

Iraq



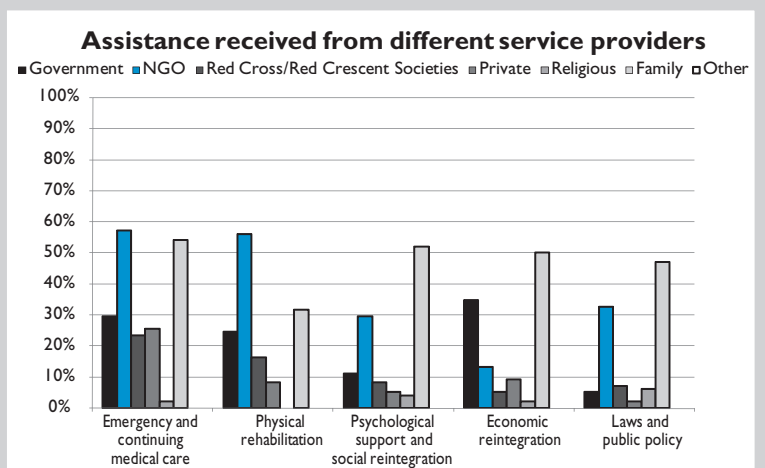
Country indicators

- **Conflict period and mine/ERW use:** Iraq is contaminated by mines, cluster submunitions and other ERW, as well as improvised explosive devices, as a result of conflict since the 1980s.¹
- **Estimated contamination:** The Iraq Landmine Impact Survey (ILIS) estimated that 1,730km² of land was contaminated, affecting 1.6 million people, but these results exclude 5 (of 18) governorates and border minefields (6,370km²).²
- **Human development index:** No ranking in 2008 or 2004.³
- **Gross national income (Atlas method):** No ranking (US\$930 in 2004).⁴
- **Unemployment rate:** Higher than 50% (not available 2004).⁵
- **External resources for healthcare as percentage of total expenditure:** 12.6% (compared to 2.6% in 2004).⁶
- **Number of healthcare professionals:** 20 per 10,000 population.⁷
- **UNCRPD status:** Non-signatory as of 1 August 2009.⁸
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** Iraq is an oil rich country, which used to experience significant wealth and was among the most developed in the Middle East. This has changed due to decades of conflict and, as of May 2009, some 25% of the population lived below the poverty line. But large disparities existed, poverty being a rural phenomenon and much more prevalent in southern and central Iraq where up to 50% lived below the poverty line. Due to conflict, Iraq was also one of the only non-African countries where life expectancy decreased since the 1990 (from 66.5 to just under 58).⁹

VA country summary

Total mine/ERW casualties since 1980: Unknown – between 8,249 and 21,429				
Year	Total	Killed	Injured	Unknown
2004	261	62	132	67
2005	358	67	111	180
2006	99	54	29	16
2007	216	101	114	1
2008	266	81	160	25
Grand total	1,200	365	546	289

- **Estimated number of mine/ERW survivors:** Unknown, but at least several thousand.
- **VA coordinating body/focal point:** None; VA is part of the mandate of the Directorate of Mine Action which has not been able to work on VA; the federal and regional ministries of health and social affairs are responsible for disability issues.
- **VA plan:** None; VA was included in mine action plans which were never executed.
- **VA profile:** Despite the significant number of mine/ERW survivors and persons with disabilities, VA and disability were not priorities in Iraq between 2005 and 2009. Obviously, ongoing conflict caused many competing priorities and hampered government capacity and control. Competing political agendas and targeted attacks on NGOs and international organizations further hampered coordination and service provision. Whereas Iraq once had one of the best developed medical and service networks of the Middle East, services have deteriorated significantly due to decades of conflict and embargoes. Many facilities damaged as a result of the 2003 US-led invasion have been renovated at a slow pace due to insecurity. Seeking timely treatment was often impossible due to curfews, roadblocks or the danger of getting caught up in fighting. Overall, the situation is significantly better in the more stable northern Iraq where more NGOs operate, where there is more coordination, and more regional government capacity. Nevertheless, the large number of survivors (also coming from other parts of the country), limited means, and spill-over conflict remained significant challenges. In 2008, the ICRC reported that the healthcare system in Iraq was in a “worse shape than ever.”¹⁰ Some 75% of medical personnel had left the country in 2008 (50% in 2007 and 25% in 2006). The others had to deal with an increased demand, looting, violations of medical neutrality and lacks of supplies, water and electricity. Whereas physical rehabilitation centers were available in all major cities, many have not been functioning at full capacity since 2003 and struggle with staff and material shortages. High transport and (in some



case reinstated) service costs were further obstacles. Since 2008, access to services was slowly improving. War-related mental health problems were massive in Iraq, but treatment largely non-existent and stigmatized; the few existing community-based activities had to be ceased for security reasons. General unemployment is rampant in Iraq, and it was said that 90% of persons with disabilities lived below the local poverty line. Poverty levels are the highest in mine/ERW-affected areas in central and southern Iraq. Limited economic reintegration

programs are carried out by NGOs (mostly in the north) but lack the means to ensure continuous service provision and are dependent on external support. Some large World Bank-backed programs provide a social safety network for vulnerable groups, including persons with disabilities, but it is unclear how effective these are. Discrimination against persons with disabilities was common, most disabled people's organizations (DPO) weak and legislation unimplemented and in need of reform (ongoing since 2008).¹¹

VA progress on the ground

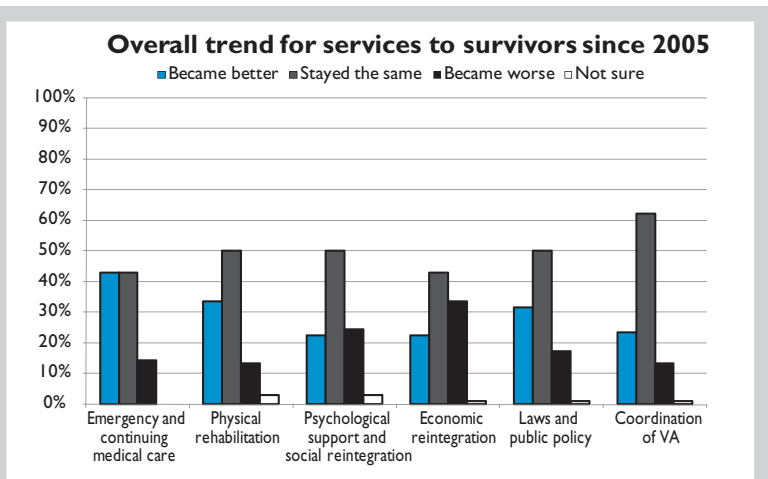
Respondent profile¹²

By July 2009, 98 survivors had responded to a questionnaire on VA progress in Iraq since 2005: 81 men, 16 women and one boy. Respondents ranged from 16 to 78 years old with 68% between the ages of 25 and 45. Two-thirds were heads of households, but just 20% owned property. Iraq is urbanized with large cities: 11% of responses came from the capital Baghdad; 39% came from large cities with a variety of services. However 30% of people were from villages or districts with limited services and 14% were from rural areas without services; the remainder did not respond or said that they were internally displaced. Responses were collected from Sulaymaniyah, Erbil, Dohuk, Basrah, Maysan, and Anbar governorates.

Just 29% of people said their family income was sufficient, and 69% said it was insufficient.¹³ Eight people were unemployed prior to their incident, after the incident this figure rose to 41 (including seven of 12 military and one deminer). While some people said they lost their employment due to their disability, many blamed the ongoing conflict. Some 38% had started secondary school or higher and 19% had not received any education. Respondents reported having their incidents throughout the 1980s until recently. This profile corresponds with what is known about the casualty profile in Iraq, with casualties during and after the various conflicts in all parts of the country. The vast majority of casualties are male (90%) and between 15 and 45 years old.¹⁴

General findings

Overall, the majority of respondents found that services had remained largely the same in the last five years, due to conflict and a lack of government capacity (69%) or political will (91%). More than three-quarters of respondents (77%) did not find they received more services and 64% did not think services were better. Responses varied significantly between regions with many more people seeing improvement in northern Iraq and more people seeing deterioration in the south. As just over 61% of responses were received from northern Iraq where security is better and services more available, this biased results. Most progress was seen by people living in large cities, excluding Baghdad, and in villages. More than half of respondents (56%) thought that services for women were "equal" to those for men; 15% said services for women were "absent"; and 12% said "worse". Three-



quarters of women found the level of services they received equal to that of men. Two-thirds of survivors thought that services for children were “never” or “almost never” adapted to their needs.

More than half of respondents had never been surveyed by NGOs or government in the last five years and 21% had been surveyed once. Just 8% had been surveyed three or more times. Half of the respondents felt more listened to as a result; 43% said that they had received more

information about services through survey activity; and only 23% felt it had also resulted in more actual services. Just 17% had had a chance to explain his/her needs to a government representative. This would correspond with the lack of systematic data collection in Iraq, particularly in central and southern Iraq and the lack of government capacity to deal with mine/ERW casualties and VA. The only systematic and reliable data collection taking place in Iraq was the 2004-2006 ILIS, which could not cover all governorates due to security reasons and only covered casualties living in mine/ERW contaminated areas.

Emergency and continuing medical care

Some 43% of respondents found that, overall, medical care had stayed the same since 2005, while the same percentage saw improvement; 14% saw deterioration (all in southern and central Iraq). However, 44% of people believed that survivors “never” or “almost never” received the medical care they needed and another 26% said this was only “sometimes” the case. Some 39% thought that the government provided more support to the sector (mostly in the north). When looking at specific progress indicators, 60% thought that there were more health centers and that quality of services was better; 68% thought that infrastructure improved and 57% thought that healthcare was more affordable. People were somewhat less satisfied with the availability of medication (47% saw improvement), of emergency transport (44%), of supplies and equipment (34%), or referrals (26%). Less than half also found that staff was better trained, that there were more first aid workers or more complete medical teams. Practitioner responses also indicated that medical care had improved (82%), also noting more facilities and improved quality. About half indicated that the government had increased its efforts, but they also noted extensive international support.

At first sight, these responses are not in line with reports from the ICRC and international NGOs that healthcare continued to deteriorate throughout 2005-2009; that neutrality of the medical profession was violated; that students were threatened; and graduates not fully qualified. Hospitals were also reported to be under-equipped, and suffering from water, fuel and electricity shortages. However, it needs to be taken into account that Iraq’s medical sector suffered from decades of conflict since the 1980s and experienced years of sanctions and economic embargoes since 1991 (affecting import of medical supplies). These were lifted in 2003. In the aftermath of the 2003 US-led invasion and subsequent damage, large internationally funded reconstruction projects have been started focusing on healthcare and social infrastructure and many NGOs or international organizations have increased their operations.¹⁵ Rural areas with limited or no infrastructure might have been reached for the first time as a result of the activities of NGOs. Or as one survivor commented “Civil society organizations played a crucial role in improving healthcare in recent years.” This would appear to confirm the ILIS finding that 90% of mine/ERW-affected communities did not have government-run health services. Improvements in the security situation since late 2007 would also have had a positive influence on responses.

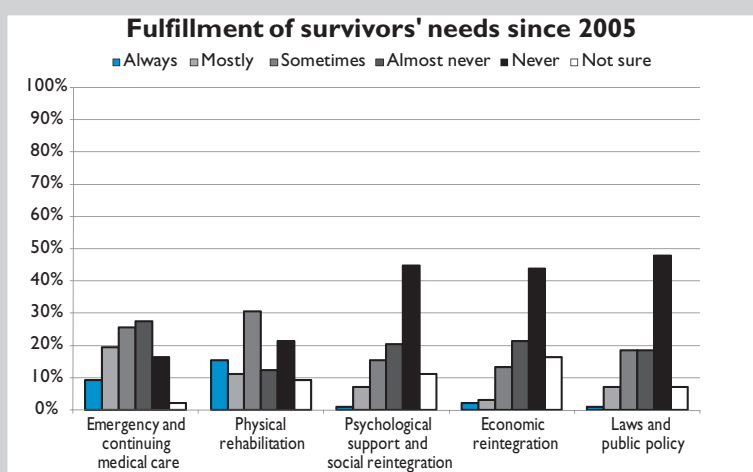
In northern Iraq, the government increased its budget allocation, gradually took over responsibility for some NGO-operated facilities and improved its coordination with other stakeholders. Despite some capacity gaps and limited funding, this would have contributed to a more tangible feeling of progress in this part of Iraq.

Physical rehabilitation

Half of the respondents found that physical rehabilitation had remained unchanged since 2005; 34% saw improvement and 13% deterioration.¹⁶ Some 31% found that survivors “sometimes” received the physical rehabilitation they needed. The second largest group, 21% of respondents, found that survivors “never” received the needed assistance. Survivors saw most improvement in qualitative aspects: easier to obtain free services (64%), better trained staff (59%), better quality mobility devices (58%), and more types of devices (57%), shorter waiting lists (55%), and better physical therapy (54%). Areas of least progress were related to proximity, just 17% thought there were more centers; 14% found that they could access services closer to home; and just 13% thought there were more mobile workshops. There was little variation across regions. Practitioners saw much more improvement (82%), likely because most respondents worked in the sector and would have seen improvements first-hand. The main areas of progress were the quality of services, easier-to-obtain replacements, free of charge services, and increased variety in device types, confirming survivor responses. Practitioners also saw less improvement in the number of the number of centers (36%), but were less negative than survivors. About half of practitioners indicated that the government “did nothing” or maintained its efforts to further improvement in the sector.

These reports correspond with the systematic quality improvements carried out by NGOs, particularly in the north, and by the ICRC all over the country. Possibly more people were also using NGO services, explaining the increased perception of affordability. Since 2005, the ICRC has increased its support considerably. Training support and material distribution appeared to have positive effects. However, it would appear that reconstruction efforts by international organizations and the construction of new centers had limited impact

on responses. The reconstruction of a network of centers that covered most of the country so that most patients would not have to travel long distances was less felt by survivors. This is probably because, for many, traveling from rural areas remained difficult and the cost of transport was unaffordable unless paid for. Some people from the south or center of Iraq might still be traveling to northern Iraq for services, even though this was no longer needed for security or capacity reasons. Only one NGO in northern Iraq provided outreach services; in other parts of the country there were no community-based activities. In



In 2009, the ICRC also noted that “patients are not coming to existing structures.”¹⁷ This could explain why survivors who did go thought waiting periods had become shorter.

Psychological support and social reintegration

Nearly one-quarter of respondents found that, overall, psychological support and social reintegration activities had deteriorated since 2005 and 50% thought they had stayed the same. However, 45% found that survivors “never” received the psychosocial support they needed and another 20% thought this was “almost never” the case. Just 8% thought that survivors “mostly” or “always” received the needed psychosocial assistance. When

looking at specific progress indicators, most progress was made in the survivors' own attitudes: 51% felt more empowered; 52% was more involved in community activities; and 44% became involved in providing psychosocial support for others. Some 46% also thought that survivors were considered as "charity cases" less often. However, just 11% thought that peer support groups had been created. Just 3% found that services were available closer to home; 18% said there were more social workers; and 24% thought that quality of services had improved. Among practitioners, 73% thought that psychosocial services remained the same since 2005 and that the government had maintained its efforts. The only area where a majority saw progress was the empowerment of survivors (55%), but they did not believe survivors were more involved (18%) or that there were any quality or quantity improvements.

These responses confirm that psychosocial support services were very limited in 2005-2009 and mostly run by NGOs, as part of the rehabilitation services. As reflected in the responses, there was a lack of trained staff and awareness raising on the need for mental health services. Community-based services were non-existent, particularly since the Red Crescent had to end its mental support program for war-traumatized due to a lack of funding and for security reasons.¹⁸

Economic reintegration

One-third of respondents thought that, overall, economic reintegration opportunities had decreased since 2005 and another 43% said the situation remained unchanged. Some 44% of people said that survivors "never" received the economic reintegration assistance they needed and an additional 21% found this "almost never" to be the case. Just 5% thought this was "mostly" or "always" the case. Nearly all respondents (95%) said that unemployment was so high that survivors were the last to be chosen for a job. However, the areas where most improvement was noted were: less discrimination (47% saw progress) and increased awareness among teachers (39% saw progress). Other specific indicators scored less than 30% progress ratings: easier access to loans (10%), enforcement of employment quotas (15%), more job placement, employment opportunities or increased government support (17% each), and access to training closer to home (18%). A majority of practitioners (64%) saw improvement in economic reintegration activities, but it needs to be noted that most of these were practitioners from the north involved in these activities. At best, practitioners found that the government had maintained its efforts, but a significant minority (around 27%) found that the government "did nothing." Specific areas of progress concurred with survivor responses, and least progress was seen in job placement and increased employment opportunities.

These results reflect the limited economic opportunities for survivors in all parts of the country, but particularly in the southern and central areas where hardly any initiatives exist and a significant percentage of the population is chronically poor (meaning that even with food aid and assistance they are not able to provide for their basic needs). Agriculture is one of the main mainstays of the economy but continued contamination of cultivable land is an obstacle and recent drought, economic slowdown and rampant unemployment increasingly resulted in people using contaminated land and collecting scrap metal (also in northern Iraq). The government runs a few educational programs for persons with disabilities, which are ineffectual. With World Bank support, it also operates the Social Safety Net program for vulnerable groups (at least 1 million people), and pays pensions to veterans, but these needed to be supplemented by work. It was also reported that the government does not employ persons with disabilities and they were not accepted at most schools. While economic reintegration activities were more common in the north, they could not be sustained without international support, which was variable.¹⁹

Laws and public policy

Half of the respondents thought that the protection of their rights had remained the same since 2005 and 32% saw improvement. However, some 48% thought that survivors'

rights were “never” respected and another 18% thought this was “almost never” the case. Two-thirds of respondents believed that less negative terms were used about persons with disabilities; 59% thought that discrimination against survivors had decreased; and 55% thought that there was more disability awareness among the general public. Least improvement was seen in the actual enforcement of legislation (28%) and representation of persons with disabilities in government (14%). Among practitioners, 64% saw no change in the rights situation of survivors, but they were more positive than survivors about enforcement (45% saw improvement); progress on awareness and discrimination were judged similarly (64% saw improvement).

Iraq has legislation to protect the rights of persons with disabilities, but it was largely unimplemented and in need of review. In northern Iraq, this review was started in 2008 and ongoing as of August 2009. At federal level, review and disability policy development was started under a World Bank project in early 2008, but also shelved in November 2008 because of a lack of government capacity.²⁰

When asked to respond to preliminary report findings one UN representative noted that the situation had improved slightly, especially for physical rehabilitation due to the improved security situation and because more centers in central and southern Iraq started functioning again. However, the representative further noted that it was impossible to judge for the situation of Iraq as a whole. Adding that the situation in northern Iraq was very different, as was the quality of interventions by different service providers and that the judgment could only be made on the basis of statistics (which are not always available). But when looking at northern Iraq, it would appear that the targeted survivors were “fully satisfied and their living conditions improved significantly.” However, this target group was only “about 10% of total survivors requiring such type of services in the KRG [Kurdish Regional Government].”

VA process achievements

Year	Form J with VA	ISC VA statement	MSP VA statement	VA expert	Survivor on delegation
2005	N/A	NO	NO	NO	NO
2006	N/A	NO	NO	NO	NO
2007	N/A	NO	NO	NO	NO
2008	YES	NO	NO	NO	NO
2009	YES	NO	N/A	NO	NO

Note: Iraq became a State Party to the Mine Ban Treaty on 1 February 2008.

In July 2008, Iraq reported large numbers of casualties in its initial Article 7 report. This was perceived as a sign that Iraq, as the 26th State Party, declared responsibility for significant numbers of survivors, but also had the greatest needs and expectations for assistance. Under this informal, so-called VA26 process Iraq would have to define its own SMART objectives, develop plans to achieve these objectives, implement the plans, and monitor and report regularly on progress.²¹ As of August 2009, the process to identify an appropriate in-country VA/disability expert and focal point was still ongoing.²² It was hoped to have identified someone, likely at the Ministry of Health (MoH), by the Second Review Conference in November-December 2009. In 2008-June 2009, Iraq remained largely unengaged in the VA26 process, but in late July a message went out from UNDP to all relevant stakeholders to start compiling information for a report to the Second Review Conference.

Throughout 2005-2009, it was reported that VA/disability was not a priority for Iraq and that the main challenges were the lack of a comprehensive approach, insufficient services, a lack of awareness, and a lack of comprehensive casualty data.²³ At national level, the DMA (or previously the National Mine Action Authority, NMAA) in principle included VA in its mandate, but has not taken the lead on coordination or implementation due to continuous

management challenges and security obstacles. There is no VA expertise at federal level, even though there is a VA director, or at the southern regional mine action center. The position of VA technical advisor has been unfilled since May 2006.²⁴ As of July 2009, the DMA was hoping to organize a VA workshop to stimulate progress on the issue. No date or agenda had been set as of August 2009, nor did stakeholders appear to be informed.

In northern Iraq the situation was different, with two relatively strong and well-coordinated regional mine action centers, dedicated and continuous UN support to VA, stable government involvement, and a varied network of service providers. Since 2005, the Kurdish Regional Government has taken increased responsibility for the management and financing of services, and while VA/disability services are efficient they remained in need of international support or increased regional government means for long-term sustainability. Coordination between northern Iraq and the federal level is weak.

Survivor responses also showed this distinct situation, 17% said they received regular information on VA achievements; 22% said that the government allocated more funds to VA; 31% knew who was in charge of VA coordination; and 45% said that the government coordinated more with NGOs. Almost all of the positive responses were from survivors in northern Iraq. Just 20% said that survivors were more included in VA coordination and 24% thought that the needs of survivors were taken into account when developing plans. Among practitioners, 64% found that coordination had improved (all were from the north); but just 36% thought the needs of survivors were taken into account while developing plans.

At federal level, the MoH is the key partner of the World Bank Emergency Disability Project (2005-2010). Aside reconstruction and capacity building (mainly for the physical rehabilitation sector), this project in 2008 also aimed to undertake major reform of the disability sector through legislative reform, policy-making and the establishment of a multi-sectoral working group at the MoH. Activities were started and MoH ownership of the project increased. Nevertheless, the World Bank decided to cancel the component due to insufficient capacity at the MoH. The mine action authorities or UN dealing with VA have not been involved or well-aware of the project, despite coordination with MoH on other issues.²⁵

One UN representative noted that the issue of Iraq becoming part of the VA26 had not been well-communicated to stakeholders, both on the implementation and policy side. It was further noted that it was unclear whether the “relevant [ministry] people are on top of it,” but that the primary responsibility lay with the government. It was unknown who had been approached so far in-country and what steps had been taken as of August 2009.

Conclusions

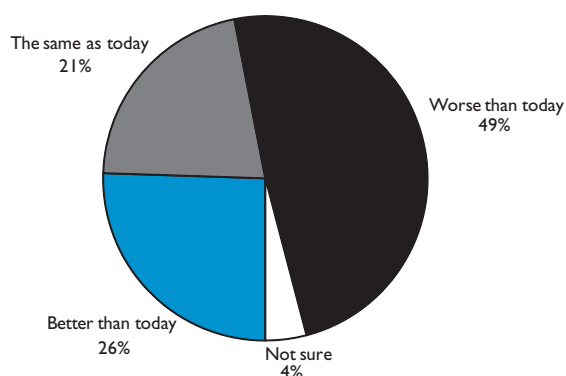
- Provision of services in Iraq continued to be hampered by conflict, despite a large international presence nationwide and relatively satisfactory national capacity in the north.
- Great disparities existed between the north and other parts of the country both in terms of service provision and coordination.
- Economic reintegration and psychosocial support activities were desperately lacking, in part due to the country's situation, while international reconstruction assistance had a positive influence on medical care but less so on physical rehabilitation.
- Security challenges hampered access.
- At federal level, coordination and government leadership for VA/disability were lacking; in northern Iraq with its well-established programs coordination and government ownership improved significantly.
- For many stakeholders in Iraq it is unclear what the so-called VA26 process entails and what benefits it could bring.
- Links between VA and the disability sector were nearly non-existent.

Suggestions for the way forward

When asked about how they saw their situation in five years: 49% of survivors thought it would get worse; 21% thought it would remain the same; and just 26% thought it would be better.²⁶ To assist in a better future ahead the following suggestions may be taken into account:

- Identify a focal point with sufficient mandate and political will to address VA and turn disability into a priority issue in the government.
- Use the experience of northern Iraq and the long-term UN support and the lessons learned for development of national plans.
- Urgently operationalize comprehensive casualty data collection, with the view to integrate it in injury surveillance or disability statistics in the longer term.
- Expand international support to economic and mental health programs and provide more sustainable support to existing VA/disability economic reintegration initiatives.
- Investigate options for community-based activities in the north, but also in less secure areas, through training of community members or the establishment of survivor/disability groups.
- Develop plans for VA/disability, possibly by building on shelved disability reform at the federal MoH.

What do you think your situation will be like in five years?



- Ensure a twin-track approach, developing VA-specific programs where needed and integration into larger disability frameworks when possible.
- Include survivors and persons with disabilities more systematically in VA/disability planning, implementation and monitoring to increase their sense of progress and reduce isolation.



Chiman Jamal Ahmad Salih showing a piece of plastic lodged in her arm

© Kurdish Organization for Rehabilitation of the Disabled

In their own words...

Respondents described themselves as: disabled rights advocate, in need of financial assistance, ambitious, exhausted, patient, dead, powerless, long-suffering, a complete person, doing fine, a capable woman able to cope with problems, optimistic, a person without rights...

In their own words...

The main priority for VA for the next five years is:

- Guarantee survivors' rights and provide them and their families with a decent life.
- Assistance in finding employment (several).
- Operate on me and provide me with a job with which I can earn a livelihood.
- Rehabilitation and training, as well as awareness raising around disability issues.
- More social workers to help survivors.
- Pass legislation to protect the rights of the disabled.
- Send survivors abroad for treatment.
- Increase pensions.
- Financial support for survivors to set up small businesses, and to provide them with cultural services.

In their own words...

If countries really cared about survivors they would:

- Implement plans and programs and involve survivors in the implementation.
- Ensure that survivors were the responsibility of the government, and that article 32 of the Iraqi Constitution would be enforced to protect the rights of survivors.
- Establish strategic plans to help the disabled.
- Make survivor rights legally binding and punish countries that do not deliver.
- Grant them their rights completely, and not just on paper.
- Help survivors achieve their aspirations in order to mend their devastated psyches.
- Provide housing for the disabled.
- Better pensions for survivors.
- Provide better medical care, improve social awareness, reintegrate survivors and implement disability rights.
- Give survivors more moral support, build specialized hospitals and provide transport.

In their own words...

A diverse range of opinions were expressed in survey responses and some respondents chose to include comments about services, such as:

- "Iraq signed up to Ottawa more than a year ago but has not yet started to implement its VA programs."
- "We don't have full rights. It's only ink on paper."
- "Those concerned are currently busy surfacing roads, on the one side, and blowing them up, on the other. Where exactly is the economy for there to be economic reintegration?"
- "The most basic necessities of life are not available, so how do you expect that we will receive psychological assistance and help with social reintegration?"
- "I feel that survivors have better rights now than before because some media broadcast via satellite about the situation of survivors and their suffering."

In her own words: the life experience of Chiman Jamal Ahmad Salih

Chiman was born in 1983 in Awakurte village (Sulaymaniyyah), which her family had to leave in 1988 because of conflict. But they returned back home in 1997, because they no longer could afford life in the city. So they started farming their land which was contaminated with mines. Just a few months after coming home, Chiman trying to help her mother collecting wood to warm the water for the bath, finds a plastic box, which she thinks might be good for the fire. Chiman takes the box, an antipersonnel mine, home and puts it in the fire where it explodes, killing her younger brother and sister and injuring her.

One of her hands and one of her feet is paralyzed and, to this day, pieces of melted plastic are lodged in her body despite several operations. Doctors told Chiman that the only solution for her would be to get treatment abroad, which is impossible. In the meantime, she tries as best as she can to help the family. She was very happy to be asked for her opinion but remarked that many of the services enquired about do not exist in her village, even though they are much needed, for example mental health support. Chiman added that she thought that these services might only exist in developed countries.