

**ALTERNATIVE REPORT TO THE COMMITTEE ON THE RIGHTS OF  
PERSONS WITH DISABILITIES (CRPD)**

**REVIEW OF THE INITIAL REPORT OF IRAQ**

**MINORITY RIGHTS GROUP INTERNATIONAL**

22nd Session of the Committee on the Rights of Persons with Disabilities (CRPD),  
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Minority Rights Group International (MRG) is an international non-governmental organisation working to secure the rights of ethnic, religious and linguistic minorities and indigenous peoples worldwide. MRG works with around 130 partner organisations in over 60 countries. MRG has consultative status with the United Nations Economic and Social Council, observer status with the African Commission on Human and Peoples' Rights, and is a civil society organisation registered with the Organization of American States. MRG has been working on the rights of persons belonging to ethnic and religious minorities in Iraq, together with local partners, for over 15 years.



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## I. BACKGROUND

### A. Framework and Methodology

1. This report is submitted by Minority Rights Group International (MRG) in advance of the review of the initial report of Iraq by the Committee on the Rights of Persons with Disabilities (CRPD) at its 22<sup>nd</sup> session. It focuses on the situation of men, women and children with disabilities belonging to minorities in Iraq.
2. The main field research was carried out by a team of three researchers in Iraq between June and July 2019. They conducted 23 interviews with women and men with disabilities, from various minorities, including Turkmen, Christians, Yazidis, Sabeen-Mandaeans and Kaka'i, as well as with human rights defenders and non-governmental organizations. These interviews and field research were complemented by desk research and a legal analysis of Iraqi laws relating to persons with disabilities.

### B. Introduction

3. Iraq is home to a diverse array of ethnic and religious minorities, including Turkmen, Shabak, Yazidis, Chaldo-Assyrian and Armenian Christians, Baha'i, Kaka'i, Sabeen-Mandaeans, Fali Kurds, Roma and Black Iraqis. According to 2014 statistics in the Initial Report (2017) submitted by Iraq under article 35 of the Convention on the Rights of Persons with Disabilities, the largely minority populated governorate of Nineveh has the second highest number of registered people with disabilities (PWDs), following Baghdad.<sup>1</sup> Having been specifically targeted by the so-called Islamic State of Iraq and al-Sham (ISIS) since 2014, and largely affected by ensuing anti-ISIS coalition operations, many minority groups have experienced severe armed conflict and humanitarian emergencies. Previous case studies have shown that 60 per cent of those recorded as injured in the conflict are suffering from permanent disabilities, such as loss of limbs, blindness, paralysis or untreatable burns.<sup>2</sup>
4. In June 2014, ISIS' capture of Mosul and subsequent expansion into Tel Afar, Sinjar and the Nineveh Plains resulted in the expulsion of entire minority populations from their historical homelands. In addition, minorities were targeted for egregious human rights violations, including summary executions, kidnapping, rape, sexual slavery and forced conversion. Widespread destruction and looting of homes and other properties belonging to minorities was also carried out by all parties to the conflict, which include the Iraqi Security Forces (ISF), the Popular Mobilization Units (PMUs), and the Kurdish Peshmerga in addition to ISIS and other armed groups.
5. While over 4 million people displaced by the conflict have returned to their areas of origin, more than 1.6 million people are still internally displaced.<sup>3</sup> For minorities in particular, the atrocities committed in the recent conflict, combined with the continually poor security situation and lack of reconstruction in areas of origin, has led to a perception of existential threat, leading many to emigrate from Iraq. The situation of minority PWDs in areas of origin as well as displacement continues to be affected by the structural, social and economic conditions shaped by conflict and post-conflict reconstruction.

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<sup>1</sup> Initial report submitted by Iraq under article 35 of the Convention (2017), pg. 29.

<sup>2</sup> Ceasefire Centre for Civilian Rights and Minority Rights Group International, *Civilian deaths in the anti-ISIS bombing campaigns 2014–2015*, November 2015, pg. 10.

<sup>3</sup> IOM, DTM <http://iraqdtm.iom.int/> accessed 22 July 2019.

6. The barriers to PWDs are not only administrative or physical, but also psychosocial, with heavy stigmas attached to disability in Iraq. As a result, people with disabilities suffer job loss, restricted access to education, poorer health, fewer economic opportunities and increased poverty rates, as well as marginalization from social and political participation. Law No. 38 on the Welfare of Persons with Disabilities and Special Needs (2013), as well as Kurdish Regional Government (KRG) Law No. 22 on the Rights and Privileges of the Disabled and Persons with Special Needs seek to address some of these challenges, but PWDs complain of a notable lack of implementation. The marginalisation of PWDs is furthered by legislative definitions which approach the disability as a cause of impairment, rather than a result of the impairment's interaction with social barriers which can be altered.

## II. HUMAN RIGHTS VIOLATIONS

### C. Situations of risk and humanitarian emergencies

#### *Article 11 of the Convention*

7. The fast-evolving mass displacement crises in Iraq dramatically heightened the vulnerability of internally displaced minorities with disabilities. According to the Iraqi Association of Disability Organizations, some of the main challenges faced by PWDs in displacement are lack of documentation, the absence of specialized medical and recreational services, and the long distances between some IDP camps and educational facilities, leading many disabled children to drop out of school.<sup>4</sup> Many camp sites in Iraq also do not provide facilities or conditions suitable to the mobility needs of some people with disabilities and in severe weather conditions such as flooding, these mobility restrictions are heightened. Other concerns include the absence of suitable sanitation facilities for PWDs as well as gender-segregated safe spaces for girls and women.
8. The lack of services and facilities has also added to the psychological pressures of displacement for families who struggle to meet the needs of their disabled relatives in such conditions. The destruction of areas of origin has produced similar obstacles for returning IDPs with disabilities. Many minority members who have survived the conflict, including women and girls formerly held captive by ISIS, continue to suffer long-term psychological trauma which debilitates engagement in social and economic life, and further necessitates specialised measures to ensure their protection.
9. A Council of Ministers Decision (No. 414) was passed in 2014, allocating 3 billion Iraqi Dinars (approximately 2,5 million USD) to treating injuries sustained by IDPs. In addition, the 2013 Law for the Care of Persons with Disabilities and Special Needs and 2014 Social Protection Act legislate cash transfer benefits and specialized services to PWDs. However, IDPs report difficulties in accessing these benefits as the process of filing claims requires several documents which many IDPs do not possess.<sup>5</sup>

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<sup>4</sup> Email communication with the Iraqi Association of Disabilities Organizations, October 2018.

<sup>5</sup> See section G, below.

## **D. Right to education**

### *Article 24 of the Convention*

10. Iraqi legislation provides that the Ministry of Education shall increase the number of special classes in mainstream primary schools for learning difficulties, the visually-impaired, the hearing-impaired and others (Compulsory Education Act No. 118 of 1976, Article 9 (as amended in 1987)). While the Iraqi government reports a total of 1,249 schools with special education classes for the school year in 2013/14, this statistic does not reflect the geolocation of schools offering this service so as to indicate the accessibility of minority children with disabilities to specialised education in minority prominent areas.
11. A recent study of the situation of PWDs in Mosul, Kirkuk and Dohuk indicated disparities in the educational facilities available between the governorates. In Mosul and Kirkuk, PWDs complained of a lack of dedicated educational centres for children with disabilities, and insufficient educational services for those with hearing and speech impairments. Given the limited number of specialised educational facilities, lack of transportation is a further barrier to access education. In Dohuk, although centres and institutes for PWDs exist, the study indicates a lack of special education teachers, school supplies, as well as means of transportation.<sup>6</sup>
12. In some cases – including within higher education – education buildings are not facilitated to support mobility of PWDs such as with elevators or escalators, resulting in student withdrawal from education institutes altogether. Heavy stigma and stereotypes attached to disability in Iraq also act as a significant deterrent for enrolment in education as well as a cause of withdrawal.
13. The difficulty for some minority PWDs to access education is further enhanced by the already minimal number of educational institutes which teach in minority languages. Hence for minorities with disabilities seeking to learn in their own language, options to access and engage with formal education structures and institutes are severely diminished.

## **E. Right to health**

### *Article 25 of the Convention*

14. The scale of the assault on minority communities in the conflict including Yezidis, Christians, Shabak and Turkmen amongst others has meant that community structures have struggled to cope with the needs of their members. Victims suffer a wide range of health issues, from severe post-traumatic stress to complicated gynaecological issues, disease and life-limiting disabilities; and many are in strong need of psychotherapy and counselling. While victims and survivors urgently need physical and emotional support, only limited services have been made available by the Iraqi and Kurdish authorities.<sup>7</sup>
15. PWDs complain of the high cost of medication and report that the social security payments they receive are not sufficient to cover ongoing health expenses. It is also reported that due to a lack of suitable medical care in Iraq for some types of disabilities, PWDs often need to travel abroad for treatment, thereby increasing the financial burden

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<sup>6</sup> Unpublished study conducted by Iraqi Media Organisation Kurdistan (IMOK) on behalf of Minority Rights Group International, July 2019.

<sup>7</sup> IILHR, MRG, NPWJ and UNPO, *Crossroads: The future of Iraq's minorities after ISIS*, June 2017, pg. 12.

experienced by PWDs. In minority areas there is a reported lack of healthcare centres and manufacturing facilities for artificial limbs, in comparison with the demand resulting from the conflict, which includes physical therapy. The destruction of these territories and their infrastructure combined with little progress in rebuilding has contributed to this deficiency.<sup>8</sup>

16. While there is some treatment available free of charge for PWDs in the Kurdistan Region of Iraq (KRI), the service is reportedly unable to wholly meet the medical needs of PWDs, and many are unable to access the service altogether due to lack of capacity. This is particularly true for IDPs with disabilities. A sample study conducted in 2016 of IDPs in Iraq revealed that 73 per cent of IDPs with disabilities had not been provided with any form of services since their displacement, while 83 per cent of those who had been able to access medical or rehabilitative care believed it to be highly inadequate.<sup>9</sup> Given the minority ethnic and religious composition of a significant proportion of IDPs, minority people with disabilities affected by conflict are disproportionately affected by the lack of or insufficient access to healthcare.

## **F. Work and Employment**

*Article 27 of the Convention*

17. Through conflict and internal displacement crisis, barriers to minority PWD access to socio-economic life have been exacerbated, and the minimal physical, social and economic support structures once available to them have now been disrupted or have collapsed altogether, exposing many PWDs to extreme economic vulnerability.
18. Employment of PWDs in the private sector is scarce – a result of stigma, discrimination, and physical barriers to accessing the employment field. Despite Council of Ministers Decision No. 205 of 2013, requiring 3 percent of posts in all ministries, non-ministerial agencies and governorates to be reserved for PWDs, it is reported that PWDs employed in government offices are also very few and are often placed in low-ranking positions, although PWD representation in the KRG is more prevalent.<sup>10</sup>

## **G. Adequate standard of living and social protection**

*Article 28 of the Convention*

19. There is pervasive discrimination, and extensive practical obstacles, against minorities, women and persons with disabilities in access to state aid. The Law for the Care of Persons with Disabilities and Special Needs (2013) and Social Protection Act (2014) both provide for cash transfer benefits and specialised services entitlements of vulnerable Iraqis living below the poverty line – of which PWDs are a specific target group – from the Ministry of Labour and Social Affairs (MOLSA). Compensation schemes for people injured or disabled by conflict in Iraq are also available. However, many PWDs are not fully aware of these entitlements or face many obstacles in accessing basic welfare payments due to bureaucratic processes.

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<sup>8</sup> Unpublished study conducted by Iraqi Media Organisation Kurdistan (IMOK) on behalf of Minority Rights Group International, July 2019.

<sup>9</sup> A. Hassin and M. Al-Juboori, *Humanitarian Challenges in Iraq's Displacement Crisis*, December 2016, pg. 26.

<sup>10</sup> Unpublished study conducted by Iraqi Media Organisation Kurdistan (IMOK) on behalf of Minority Rights Group International, July 2019.

20. Procedures to access social welfare differ greatly depending on the type of disability. Both Government of Iraq (GoI) and KRG registration processes require the applicant to possess a national identity card, residency card, citizenship certificate and ration card. For minorities impacted by conflict – and in particular IDPs – these prerequisites are particularly difficult to fulfil. In addition, compared to those in the Kurdistan Region of Iraq claiming through the KRG’s MOLSA, PWDs residing in central and southern Iraq who claim through the GoI have a much higher ‘impairment eligibility ratio’, lower pension rate and if they are in gainful employment are disqualified from receiving a pension.
21. Applicants of social welfare for PWDs are required to undergo a medical examination, which they themselves must pay for if they do not already possess an appropriate medical report. If the case needs reparatory surgery, it must be carried out before being eligible for compensation. Minorities coping with the financial burden of displacement or rebuilding their homes in areas of return are particularly affected by these conditions.
22. After an approximate two-month wait for application processing by MOLSA, PWDs are required to validate the application in person at the Social Security Office. Only once this process is completed will the beneficiary receive their Electronic Benefits Transfer card, which three months later begins to release funds.
23. Notably, women and girls with disabilities are not entitled to social security payments if they are married or if their father is alive. For many minority female heads of households, who do not know the location or status of their father or husband as a result of the conflict, the procedural requirements for claiming social security benefits for disability can be insurmountable.
24. Government support of persons with disabilities is limited to paying a modest monthly benefit, ranging from 100,000 -170,000 dinars (83 – 143 USD) depending on the type of disability, which PWDs report is insufficient to cover expenses. Due to the financial crisis affecting the Kurdistan Region of Iraq, the monthly payment there is even less (100,000 -150,000 dinars), while the registration of persons with disabilities has been suspended since 2014.<sup>11</sup> This effectively means that of the thousands of minority members displaced to the Kurdistan Region of Iraq since 2014, those who were disabled from the conflict, in flight or in displacement have been unable to register in the Kurdistan Region of Iraq as PWDs, and access the associated social security entitlements.

## **H. Right to equality and non-discrimination**

*Articles 3(b)(e)(g); 5 and 6 of the Convention*

25. Due to women with disabilities being subject to particularly strong stigmatization and marginalization in Iraq, female PWDs are socially excluded to a far greater extent. While – like their male counterparts – they have limited access to livelihood opportunities and education, they are also more vulnerable to gender-based violence and exploitation compared to women without disabilities.<sup>12</sup> As a result, minority women with disabilities often confront several layers of discrimination or challenges that pertain to their identity, status as well as their circumstance which may be also be affected by conflict or displacement.

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<sup>11</sup> Unpublished study conducted by Iraqi Media Organisation Kurdistan (IMOK) on behalf of Minority Rights Group International, July 2019.

<sup>12</sup> A. Hassin and M. Al-Juboori, *Humanitarian Challenges in Iraq’s Displacement Crisis*, December 2016, pg. 26.

## **I. Mobility, habilitation and community inclusion**

*Articles 19; 20 and 26 of the Convention*

26. Personal mobility and movement are among the greatest difficulties faced by PWDs due to a lack of dedicated methods of transportation. Given the shortage of healthcare facilities in villages and rural areas that can provide suitable care for persons with disabilities – and in particular in minority areas, where the general lack of services affects the living situation of PWDs – the restriction on movement is a severe impediment on PWD access to other services and rights.
  
27. Heavy social stigma regarding disability has a great impact on PWD inclusion in community. For instance, members of the community will often refuse to marry PWDs or even their siblings out of fear of passing on disabilities to their children. What is more, many people do not allow their disabled family members to appear in public often, either due to shame or as a form of protection. As a result, the government along with many civil society organisations lack accurate data on the number of PWDs and their needs. This in turn has affected both the quantity and quality of habilitation programs designed to target PWDs, whether by the government or by non-governmental organisations.

## **RECOMMENDATIONS**

### **To the Government of Iraq & the Kurdish Regional Government:**

- 1. Institute simplified and realistic procedures for obtaining personal documentation for minorities with disabilities to ensure their access to social welfare, medical services and education.*
- 2. Consider the needs of PWDs as part of the design of shelter facilities, humanitarian assistance programs and post-conflict reconstruction.*
- 3. Intensify efforts and resources to meet the humanitarian needs of IDPs and returnees, including access to shelter, food and non-food aid, education and health care. This should include specific provision for persons with disabilities.*
- 4. Increase provision of inclusive education that caters for the specific needs of PWDs within mainstream schools. This should include training teachers in inclusive education practice at all levels of education. Ensure that minority language schools offer these same provisions for PWDs. Dedicate resources to making school and higher education buildings physically accessible to PWDs with restricted mobility.*
- 5. Increase the number of healthcare centres for PWDs and dedicated resources to ensuring that PWDs can access free or affordable healthcare.*
- 6. Work to ensure the implementation of legislation and Ministerial Decisions on employment of PWDs in the private and public sectors. Ensure that PWD representation is not only symbolic within low ranking positions but across all levels of organizations, institutions and companies.*
- 7. Simplify the procedures for registration for social funds for PWDs and increase fund amounts to reflect living and healthcare costs. Amend policies to ensure that women and girls with disabilities have equal access to social funds.*
- 8. Increase and implement public awareness campaigns to counter stigma surrounding disabilities. Engage with PWD representative organizations as well as minority civil society organizations in the planning and implementation of these campaigns.*

*9. Implementation of all of these recommendations should be carried out in close consultation with and the meaningful participation of PWDs, including children with disabilities, and of their representative organizations, as well as minority civil society organizations promoting the rights of minority PWDs.*

**To the Kurdish Regional Government:**

*1. Reinstate registration for PWDs in the Kurdistan Region of Iraq and develop initiatives to target the psychological and physical healthcare needs of minority PWDs affected by conflict and displacement.*