministry of Health
<b>MOLSA</b>	Ministry of Labor and Social Affairs
<b>NGO</b>	Non-governmental Organization
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PWDs</b>	Persons with disabilities
<b>USAID</b>	United States Agency for International Development
<b>USD</b>	United States Dollar
<b>WHO</b>	World Health Organization

# BACKGROUND

## INTRODUCTION

An individual's access to justice is mediated by areas of social differences including age, gender, ethnicity, race, class, health and life stage. Understanding how information, services and resources flow to vulnerable populations and the links between access and social identity are vital for improving access to rights and entitlements.

This report was prepared by the USAID Iraq Access to Justice Program and uses a value network approach to explore the actors and activities involved in people with disabilities (PWDs) accessing their legal entitlements in Iraq. The analysis draws on the Development & Training Services, Inc. (dTS) gender and value chain framework to identify how gender gaps constrain PWDs from claiming their rights and recommends opportunities for action.

The USAID Iraq Access to Justice Program supports the growth of local and national institutions that provide information and advocacy to vulnerable populations. Program efforts are organized into three interconnected program component areas:

- **Improve the practical knowledge** of vulnerable and disadvantaged of their responsibilities, rights and remedies under Iraqi law;
- **Increase the competence and availability of legal professionals** and civil society partners who assist vulnerable and disadvantaged Iraqis; and
- **Advocate for improvements to government processes** and procedures to facilitate the access of vulnerable populations to government services and legal remedies.

To promote sustainability, the Program partners with local civil society organizations, including bar associations and jurists' unions.

The first section of this report provides background on gender, value networks and the current status of PWDs in Iraq. The third section describes the actors and activities in the value network for access to justice for PWDs, followed by an analysis of key gender-based constraints to justice. The fourth section summarizes strategies and activities undertaken by the Program to overcome gender-based constraints for PWDs. The report concludes by highlighting the gaps in efforts to assist Iraqis with disabilities and offers recommendations to enhance their access to legal entitlements.

## PURPOSE

The purpose of this value network analysis is to:

- (1) Highlight the key organizations with and through which PWDs must work, and the procedures they must follow in order to access their entitlements under Iraqi law;
- (2) Determine the most common gender-based constraints<sup>1</sup> or obstacles encountered by Iraqis with disabilities when attempting to access their rights;
- (3) Highlight the ways in which the USAID Iraq Access to Justice Program has been successful in overcoming these gender-based constraints; and
- (4) Identify areas where the Program and its civil society partners can effectively influence further positive change in the coming years for vulnerable Iraqis with disabilities.

## METHODOLOGY

This report is the result of interviews with victims of terrorism, lawyers, journalists, civil servants from the Ministry of Health (MOH), medical practitioners, and disability and inclusion specialists in addition to 28 civil society organizations throughout Iraq

The interviews highlight the obstacles and main social and legal concerns faced by PWDs in accessing their rights. All PWD groups (men, women, boys and girl) often face very similar issues. By identifying the problems, the Program can better plan and strategize for the obstacles. It is also important to note issues that are unique to each group. Examples noted include the unique issues faced by the Iraqi Kurdistan Region (IKR) from the rest of the country and those faced by urban areas from those in rural areas. Another example to be noted is the Iraqi victims of terrorist attacks since 2003 that are entitled to specific compensations. Their experiences and obstacles will be unique from other groups.

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<sup>1</sup> A gender-based constraint refers to restrictions on men's or women's access to resources or opportunities that are based on their gender roles or responsibilities. The term encompasses both the measurable inequalities that are revealed by sex-disaggregated data collection and gender analysis as well as the processes that contribute to a specific condition of gender inequality (Rubin, Manfre and Nichols Barrett).

## GENDER, VALUE NETWORKS AND ACCESS TO JUSTICE

There is growing recognition that value chain concepts are useful beyond the realms of economic growth and trade. Strategies have been developed for applying aspects of value chain analysis, such as mapping, health and nutrition, and access to justice. This analysis applies lessons from the growing body of literature on gender and value chains to the USAID Iraq Access to Justice Program's objective of addressing access issues for vulnerable populations.

This analysis relies on Verna Allee's definition of value networks as "any web of relationships that generate both tangible and intangible value through complex, dynamic exchanges between two or more individuals, groups or organizations."<sup>2</sup> For this report, access to justice is viewed as a value network. There are multiple actors involved in generating both tangible and intangible value. The **tangible value** that is generated through this network is legal entitlements. The **intangible value** generated is knowledge and benefits. The extent to which the network is able to produce its mandated activities — legal entitlements for widows — is assessed by tracing the steps through which a widow must go and the actors with which she must interact in order to access her rights. Mapping this network and the actors and activities involved, helps illuminate the common obstacles a widow faces.

This analysis also assumes that value networks are embedded within a social context. Social and cultural factors shape the construction of organizational arrangements and affect how widows interact with different actors within the network. Understanding the activities and actors within a network cannot be isolated from an examination of how gender relations shape and impact behavior and outcomes. In order to identify and assess key gender gaps within the access to justice value network for widows, this analysis draws on the dTS gender and value chain approach and the gender dimensions framework (GDF).<sup>3</sup>

The GDF provides a structured way to analyze gender relations. Four intersecting dimensions of social life were examined to better understand how gender relations affect a widow's access to justice. These include: (1) access to productive assets; (2) social practices; (3) social beliefs and perceptions; and (4) laws, policies and institutions. Working through the GDF helps illuminate gender gaps that create gender-based constraints to widows' access. Gender-based constraints are understood as restrictions to resources or opportunities for both men and women that are based on their gender roles and responsibilities.<sup>4</sup>

By focusing on how gender relations impact the production of tangible value, namely legal entitlements for widows, the Program has broadened the scope of traditional gender value chain analysis.

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2 Allee, Verna. *The Future of Knowledge: Increasing Prosperity through Value Networks*. Boston: Butterworth-Heinemann, 2003.

3 The dTS gender and value chain approach and GDF are outlined in *Promoting Gender Equitable Opportunities in Agricultural Value Chains*. Arlington, VA: dTS, 2009.

4 *Ibid.*

## PEOPLE WITH DISABILITIES IN IRAQ<sup>5</sup>

*In the 1960s and 70s, Iraq's health care system was considered a model for the region. It was supported by infrastructure that provided sanitation, water, logistics and communication, and a road network that facilitated good access to services.*

*In 2011, according to the World Health Organization (WHO), Iraq had 7.8 doctors per 10,000 people — a rate that was two, if not three or four times, lower than its neighbors Jordan, Lebanon, Syria and even the Occupied Palestinian Territory. In the Muslim world, Iraq's doctor-patient ratio was higher only than Afghanistan, Djibouti, Morocco, Somalia and Yemen.*

Millions of Iraqis are still vulnerable due to decades of conflict, displacement, sanctions, neglect, social repression, and ineffective public services.<sup>6</sup> Years of violence and deprivation have badly affected the population's physical and mental health.<sup>7</sup> The country's infrastructure and access to the most basic goods and services is severely damaged. Services such as sanitary water, education, health care, adequate housing, and justice are limited. In addition, doctors and hospitals were targeted following the fall of the Ba'athist regime in 2003. This resulted in the subsequent large-scale migration of health professionals, especially physicians and specialists, who were subjected to threats, kidnapping and killings, and fled the country to seek asylum elsewhere.

While the Government of Iraq (GOI) has made some gains to improve the security situation and humanitarian services in Iraq, the efforts remain tenuous and inadequate to meet the needs of the increasing population living with disabilities. In the cities of Basrah,<sup>8</sup> Fallujah and Halabja,<sup>9</sup> there is an alarming increase in congenital birth abnormalities and cancers identified with depleted uranium, lead and mercury.<sup>10</sup> Depleted uranium rounds have been linked to increased rates of leukemia, congenital malformations and various cancers.<sup>11</sup> According to a study published by the Basrah University College of Medicine, "at least 45% of deaths in the southern provinces are caused by cancer. The statistics are having a serious impact on the health system and urgent funds are needed."<sup>12</sup>

The population of Iraqis with disabilities has increased greatly as a result of instability, wars, economic sanctions, violence, terrorism, landmines and contamination. In 2009 alone, the International Committee

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5 See [www.medact.org/content/health%20and%20conflict/Medact\\_mentalhealth\\_v2.pdf](http://www.medact.org/content/health%20and%20conflict/Medact_mentalhealth_v2.pdf).

6 Iraq has one of the greatest concentrations of landmines and explosive remnants of war (ERW) in the world. See UN OCHA (2010) *Humanitarian Action Plan 2010*.

7 In 2009, Doctors Without Borders, in collaboration with the Iraqi Ministry of Health, launched a program aimed at opening up access to psychological counseling, and at catalyzing the integration of mental health care as a crucial component of the Iraqi health system.

8 [www.independent.co.uk/life-style/health-and-families/health-news/iraq-records-huge-rise-in-birth-defects-8210444.html](http://www.independent.co.uk/life-style/health-and-families/health-news/iraq-records-huge-rise-in-birth-defects-8210444.html)

9 [www.ibtimes.com/25-years-after-worst-chemical-weapon-massacre-history-saddam-husseins-attack-halabja-iraq-city#](http://www.ibtimes.com/25-years-after-worst-chemical-weapon-massacre-history-saddam-husseins-attack-halabja-iraq-city#)

10 [www.aljazeera.com/indepth/opinion/2013/03/2013312175857532741.html](http://www.aljazeera.com/indepth/opinion/2013/03/2013312175857532741.html)

11 UN OCHA (2010) *Humanitarian Action Plan 2010*.

12 See *The Increase in Cancer Cases as Result of War Debris*.

of the Red Cross (ICRC) reported that 2,000 people had been wounded in mass explosions and indiscriminate attacks.<sup>13</sup> Although the Ministry of Health does not keep updated statistics on the matter, an MOH estimate puts the percentage of Iraqis with disabilities to 15%, or in excess of three million.<sup>14</sup>

While people with disabilities are socially, economically and politically marginalized in most countries, this is especially true in Iraq, where the government fails to meet their most basic needs of its citizens. The disabled are often kept hidden away in their homes with little exposure to the rest of society. Opportunities for PWDs to develop their talents and skills or to otherwise positively contribute to society are severely limited. As such, Iraq can be viewed as a society that, for the most part, fails to enable PWDs.

In many ways, contemporary Iraqi society intensifies the experience of living with a disability. Most Iraqis with disabilities are socially and economically excluded because of the lack of infrastructure, medical care, prosthetic equipment, and social and rehabilitation services. While not all Iraqis with disabilities are marginalized, the majority of them are. They face discrimination in most areas of life, including employment, housing, health care, education, and justice. A person's experience with disability is not simply based on their physiological, mental or intellectual impairment, but also on a society that excludes them. Society itself can be 'disabling' and, as a consequence, Iraqis with disabilities often feel that they are viewed as less worthy and having less potential than other citizens. Iraqis with disabilities are often met with fear, negative stereotypes and cruel mocking. While most Iraqis with disabilities consider their impairment to be the source of the problems they face, they also note that families, society at large and government institutions present key obstacles to their enjoyment of life, health, mobility and full participation in society. Disability must then be viewed as much as a social construct as a physical, mental or intellectual impairment.

Due to the stigma attached to having a disability in Iraq, PWDs are not often seen in public and this exacerbates their exclusion. As 'non-disabled' Iraqis have limited interaction with PWDs, there is a subsequent lack of public understanding of their rights, needs, abilities and the important contributions they make to society. Many view disability simply as a medical issue, overlooking the plethora of social and political barriers that PWDs face in accessing basic rights and full participation in society. There is an urgent need to empower people with disabilities, to recognize their rights as Iraqi citizens, and to educate the general public and service, judicial and medical sectors on the issues PWDs face. Access to justice for people living with disabilities in Iraq is a national imperative.

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13 ICRC (2009), *Civilians Without Protection Newsletter*. Baghdad: ICRC Delegation. [www.icrc.org/eng/assets/files/other/newsletter\\_iqs\\_violence\\_agst\\_civilians.pdf](http://www.icrc.org/eng/assets/files/other/newsletter_iqs_violence_agst_civilians.pdf).

14 The Ministry of Health's figures are based upon the number of persons registered as PWDs with the Ministry. In order to register as such, the applicant must qualify under the criteria established by Iraq's 1980 Social Security Law: "Any person who lacks or loses his/her capacity to totally or partially work because of a defect in his/her physical, mental or psychological capacity." Typical estimates for the percentage of the population in developed countries with disabilities is typically 10%.

## ***Men and boys***

Men and boys with disabilities do not all share the same experiences. Their experiences are contingent upon the time they first suffer impairment, their economic status, geographical location, employment and familial situations among other aspects of social difference. Many respondents consider that the challenges faced by men with disabilities are more than those faced by women. They reason that, as men leave their homes and interface with everyday society more than women, they face additional obstacles, discrimination and harassment.

In addition, in a patriarchal society that expects men to be the primary wage-earner, there are more burdens placed on men with regard to taking responsibility for providing for the needs of families. This is particularly acute if the person has acquired a disability later in life or after having established a family for which to care. Male heads of household shoulder the burden of providing for them. All express suffering due to cultural expectations of masculinity and their personal feelings of a loss of masculinity as a result of disability. As one respondent commented, "It is easier for a woman with disabilities because she still has a breadwinner and is still economically secure." Assumptions that women either do not work, or are not primary earners and thus financially dependent on men, add stress on men with disabilities to provide for their families.

## ***Women and girls***

In other regards, women with disabilities are considered to suffer more than men. If a man with disabilities is seen in a public space and suffers ridicule, he can defend himself. Oftentimes, women cannot. It is often easier for a male with a disability to get a wheelchair because he is permitted in the public space, he is seen and his need to have a wheelchair is evident. For women, the social constraints on her movement outside of the home are added obstacles in dealing with a disability. In response to the shame associated with women with disabilities, families sometimes isolate women and girls in homes, having a serious impact on their access to services. For women it is thus often the case that one must get into the home even to discover her need.

## ***Types of disability***

In Iraq, a person's disability is perceived in five differentiated yet overlapping ways:

- 1) A person who is born with a disability (either congenital or as a result of the environment);
- 2) A person who acquires a disability later in life;
- 3) A person with a physical disability;
- 4) A person with a mental or intellectual disability;
- 5) A person with sensory impairment (e.g. visual, hearing); and
- 6) A victim of terrorism.

To understand the experience of living with disabilities in Iraq, it is important to consider the differences between those who have suffered impairment since childhood and those who acquired disabilities later in life.

### *Congenital disabilities*

Congenital disabilities can be either intellectual or physical and can impair the person from birth or appear later in life. The stage at which a person first experiences a disability has an impact on the person's development and enjoyment of life. For instance, a person who has had impairment from a congenital disability from early childhood may be more accustomed to coping with the disability than an adult victim of a terrorist attack or a person whose impairment occurs later in life. On the other hand, the person who has impairment since childhood is less likely to have enjoyed the benefits of society such as education and social interaction.

### *Acquired disabilities*

Acquired disabilities are those that occur after the time of birth, usually as the result of an accident such as a car wreck or a fall. Some congenital disabilities are considered acquired, as the related impairments develop later in life. If a person is injured as a result of a mine explosion or military attack prior to 2003, he/she would be entitled to the same benefits as other people with acquired impairments resulting from injuries. If they are victims of terrorism since 2003 they are eligible for special compensation. Physical, intellectual, congenital, mental and sensory disabilities can be acquired.

### *Physical disabilities*

Physical disabilities due to polio, measles, contamination, meningitis, malnutrition, amputation, bone disease, paralysis, scoliosis, kyphosis, thalassemia, diabetes and limb loss are common in Iraq. In the past decades, many Iraqis have been injured in wars, suffered the disabling effects of contamination or injuries incurred through landmines as well as the disabling health consequences of economic sanctions. Since 2003, there has been an increase in disabilities as a result of explosions and contaminations as well as the on-going risks associated residual landmines. Physical disabilities can be either congenital or acquired.

### *Intellectual and mental disabilities*

Mental and intellectual disabilities in Iraq are viewed under the umbrella of mental health. While these are treated in different ways, there are few services for people with either mental or intellectual impairments, whether congenital or acquired. There is a high stigma associated with mental disorders in Iraq, and this may limit the acknowledgement of symptoms and diagnosis of mental disorders. Many people with intellectual or mental disabilities also have physical impairment. Mental and intellectual disabilities can be either congenital or acquired.

### *Sensory disabilities*

Sensory disabilities can be either congenital or acquired. They include visual and hearing impairments. The level of impairment for people with sensory disabilities is considered higher than other impairments in medical assessment for social security support in Iraq.

## *Victims of terrorism*

In October 2009, parliament passed a law to compensate victims of military operations and terrorist attacks from 2003 onwards. Compensation applies to victims of U.S. and coalition-led military operations, victims of military accidents and victims of terrorism. The law covers death, total or partial disability, injuries that require temporary treatment, property damage and damage affecting work or study.”<sup>15</sup> For the victims of military operations or terrorism, facing life with a disability can be a shock and they often go through stages of introversion or suffer frustration and pressure to continue providing for their families. Moreover, the services and support provided under this law do not include health care, housing, education, or pensions.

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<sup>15</sup> Assyrian International News Agency/AINA (2009), *Iraq to Compensate Victims of Terrorism, Military Operations*. [www.aina.org/news/20091004144057.htm](http://www.aina.org/news/20091004144057.htm)

# ENTITLEMENTS FOR PEOPLE WITH DISABILITIES

People with disabilities are eligible to receive cash transfer benefits and specified services from the Ministry of Labor and Social Affairs (MOLSA) as well as basic health care and rehabilitative services from the Ministry of Health (MOH). The cash transfer benefit is available to qualified vulnerable Iraqis living below the poverty line, and includes persons with disabilities as a specific targeted group. These entitlements are protected both under Law 38 of 2013, “Law on the Care of Persons with Disabilities and Special Needs,” and the Social Protection Law enacted in February 2014.

Iraqis with disabilities are entitled to protection and rehabilitation under Article 32 of the Constitution of Iraq (“The State shall care for the handicapped and those with special needs, and shall ensure their rehabilitation in order to reintegrate them into society, and this shall be regulated by law.”). As Iraqi citizens, people with disabilities have the same rights as other Iraqis, including the rights to education, health, income, citizenship, housing, inheritance and participation in elections. People with disabilities may also be entitled, by statute, to compensation as victims of military operations or terrorism. In addition, Iraq ratified the United Nations Convention on the Rights of People with Disabilities (CRPD) in March 2013. Civil society continues to work actively with PWDs and both the federal and Kurdish governments to align national laws with the Convention.

While people with disabilities are theoretically entitled to the same rights and protections guaranteed to all Iraqis however, many rights are either not realized or are inaccessible. Many people with disabilities lack awareness of their rights. The right to a basic welfare salary is fundamental to the survival of many people living with disabilities in Iraq. Obtaining this basic salary is a complicated and time-consuming process, and many Iraqis with disabilities are unable to access this right without support. Mapping the process of obtaining the salary reveals the absence of many other rights that are theoretically available under the Iraqi Constitution, as well as those covered by the CRPD.

The Ministry of Labor and Social Affairs is responsible for providing the cash transfer benefits to people with disabilities in Iraq’s central and southern regions. The sequence and procedures differ depending on the nature of the disability (*i.e.* whether the applicant has a congenital, sensory or acquired disability, is injured as a result of an accident, or is a victim of terrorism or a military operation). Claims for Iraqis residing in the Iraqi Kurdistan Region (IKR) are administered by the Kurdistan Regional Government (KRG) MOLSA and differ significantly to those administered by the federal government:

- In the IKR, the level of **impairment eligibility ratio** differs from that in Iraq’s central and southern regions. According to the federal government, a person is eligible for a state pension if the level of impairment is 75% or more. In the IKR, however, people with 40% or more impairment are eligible.

- The federal government sets the **amount of pension** at IQD 105,000 per month (approximately USD 43). In the IKR, however, the pension is generally higher and varies based on the degree of disability.
- In the IKR, if the person with a disability is **gainfully employed**, he/she is still eligible to receive a supplemental payment of IQD 100,000 (USD 84) in addition to his/her regular salary. According to federal MOLSA regulations, however, Iraqis with disabilities are ineligible to receive a pension if they are already employed. Should a person with disability in Iraq's central or southern regions draw both a pension and salary, he/she would be breaking the law and would be fined and required to pay back all pension received while working.

What follows is a list of the steps a person must take to qualify for cash transfer benefits as well as the obstacles they commonly face along the way.

## STEP I: COLLECT THE REQUIRED DOCUMENTATION

In order to qualify for a cash transfer benefit, a person with disability must have all the necessary documentation. He/she must file a request to the Ministry of Labor and Social Affairs (GOI or KRG), attaching copies of four official documents: (1) *Jinsiya*, or national identity card; (2) citizenship certificate; (3) ration card; and (4) residency card.

### Obstacles

- Some people with disabilities lack the basic documents required for government compensation. Lack of documentation for both adults and children is common, especially if the family is internally displaced.
- Obtaining the official documents (e.g. *Jinsiya*, residence cards, passports, and marriage, divorce and death certificates) can be challenging for many Iraqis in specific circumstances, but present particular difficulties for Iraqis with disabilities due to potential mobility constraints.
- Access to government offices can require significant travel to obtain or update official documents, and often multiple visits to provincial government offices are required.
- Anecdotal evidence indicates that people with disabilities are disproportionately illiterate compared to the general population and/or have limited knowledge of their entitlements or of the necessity to keep documents safe.
- For various reasons, families often prevent relatives with disabilities from leaving their homes. This is most often the case with girls and women.
- Government offices are difficult to access, and civil servants can be unhelpful. Harassment from officials is common, particularly for women.

## STEP 2: MEDICAL EXAMINATION

The person with a disability must obtain a medical assessment report. The report usually includes results from X-ray computed tomography (CT) scans and other diagnostic tools, which form the basis of a diagnosis identifying the impairment, congenital abnormality or injuries incurred through accident, military operation or terrorist attack.

The report, which must be written in Arabic, must also quantify the “degree” of impairment. If the applicant already has the appropriate medical examination report, he/she must also include this in his/her application. If not, the applicant must make an appointment for a medical assessment, for which the waiting period can be up to four months. The applicant may undergo the medical examination in a private hospital — usually possible within two weeks — however he/she is required to pay a fee of IQD 350,000 (USD 300), which many Iraqis with disabilities cannot afford. In cases of injury, the applicant must show his/her hospital admission record and discharge report.

Medical assessments are generally conducted by state-run hospitals (e.g. al-Yarmook and al-Kindy Hospitals in Baghdad), and cost IQD 50,000-100,000 (USD 42-84). Visual and intellectual impairments are considered more serious and given more lenience in assessment. In cases where the diagnosis is unclear, the applicant will be referred to a specialist for a more detailed examination.

If the applicant is a victim of terrorism, he/she must also provide a medical report. In such cases, all corrective and necessary medical operations must be completed before the applicant is eligible for compensation. If the person is injured in an accident, military operation or terrorist attack, he/she must also attach a police report in support of the application.

In the IKR, the applicant will be given an appointment to be examined by a medical committee within one month of the initial application. Committee members rotate on a semi-annual basis to prevent corruption and to ensure that medical standards are upheld.

### Obstacles

- There are many obstacles to surmount for people with disabilities when getting to the offices such as difficulties with traveling alone or on public transport. Specialist centers are often located in areas that are underserved by public transport. Transportation is costly and difficult, and roads are bad.
- A companion or caregiver is essential for many people with disabilities with regard to movement as well as communicating their needs. There are few people able to assist with sign language.
- Females with disabilities face social limitations on movement outside the home and these present as added restrictions when visiting the government offices.
- Men with disabilities will often voluntarily isolate themselves because of embarrassment and shame.
- Health conditions may be critical and prevent a person from travelling to government offices.

- Governmental offices are generally not designed to accommodate people with disabilities, and civil servants are often unhelpful or abusive.

### **STEP 3: RECEIVE A DECISION FROM MOLSA**

After approximately two months, applicants are convened by the Social Safety Net Office to a review panel convened by the Ministry of Labor and Social Affairs. Several medical doctors working with MOLSA also attend the weekly review panel, where they check the applicants' identity documents and medical reports. Regardless of the decision rendered by the Ministry of Health, MOLSA will conduct a reassessment. Should the committee give a positive decision, the file is submitted to the Social Security Office for final processing. The applicant is given a receipt and appointment with the Social Security Office in three weeks (see Step 4).

The procedure is similar in the IKR, however applicants do not meet with a committee of MOLSA doctors. The Minister is still required to sign the approval document. In addition to submitting the medical certificate, IKR applicants must also produce a notarized certificate that he/she is unemployed at the time of application. If the applicant is employed, a certified letter from the employer is required.

#### **Obstacles**

- Access to government offices and travel restrictions, as noted previously, are on-going obstacles faced by people with disabilities. Waiting in government offices is arduous for most Iraqis and impossible for some, especially those with disabilities.
- Thalassemia sufferers under the age of 15 are not entitled to social security salary.
- Woman and girls are not entitled to the social security salary if their father is alive or if they are married.

### **STEP 4: VISIT THE SOCIAL SECURITY OFFICE**

Approximately three weeks after meeting with the MOLSA committee, the beneficiary must appear in person at the Social Security Office. The existence and validity of the beneficiary and his/her application is rechecked to avoid fraudulent claims. The Social Security Office must have received the documents approved by the Minister of Labor and Social Affairs (see Step 3), and will require the beneficiary to reappear one month later to finalize the process.

#### **Obstacles**

- It can take more than three weeks for the ministerially endorsed documents to arrive at the Social Security office, in which case the applicant must wait for another appointment.
- Restrictions on travel and ill health, as well as uncomfortable and inaccessible facilities present on-going obstacles.

- Transportation on public buses is difficult for most people with disabilities, forcing such individuals to instead travel by taxi. Taxis are too expensive for people with no income.
- People with disabilities face difficulties getting to and around buildings and courts and offices. There is no sign language, no ramps or elevators, etc. People with disabilities are often treated badly in government offices, sometimes facing ridicule by both the general public and government officers. This is particularly the case for women with disabilities.

## **STEP 5: RECEIVE BENEFICIARY CARD**

With all required documentation in order, the social security salary is valid from the date of completing the process. An Electronic Benefits Transfer (EBT) card is provided to the beneficiary in order to receive the social security salary. Three months later, the beneficiary will begin to receive the funds, including the first, prorated payment of three months' salary.

### **Obstacles**

- The social security pension (IQD 105,000 per month) can be inadequate as a sole income, and many people with disabilities do not see the point in applying. This is particularly true from a cost-benefit perspective, since the application process itself incurs expenses that do not justify the meagre payment, should the application be approved. It is often the case that the above steps have been repeated several times, thus compounding the problem.

# ACTORS IN THE ACCESS TO JUSTICE NETWORK

As Iraqis with disabilities seek to claim their legal entitlements, they are not simply following procedures; they are interacting with people and organizations. How these groups and entities are structured and their embedded social beliefs and norms impact a person's access to justice. Social beliefs and norms, including gender roles and socially held stereotypes about men and women with disabilities, mediate a person's access to justice. What follows is a summary of the key actors in the access to justice network as well as a description of the most common experiences that Iraqis with disabilities have when interacting with these actors.

## THE PERSON WITH A DISABILITY

Often people with disabilities themselves feel ashamed because they feel that they have no rights and are not wanted in society. High levels of illiteracy and a lack of awareness of rights amongst Iraqis with disabilities worsens internalized feelings of shame. The psychological consequences of social rejection and discrimination include depression, anxiety and sometimes suicide. Some people with disabilities — especially those with congenital impairments — have the misconception that they can be cured if they go to hospitals outside of Iraq.

The vast majority (estimated at 90%) of Iraqis with disabilities live in poverty. On the other hand, some have a very different experience, are educated and have a well-developed sense of self-worth as well access to their entitlements.

## FAMILIES

The burden placed on the careers and families of people with disabilities in Iraq is largely unrecognized. While it is acknowledged in most countries that physical, intellectual and mental disabilities can have a devastating impact on families, subjecting their members to severe burden and stress, this is barely recognized in Iraq. As families are most often the only support that a person with a disability will have, this is ominous. While many families cope and Iraqis with disabilities feel well supported by them, most express problems of either neglect or over-protection.

Interviewees with disabilities commonly attribute families as the initial obstacle to their integration into society, stating that families often neglect their needs as children either deliberately or through over-care. Others attribute their survival and success to the love of their families. All respondents perceive the family as being the core contributor — either benefitting or limiting — their health, safety and enjoyment of life. Commonly, families feel ashamed of having a child with a disability and withhold love. There is stigma associated with having a disability and families will often keep family members with disabilities away from public places, fearing that they will face discrimination and ridicule or because they

are too ashamed to be seen with them in public. Families also invoke security issues to keep family members with disabilities from public places.

According to respondents, families often do not appreciate and subsequently ignore the skills and talents of family members with disabilities. They tend to invest in 'able-bodied' members, at the expense of those with disabilities. Some families believe that the disability itself is the result of divine punishment and those with disabilities must thus be hidden away. In such cases, people express secret feelings that they are to blame for all their families' problems, and they carry a deep sense of rejection, sadness and absence of love.

Women and girls suffer because they are more isolated because of the movement restrictions imposed by their families. As one respondent observed, "It is common for Iraqi families to feel ashamed even of normal women, can you imagine how ashamed they feel of a woman with a disability?" The Iraqi family has a key influence on the provision of services to the person with disabilities. This is particularly the case for women and girls with disabilities, as families are more restrictive and protective of them and often do not reveal that they have a female member with a disability. This has a direct impact on identifying how many women and girls have disabilities in Iraq, as well as on taking action to provide adequate services to them.

According to respondents, women and girls from poor families in villages and urban neighborhoods are often forced to marry men with disabilities, while more privileged women in cities are more independent and are not usually forced to marry against their will. The withholding of inheritance is also a concern for people with disabilities, who assert that family members will often control inheritance or will force people with disabilities to waive their rights to it. This is most often the case for women. A further concern expressed by respondents is that families often use their disabled relatives — especially children — as a justification to beg. Iraqis with disabilities consider the exploitation of people with disabilities in this way as deeply insulting.

## **IRAQI SOCIETY**

Although people with disabilities often view the family as the first barrier to integration into society, they also recognize that families function within a wider social context that discriminates against them and frames their families' treatment of them. Tribal masculine culture alongside religious conservatism dominates Iraqi society. Rigorous gender roles, separation of men and women (especially in public places), cultural norms that confine women to the private sphere and expectations of heightened masculinity all have a direct impact on Iraqis. These dovetail with discriminating social attitudes towards people with disabilities to exacerbate the difficulties they face living in Iraq. At check points, where people must sometimes exit their vehicles, people with disabilities are abused and mocked. In streets and when crossing the road, people will mock people with disabilities.

Society commonly expects that people with disabilities will beg or sell tissues or cigarettes in the street to survive. On the one hand, the general public mocks people with disabilities. On the other, most people will prefer to purchase from a beggar with a disability and give more than the cost of the cigarettes to provide extra support.

Men and women in Iraq who have had disabilities since childhood articulate their frustration and sadness when growing up, being excluded from social circles and being denied the normal stages of development, especially when looking for a partner. Men and women who have acquired disabilities later in life speak to the discrimination of a society that mocks them, spouses who desert them and the exclusion they suffer within the employment sector.

Social expectations of masculinity and femininity intensify the suffering of men and women with disabilities in Iraq. People with disabilities express feeling less feminine or less masculine due to their impairments. People themselves tend to hide away from the public, preferring not to be seen.

## SCHOOLS

According to a 2009 report from the United Nations, nearly 9 in 10 children under the age of 15 do not attend primary school because of the distance to school or insecurity.<sup>16</sup> For children with disabilities, attending school is even less common and education is an obstacle at all levels. Iraq has mandatory elementary education (between the ages of 6 and approximately 12 years). However, this has rarely been enforced since 2003. Inspectors and authorities turn a blind eye to the non-attendance of children with disabilities and punishment or penalty is rarely given to parents who keep their children out of school. People with disabilities often complain that schools are inaccessible and that many schools reject them. As a result, there is a high level of illiteracy amongst people with disabilities.

In addition, schools are generally unequipped for the needs of children with disabilities. Approximately 25% of government schools have special needs classes, where children with disabilities are segregated from other children. Special needs classes are only for 'slow learners' and other children with disabilities are not admitted. Under the *Law on the Care of Persons with Disabilities and Special Needs* (No. 38 of 2013), the Ministries of Education and Labor and Social Affairs are obligated to ensure access to basic and secondary education for children with disabilities.

There is often no consideration for the needs of students with disabilities. Most schools do not have the necessary equipment, facilities, curriculum or teacher training to accommodate students with disabilities. Respondents from the IKR assert that children with disabilities usually drop out of school because of the lack of facilities to assist them in their daily movement. While specialized institutions for children with disabilities exist in the IKR's major cities (e.g. Dahuk, Erbil, Sulaymaniyah), they are missing from rural areas. This is also the case in Iraq's central and southern regions.

Teachers are often improper and act in a discriminatory, unacceptable way towards children with disabilities. As with the schooling of children, people with disabilities are also often rejected from institutes of higher education on the grounds that they are unfit for study.

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<sup>16</sup> UN (2009), *IAU Iraq Common Country Assessment*.

## EMPLOYMENT

In the private sector, there are virtually no jobs for people with disabilities. People with disabilities find it impossible to get loans from banks to start their own businesses, as many banks feel that disabled people will not pay back the loan. There is currently no effective law to support the employment of people with disabilities. In the public sector, six percent of jobs are formally allocated for people with disabilities, but MOLSA is not empowered to enforce this quota. The General Secretariat for the Council of Ministers (COMSEC) allocates six percent of its positions across all ministries for people with disabilities, but again this is not enforced.<sup>17</sup> Under Law 38 of 2013 on Care of Persons with Disabilities, ministries and public agencies not linked to ministries are mandated to allocate 5 percent of positions to PWDs.

The chances of employment are few for people with disabilities. If employed, people with disabilities are often relegated to low-skilled, low-paid jobs. Additionally, people with disabilities are not supported for promotion or capacity building, and are generally deprived of the chance to be productive citizens. For the most part, the workplace is not fit for people with disabilities. It is not accessible and does not have facilities such as ramps, elevators and appropriate toilets. According to respondents, the government has limited awareness of the employment rights of people with disabilities under the Iraqi Constitution and the CRPD. This puts a particular burden on men with disabilities, as Iraqi society expects men to work and provide for their families. Many resort to selling small items on the streets or to begging to survive — even if they do receive the meagre social security salary.

## GOVERNMENT INSTITUTIONS

Although there has been increased attention paid to the plight of people with disabilities by the federal government and the KRG in recent years, these have resulted in few changes:

- A *Rehabilitation and Prevention of Disability Section* was established under the Ministry of Health in 2004. The Section drafted a law to establish an inter-ministerial National Commission for the Law on Persons with Disabilities, which brought together policymakers from the Ministries of Health, Education, and Labor and Social Affairs, and prepared a draft law that was enacted by parliament in 2013.
- The Ministry of Health also runs a *Special Health Operation Section* that provides mobility devices such as wheelchairs to persons with disabilities, however the equipment provided by the section is antiquated.

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<sup>17</sup> Likewise, in the 1980s the Ba'athist regime had an unenforced six percent quota for people with disabilities in public sector jobs.

- A registration initiative was proposed by the Ministry of Health in collaboration with the World Health Organization (WHO) in order to address the acute lack of data on persons with disabilities in Iraq. The initiative would gather data on the number of persons with disabilities, disaggregated by type of disability, sex, age and more. The data would be gathered from special forms completed by primary care physicians and submitted electronically to the central *Rehabilitation and Prevention of Disability Section* within MOH.
- A law to establish official identity cards to persons with disabilities is currently before parliament. The cards would be used to ensure certain privileges to disabled Iraqis, such as loans, discounts, priority seating in public transportation, housing, etc.

Respondents assert that MOLSA and the Social Security Office do not take into consideration the increased numbers of people with disabilities. Government offices are overburdened, and corruption is common. These offices present people with disabilities with many obstacles. For instance, it is difficult for people to get into offices that are rarely accessible, and waiting rooms are overcrowded and uncomfortable even for able-bodied citizens.

Women and men report different experiences when attending government offices. Men are often reluctant to visit these offices due to shame and fear of ridicule. Women are usually more insistent than men. Respondents perceive women to have an advantage over men because officers will feel more sympathy for women. On the other hand, women attest to facing persistent sexual harassment in government offices.

In general, people feel discriminated against and undermined in government institutions, both when seeking their rights and when advocating for the rights of people with disabilities. They comment that officials and politicians exploit them and refuse to consider their demands.

Delays in providing services caused by inefficient bureaucracy are understood to foster spaces for corruption to thrive. According to respondents, the convoluted process of providing services (as well as the widespread poverty experienced in the years of economic sanctions) have led to a culture of corruption. While corruption is deeply ingrained in Iraqi society, respondents are hopeful that the new generation of government employees will resist this and eventually stop it. In 2012, Iraq was ranked by Transparency International as the eighth most corrupt country in the world.

### **Ministry of Health**

The health system is over-burdened and suffers from a shortage of infrastructure, equipment and professional staff. Doctors were particularly targeted during the 2003-08 conflict. Official Iraqi sources reported that more than 2,200 doctors and nurses have been killed since 2003. Many more were threatened and found refuge in neighboring countries. Moreover, in some areas, access to health services remains difficult due to transport and security reasons. Respondents agree that in the best case, people will be provided with wheelchairs and basic healthcare. While all respondents complain about the lack of facilities and services, they commonly view medical staff as helpful and caring. It is the health system, rather than healthcare professionals that is seen as the source of the problem. On the other

hand, respondents attest to the paucity of necessary skills and trained professionals in all areas of healthcare. The Ministry of Health's budget for disabilities, for instance, has remained the same since 2007, despite the reported increase in the number of Iraqis with disabilities during the same period.

For much of the past decade, Iraq was dependent on international health aid from organizations such as the ICRC. Today, although prosthetics and other adaptive equipment is locally manufactured, it is of poor quality. For instance, respondents complain that leg splints are unsuitable, outdated, heavy and cause further physical problems. This is also the case for artificial limbs, and many prosthetics are unsuitable and people would rather throw them away than continue to use them. Those who need prosthetics require fittings, operations and physiotherapy, yet these services are rarely available and costly in Iraq.

According to respondents, the MOH is not equipped to address the health issues attached to having some congenital disabilities. Similarly, mental and intellectual disabilities are widely misunderstood and the mental health sector lacks trained health professionals and up-to-date resources. Care for people with autism is also generally unavailable. There are private centers for autism that cost USD 200 *per* month, an unaffordable amount for people on a social security salary. Respondents agree that women and girls suffer more than men with health issues because the medical practitioners often do not understand their specific needs as women and because their needs for privacy are not considered.

Many people with disabilities are psychologically introverted and suffer from shock due to the nature and/or cause of their disability. Mental health services in Iraq are seriously lacking. During the Ba'athist years, many people with mental or intellectual disabilities were used in prison swaps for those awaiting execution. Since 2003, many have been killed in the streets or used as suicide bombers. There are increasing reports of people with mental disabilities being victims of organ trafficking.

Women with mental or intellectual disabilities are at particular risk of sexual harassment and abuse. The MOH has made steps to address mental health in Iraq, but much more work needs to be done to improve services, increase community awareness about services, and to reduce the stigma associated with mental health. Reports the WHO: "There is a dearth of mental health services. The health system needs to include proper attention to psychosocial issues, mental health promotion at individual and community level, integration of mental health into primary care (*via* training, guidelines, support, data collection, effective medicines) and, in the general health sector reform plan, a package of essential health interventions and an essential medicines list."<sup>18</sup>

In 2009, the WHO published the *Iraq Mental Health Survey 2006/7*, the first national mental health survey of its kind in Iraq.<sup>19</sup> The survey found that access to treatment for mental disorders is low (6.12% for any disorder), particularly given the high lifetime exposure to traumatic events (56.02%) and that

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18 [http://www.who.int/hac/crises/irq/background/Iraq\\_Health\\_in\\_Iraq\\_second\\_edition.pdf](http://www.who.int/hac/crises/irq/background/Iraq_Health_in_Iraq_second_edition.pdf)

19 [http://applications.emro.who.int/dsaf/EMRPUB\\_2009\\_EN\\_1367.pdf](http://applications.emro.who.int/dsaf/EMRPUB_2009_EN_1367.pdf)

Iraq's mental health law needs revision. About one third of the population has "psychological distress" and one in nine individuals has a diagnosable mental disorder. According to the WHO, mental health disorders are the fourth leading cause of ill health in Iraqis over the age of 5. The federal MOH has the least number of psychiatrists in the world. For instance, Babil governorate has a population of 2 million and has only two registered psychiatrists. Hospital wards for the insane are neglected, overcrowded and inhumane.

## CIVIL SOCIETY

In 2003, the necessary conditions for civil society to flourish began to take shape. Thousands of new non-governmental organizations (NGOs) were established and registered under Coalition Provisional Authority (CPA) Order #45 (2003).<sup>20</sup> Before this, there were no civil society organizations working in Iraq on behalf of widows. There was an organization called the General Union for Iraqi Women, which was purported to advocate for vulnerable Iraqis including widows, orphans and the illiterate. In practice, however, the organization was constrained under the mandate of the Ba'athist Regime and merely provided a propaganda tool for the party. The organization was commonly seen to support only those who showed their loyalty to the Ba'athist Party.

In January 2013, the Council of Representatives (COR) held the first reading of a new law to create a national fund for civil society organizations involved in the implementation of development projects. This has since been put on hold pending further review.

Before 2003, there were no NGOs in Iraq dedicated to people with disabilities. By 2007, the Iraqi Alliance of Disability Organizations (IADO) began to bring disability groups together to advocate for rights, including the right to privacy for people with disabilities (especially women) and the right to rehabilitation for victims of military operations and terrorism.

The IKR has a longer history of civil society and, subsequently, support for people with disabilities is more established. Subsequently, in the IKR, only 2% of people with disabilities do not receive the social security salary. The KRG's laws for people with disabilities are equal for men and woman, but implementation of the law by civil servants takes discriminative forms.

All CSOs working in Iraq suffer from lack of or irregular funding, and the competition for funding is strong. CSOs report that women seek their assistance more often than men, as it is more difficult for women to leave their homes on their own to visit government offices. They also report that because men feel shame related to seeking help from others, they are less likely to do so. However, since the GOI provision for the compensation of victims of military operations and terrorism, CSOs report an increase in the numbers of men seeking their services.

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<sup>20</sup> For a discussion on civil society NGO relationship with government please see [www.icnl.org/research/monitor/iraq.pdf](http://www.icnl.org/research/monitor/iraq.pdf).

According to respondents, there are more men with disabilities than women because men are more likely to be in places where there are landmines and where terrorist attacks occur. This requires further study. Women seek additional rights of divorce and alimony because their husbands are more likely to either abandon them leaving no support or take a further wife if women acquire disabilities after they are married. It is rare that a woman will desert her husband who acquires a disability.

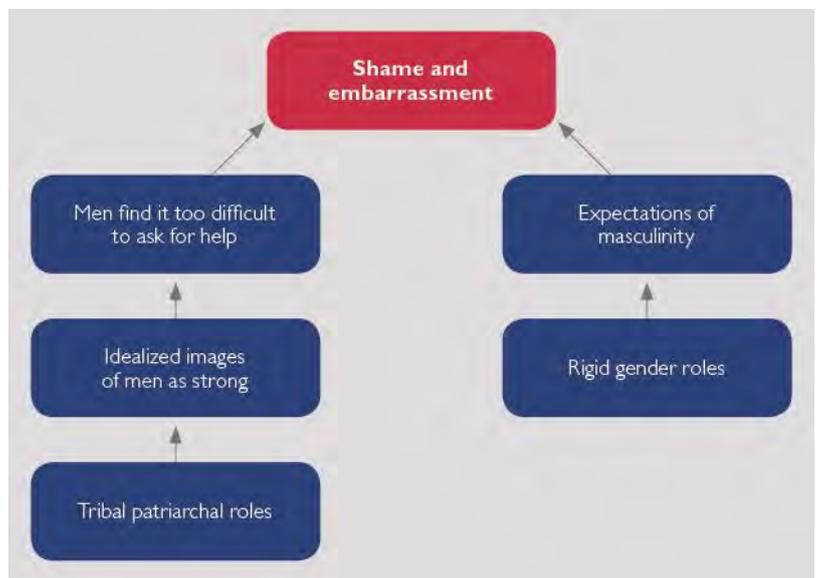
# KEY GENDER-BASED CONSTRAINTS

Many of the impediments faced by people with disabilities when accessing their rights are those based in assumed gender roles and responsibilities in Iraqi society. To identify opportunities for action, it is important to examine the factors that contribute to gender-based constraints. Across the steps required for a person to access basic entitlements to a welfare salary, six gender-based constraints were identified. For each constraint, an analysis tree has been constructed to dissect the different factors embedded within the gender-based constraint and highlight the different areas of action required.

## I. SHAME AND EMBARRASSMENT

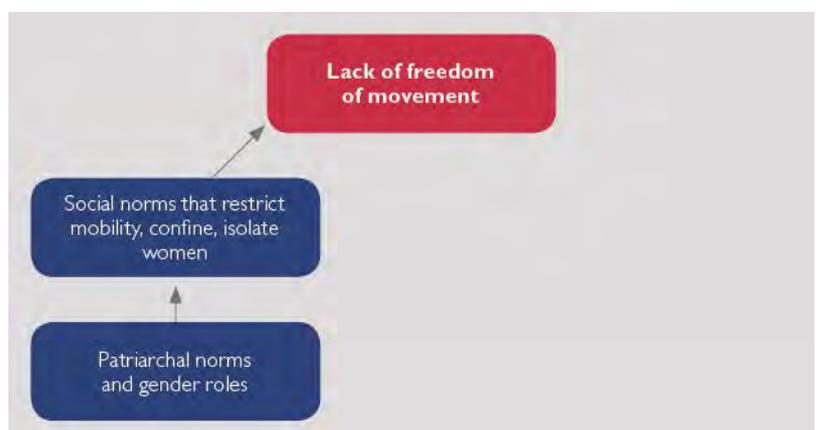
Iraq is a patriarchal society that is influenced by strong tribal ties and leadership. Gender roles in Iraqi society are widely divided along gender lines, with expectations of strong masculinity shaping men’s behavior. Having an impairment is considered a weakness and, thus, the man with an impairment either feels less masculine or is made to feel this way by society.

Correspondingly, asking for help is considered a sign of weakness, as men are expected to be independent. Strong gender expectations are contributing factors to men and boys with disabilities being less able to access their rights.



## 2. LACK OF FREEDOM OF MOVEMENT

Gender roles in Iraqi society also have an impact on the extent to which women and girls can access their rights. While all people with disabilities have limitations on their mobility these are particularly harsh for women and girls. Women in Iraq are not expected to participate in public life and are predominantly relegated to the private space of the home. Women’s movement outside of the home is severely



monitored and restricted to being in the company of a male guardian. If a male is unwilling or unable to accompany a woman to public places such as government offices, she will be less able to access her rights. For women and girls, to leave the home on their own or without a male guardian frequently risks severe punishment. As the process of obtaining a social security salary requires many visits to public offices, the restrictions placed on women’s movement commonly prevent them from following the necessary procedures and visiting the required public offices.

### 3. LACK OF ACCESS TO LEGAL SERVICES

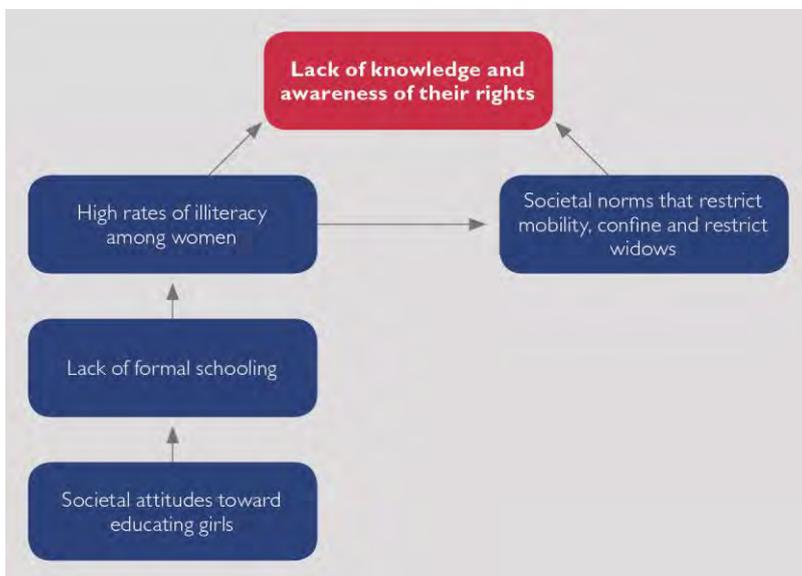
Women in Iraq are generally dependent on their fathers or husbands. If women work, they are generally paid less than men and/or are in part-time employment that offers little financial security. Societal attitudes that deem women’s employment at best unnecessary and at worst shameful prevent many women from engaging in meaningful employment. For women with disabilities, access to meaningful employment is severely restricted. Common stereotypes dictate that women with disabilities remain



unmarried, unemployed or unpaid servants to their families, husbands or anyone who will provide them with shelter. Women do not enjoy access to financial independence and are restricted from accessing lawyers because they most often cannot pay the fees. Lack of financial resources coupled with restrictions on women’s movement in the public sphere impact on their ability to access lawyers and legal services.

### 4. LACK OF LEGAL KNOWLEDGE AND AWARENESS

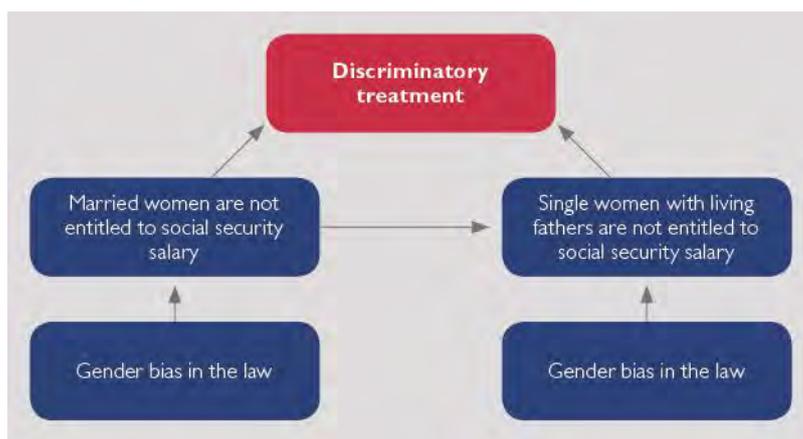
Both men and women with disabilities are constrained from accessing their legal entitlements because they lack legal knowledge and awareness of their rights. Traditional patriarchal norms in Iraq place less value on the education of girls. It is rare for boys with disabilities to attend school and unlikely that they will have education above primary level. For girls, this is even more rare and unlikely. Schooling is formally provided for all children in Iraq, however in practice this



is not realized for all. The UN estimates that illiteracy rates in Iraq are 20% and in some areas this has reached 50% for girls. Societal attitudes predict that in times of social and economic hardship, Iraqi parents are more likely to educate their sons and withdraw daughters from schooling. In addition, following completion of the sixth grade, Iraqi children are provided mixed-sex schooling and many Iraqi families withdraw their daughters from school at this stage of their education because cultural norms will not allow the mixing of girls and boys. Isolation is a further common reason for lack of education, as well as for the general lack of awareness of legal entitlements.

## 5: DISCRIMINATORY TREATMENT

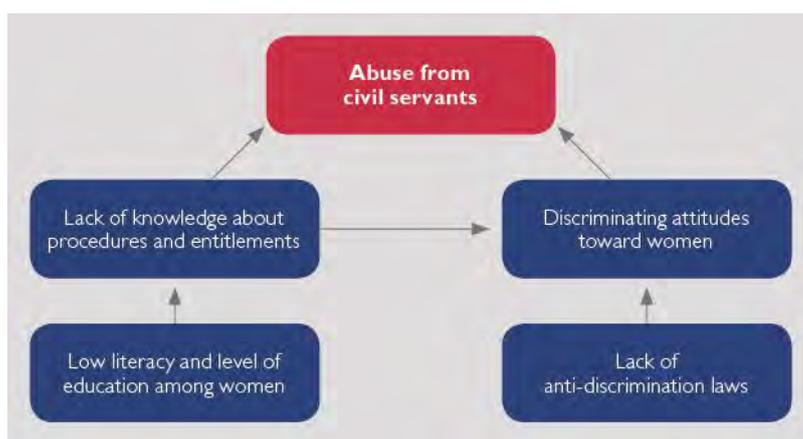
Iraqi law reflects patriarchal norms that assume women and girls are dependent on men. Furthermore respondents attest to the prevalence of informal discrimination in the form of sexual harassment and bribes faced by women with disabilities. It is commonly accepted in Iraq that the most vulnerable people are those who are most likely to face these forms of discrimination. Within the laws of compensation for victims of



terrorist attacks or military operations since 2003, there is further evidence of bias within the law. Recently eligibility for compensation has been extended to children who are orphaned as a result of terrorist attacks or military operations. A small salary is provided to these children. For girls, however, the salary stops when she marries.

## 6. ABUSE FROM CIVIL SERVANTS

Women and girls are often afraid to go to public offices because they fear abuse and harassment from government employees. As women and girls lack knowledge of procedures and entitlements, this increases the chances that they will face discrimination. They are often subject to corruption and bribes by officials who claim to be giving them special attention. Women report persistent sexual harassment from



officials. Men are less able to seek support due to rigid gender roles and expectations that construct masculinity as independent and not needing assistance. Men are less likely to seek support from both government institutions as well as CSOs.

## TAKING ACTION TO ADDRESS CONSTRAINTS

### *Public awareness and advocacy*

The USAID Iraq Access to Justice Program and its civil society partners are working with people with disabilities to raise the legal awareness, organizational capacity building and leadership, promotion and improvement of the educational, cultural and economic status of people with disabilities. The Program's awareness-raising workshops, television and radio programs assist in confidence-building to help people with disabilities integrate into society. These workshops are held in remote areas to support people with disabilities who find it difficult to get to urban centers. For instance, CSOs are active in providing legal services to people with disabilities living in remote areas such as Basrah's Qurnah district, where people lack the simplest forms of social and health services. The Program's legal clinics give priority to cases of people with disabilities and provide telephone hotlines for all beneficiaries.

CSO partners provide other services, such as the distribution of crutches and wheelchairs. In addition, CSOs working with short-stature Iraqis are involved in advocating for the legal inclusion of short-stature Iraqis into the category of people with disabilities. Short-statured people are not currently included in this category and are not entitled to the same care provided by the government.

Advocacy and awareness campaigns focus in particular on enforcing Article 32 of the Constitution, which requires government to care for the special needs of disabled people and guarantee their rehabilitation and integration into the Iraqi society. More recently, advocacy campaigns have focused on aligning Iraqi law to the United Nations Convention on the Rights of People with Disabilities (CRPD).

### *Legal services*

An essential service provided by Program-supported, civil society operated legal clinics is the establishment of powers of attorney for persons with disabilities. This legal document allows lawyers to act on behalf of their clients, thus lessening the mobility obstacles faced by women and girls due to gender roles, as well as the overarching mobility constraints facing persons with disabilities in general. The presence of both female and male lawyers at these legal clinics also helps reduce gender barriers, as well as prohibitions on women being in the presence of men who are not relatives. These are two important efforts made by the Program and its civil society partners that directly lessen gender-based constraints.

### *Key accomplishments*

- The Program has successfully connected its partners with COMSEC to inform policy decisions regarding persons with disabilities. This collaborative effort culminated in the formation of an official **Civil Society Steering Committee**, chaired by the COMSEC Secretary-General. The

committee meets on a regular basis to advise the Council of Ministers on decisions to improve conditions for Iraqis with disabilities.<sup>21</sup>

- **Iraqi Al-Mortaqa Foundation for Human Development** completed a campaign for persons with disabilities. The campaign, titled *Let's Be With Them*, included eight symposia for people with disabilities — especially children — their caregivers, families and the general public, and was designed to sensitize the public to the rights of people with disabilities.<sup>22</sup>
- **The National Association for the Care of the Blind** completed 10 forums attended by 200 participants (80 men and 120 women) in Basrah. The forums provided the participants with information on the legal rights of persons with disabilities.
- **The Iraqi Alliance of Disabilities Organizations (IADO)**, continues to advocate on behalf of Iraqis with disabilities to seek changes to the Law on Disabilities;
- The Program finalized a **report on the legislative issues** that must be addressed for Iraq to meet its obligations under the CRPD. The report details areas where existing law must be amended, as well as gaps in existing law that require new legislation.<sup>23</sup> The Program also prepared a tailored version for the IKR, where a disabilities law exists but is yet to be implemented.<sup>24</sup> The aim is to further strengthen the spirit of partnership between the Program, civil society, the federal government and the KRG in a collective effort to fulfil Iraq's requirements under the CRPD. The Program's CRPD *Harmonization Report* provides guidance to CSOs and parliament during this process.
- During a **roundtable** convened in February 2013 by the Program and four of its CSO partners, the KRG Parliamentary Human Rights Committee was persuaded to join efforts with other committees of parliament in order to draft a single law on persons with disabilities, rather than having several committees draft their own texts.

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21 One recommendation emerging from the Committee's discussions pointed to the need for improved access to affordable housing for people with disabilities. In December 2012, COMSEC issued a decision in-line with Program recommendations by calling for a further reduction in the cost of public housing units for people with disabilities from 50-75% of the established price. COMSEC also issued an order that facilitates the importation of disabled-equipped automobiles that effectively reduces the cost of these vehicles for people. A third COMSEC order requires the Ministry of Housing and Construction to dedicate integrated units in all housing projects for people with disabilities.

22 In addition, the Foundation disseminated 20 billboards illustrating the need for the community to support people with disabilities, 400 calendars with similar messages, 4,000 brochures, three live radio discussion programs with government officials, including Mr. Kamel Ameen, Director-General and spokesperson for the Ministry of Human Rights, and one pre-recorded short radio drama on disability issues.

23 The report was drafted with support from Program grantees, who use the recommendations to inform their advocacy efforts.

24 Both reports were revised based on input from Program partners in government and the Council of Representatives. The second editions of the reports will be disseminated among relevant government agencies (e.g. COMSEC; HJC; Shura Council; Ministries of Labor and Social Affairs, and Human Rights; and various committees within the Council of Representatives).

- In April 2013, the Program received an official letter from the **Ministry of Health's Special Office for the Rehabilitation of Persons with Disabilities** that formalizes an agreement to facilitate cooperation between the Office and Program-supported legal clinics. The Rehabilitation Office is responsible for adjudicating applications for social welfare payments to people with disabilities. As part of the application process, people with disabilities must submit to a medical examination, which is used to quantify the calculation of the welfare payment.<sup>25</sup>
- In 2012, the Program facilitated the establishment of an **Advocacy Network on Persons with Disabilities** to encourage CSOs advocating on behalf of PWDs to coordinate their efforts. The Program also revitalized its consolidated Network for the IKR to ensure maximum civil society engagement in advocacy efforts. Consequently, the size of the IKR Network has increased from three to seven member CSOs. The Network meets to prioritize its advocacy efforts, deciding to focus on the application of the Law on PWDs for the IKR.

## OPPORTUNITIES TO STRENGTHEN ACCESS TO JUSTICE FOR IRAQIS WITH DISABILITIES

### *Findings*

There are a large number of people with disabilities in Iraq. While not all PWDs are vulnerable, they make up one of the most vulnerable groups in Iraqi society.

The Iraqi government provides people with disabilities with a small salary and basic healthcare. Traditional and social norms commonly prevent people with disabilities from accessing employment opportunities rendering them dependent on family members for survival. It is uncommon for people with disabilities to have access to secure employment to be able to provide for themselves as independent citizens. Poverty is a major obstacle for people accessing their entitlements.

Few people with disabilities have jobs and many are totally financially dependent on others. Although some medicine and equipment are available and are subsidized by the government, these are never free, there is scarcity in supply, and the quality of both medicines and equipment is poor. Leg splints are outdated, heavy and disabling, and wheelchairs are often stolen by staff in rehabilitation centers to be sold on the black market. As a result, people can wait years to receive a wheelchair and many go without.

Many people with disabilities live in conditions where they are particularly affected by the lack of effective public services, unemployment, poverty, illnesses, violence and marginalization. People with

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<sup>25</sup> Program-supported legal clinics advocated for a formal mechanism that would expedite the results of these examinations and allow them to appeal their outcome. The agreement now provides the Program's legal clinics with an endorsement from the Minister of Health to better represent their clients during this process.

disabilities desire to become economically productive and autonomous so that they can meet the needs of their families and participate more fully in society. Social attitudes must shift so that society respects people with disabilities as participating citizens with something to offer.

The time taken to access a simply social security salary can take months or even years. Meanwhile, they are most commonly without income to support themselves or their families. The procedures they must go through are lengthy and complicated and many have health conditions that prevent them from following these. For people with disabilities, many of whom are illiterate, the bureaucratic procedures present as major obstacles. Illiteracy and lack of awareness of legal rights are common, and family and traditional restrictions based on rigid gender roles as well as stigma attached to having a disability also present as critical obstacles for many people accessing their rights.

Tracing the steps required for people with disabilities to access the basic social security salary unveils a plethora of unrecognized entitlements. In all areas of life, Iraqis with disabilities are denied the rights guaranteed to them by the both the Constitution of Iraq and the CRPD.

The USAID Iraq Access to Justice Program and its implementing partners provide many services for people with disabilities, including working with government and legislators to align Iraqi law to the CRPD. Gender-based concerns and constraints have yet to be explicitly addressed by the Program. However, the CPRD and the Program's harmonization report can be channeled in future years to address these constraints.

The following recommendations are critical to ensure that the Program attends to the gender dimensions of activities to promote better access to justice for people with disabilities.

### **Awareness**

The Program and its civil society partners have implemented awareness-raising campaigns to increase awareness of the issues faced by people with disabilities as well as to strengthen the knowledge of people with disabilities and their families about their legal entitlements. As yet, these campaigns have not specifically addressed the gender dimensions of disabilities. Shifting social attitudes towards people with disabilities requires on-going awareness-raising activities. Nevertheless, it is unreasonable to expect that several campaigns will alter deeply ingrained stereotypes and social attitudes. Future campaigns should address the specific gender dimensions of disabilities as well as the gender-based constraints faced by both men and women living with disabilities in Iraq.

### **Anti-discrimination**

The Program's advocacy networks can work to strengthen or amend anti-discrimination laws to align with Article 4(b) of the CRPD that requires signatories to "...take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities" and Article 5(b) that requires signatories to "...prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds."

While Article 14 of the Iraqi Constitution guarantees that “Iraqis are equal before the law without discrimination based on gender, race, ethnicity, nationality, origin, color, religion, sect, belief or opinion, or economic or social status,” in practice the legal system in Iraq does not ensure this equality.

While Iraq had demonstrated its political will to adhere to the CRPD, there is still much to be done. Both men and women face discrimination based on the interconnections of gender and disability. Iraq’s anti-discrimination laws must be strengthened and actually implemented. Iraqis with disabilities have a right to be protected against discrimination.