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MANDATE

Handicap International has been working continuously in Iraq since 1991 with a particular focus on the Kurdistan Region of Iraq (KRI). The organisation works with representatives from disabled people's organisations, health and service providers and national and local authorities to identify practical solutions, meet the specific needs of the most vulnerable persons, and ensure their access to key services. Handicap International also runs awareness-raising campaigns on the risks associated with landmines and unexploded ordnance and provides support to the victims of accidents caused by explosive devices.

In June 2014, Handicap International launched an emergency response to the double humanitarian crisis affecting the country: the goal was to provide assistance to the most vulnerable Syrian refugees living in camps as well as to the high numbers of internally displaced Iraqis in the Kurdistan Region of Iraq and the disputed territories of Iraq. This emergency response is still being deployed in the governorates of Diyala, Salah Al Din, Anbar/Baghdad and Kirkuk while development projects are implemented in the governorates of Dohuk, Erbil, Suleymania, Halabja, Baghdad and Kirkuk.

The organisation's actions are re-assessed on a regular basis, in order to respond to the highly volatile situation across the whole of Iraq. Handicap International's ongoing activities include: rapid protection assessments, risk awareness sessions on conventional weapons and improvised explosive devices, non-technical surveys of suspected hazardous areas, physical and functional rehabilitation services, psychosocial support, transportation and tailored support to access external services, support to local rehabilitation centres including equipment of physiotherapy room, training of physiotherapist and donation of assistive devices, awareness-raising on inclusion of persons with disabilities and technical support to external service

providers to improve the inclusiveness of their services.

Moreover, in 2016, Handicap International launched clearance activities in the governorates of Kirkuk and Diyala. Due to decades of war and the new wave of violence since 2014, Iraq is one of the most contaminated countries in the world, putting high numbers of the population at risk (permanent injuries and death). This contamination impedes the safe return of civilians and hamper stabilization and economy recovery in these areas.

SITUATION

Two years after the start of the offensive of the Islamic State group, Iraq is struggling to find stability and face a tremendous humanitarian crisis. The access of the most vulnerable persons to humanitarian assistance is limited. Conventional Weapons (CW) and Improvised Explosive Devices (IEDs) continue to impose a devastating human toll in Iraq. In contaminated areas, local populations, internally displaced and returning populations are all at risk of death and injury. The affected population also show important signs of psychosocial distress. At the same time, health professionals are unable to fully meet people's needs and health facilities are in a worrying state of disrepair. Furthermore, the country lacks of qualified professionals specialized in the provision of essential care to people with disabilities.

Iraq is hosting more than 239,000 Syrian refugees, primarily in the north of the country, in the Kurdistan Region of Iraq. In the camps where many of these people have sought refuge, access to essential services and health care is especially difficult for the most vulnerable groups. 3.3 million Iraqi people have also been displaced: Central North Iraq hosts 62% of the IDPs (including the disputed territories of Iraq), the Kurdistan Region of Iraq (KRI) 31%, and South Iraq 7%¹. As the fighting shifts from one area to another, this constant movement of people is creating a serious humanitarian crisis and making it extremely difficult to deliver humanitarian. Given the already overwhelming needs of these groups, people with disabilities and injuries and psychosocial distress are particularly vulnerable as they are frequently overlooked by the humanitarian response. The prevailing insecurity and uncertainly about Kurdistan's immediate future and the undetermined status of the disputed territories are severely delaying preliminary efforts to rebuild health facilities and further complicating access to health care and essential services.

INITIAL ACTIONS

Handicap International first began working in Iraq in 1991 in the immediate aftermath of the first Gulf War. Since then, the organisation has maintained an almost continuous presence in Iraq. It has deployed a large-scale response throughout the country, initially in northern Iraq, primarily providing assistance to victims and offering physical and functional rehabilitation services. In 2003, the organisation set up clearance operations and Mine Risk Education sessions in Baghdad and Basra. In 2014, the organisation deployed its emergency response to the Syrian crisis as well as the Iraqi crisis.

STAFF²

National staff: 140Expatriate staff: 25

KEY FACTS

Human Development Index (HDI)	121/188 classified countries
Gross National Income per capita * (\$PPA)	\$14,003
Surface area **	435,240 sq.km
Population (millions) **	33.42
Life expectancy *	69.4 years

* UNDP: Human Development Report 2015

** UNSD 2015

Persons with Disabilities (CRPD)	Ratified 20/03/2013
Oslo Convention on Cluster Munitions	Ratified 05/11/2010
Ottawa Mine Ban Convention	Ratified 15/08/2007

The Convention on the Rights of

¹ International Organization for Migration update, September 2016

² As of June 2016.

Current projects 2016



Emergency intervention for the most vulnerable people affected by the Iraqi crisis

GOAL

To reduce the vulnerability of crisis affected people and improve their access to services, with particular attention to internally-displaced people with physical and functional limitations and/or psychosocial distress.

METHOD

Handicap International launched an immediate response to help displaced Iraqis after the fall of Mosul in June 2014; the aim of the project was to identify people with disabilities and injuries and psychosocial distress, and provide physical and functional rehabilitation and psychosocial support services. At the same time, the organisation launched a risk education campaign on the dangers of weapons and explosive ordnance. Working through humanitarian coordination mechanisms, Handicap International is taking steps to ensure everyone involved in the humanitarian response takes into account disability and accessibility to healthcare infrastructures, sanitation facilities, etc. Finally, Handicap International is the Rapid Protection Assessment (RPA) focal point in 2 governorates of Iraq in charge of monitoring and reporting protection emergencies and ensuring through the RPA network that protection needs are addressed.

- Identification of the specific needs of people with injuries or disabilities and/or psychosocial distress in accordance with international standards and those of Handicap International.
- Provision of direct physical and functional rehabilitation services (physiotherapy sessions, donations of assistive devices, advices for caregivers) and psychosocial support (individual, group sessions and family counselling).
- Running of group education sessions explaining the risks posed by conventional weapons, explosive ordnance, landmines and explosive remnants of war (community, door to door and in-school sessions).
- Provision of support to local rehabilitation centre through equipment of physiotherapy room, training of physiotherapist and donation of assistive devices.
- Provision of training and/or direct technical support to providers of essential services to ensure the mainstreaming and inclusion of people with disabilities and injuries within the emergency response.
- · Conduction of Rapid Protection assessments.

PARTNERS

Kirkuk Rehabilitation Center (Directorate of Health), Bilady Organization, Iraqi Kurdistan Mine Action Agency (IKMAA), Iraqi Alliance for Disability Organization (IADO),

LOCATION

Governorates of Diyala (Khanaqin, Muqdadyiah and Kifri districts), Salah Al Din (Tooz district), Kirkuk (Daquq, Kirkuk and Debes districts), and Baghdad.



Reducing the threats left by Conventional Weapons and Improvised Explosive Devices for crisis affected civilians

GOAL

To enhance the security of the civilian population through provision of Non-Technical Survey, marking and reporting of contaminated areas and through provision of risk education to IDPs, returnees and local populations.

METHOD

- Conduction of non-technical survey of areas suspected to be contaminated with Conventional Weapons, and/or Improvised Explosive Devices and booby traps or unexploded ordnance.
- Marking of suspected hazardous areas (SHAs) in preparation for future clearance operations.
- Supply of data to the Iraqi Kurdish Mine Action Agency and other stakeholders.
- Provision of direct risk awareness sessions to promote safe behaviours and inform affected population on the immediate threat
- Provision of risk awareness messages on the threat posed by Conventional Weapons, and/or Improvised Explosive Devices, through mass media.
- Design and distribution of Information, Education and Communication (IEC) materials regarding the risks posed by Conventional Weapons and Improvised Explosive Devices.
- Training of Community Focal Points to spread sustainable awareness and promote safe behaviours to minimize the risk of accidents from Conventional Weapons, and/or Improvised Explosive Devices among their communities (people living in the area and IDPS coming back to their communities).

PARTNERS

Iraqi Health and Social Care Organisation (IHSCO), Iraqi Kurdistan Mine Action Agency (IKMAA), Demining Mine Action Authorities (DMA)

LOCATION

Governorate of Anbar (Falluja District)/Baghdad, Kirkuk



Insuring land release and a safe return for the displaced populations

GOAL

To increase safety and security of the civilian population by reducing the negative impact of Conventional Weapons (CW) and Improvised Explosive Devices (IEDs) on war-affected populations in Iraq

METHOD

- Clearance activities of city, villages and/or rural areas known to be heavily contaminated with Improvised Explosive Devices, landmines, booby traps and unexploded ordnance.
- Provision of direct risk awareness sessions to promote safe behaviours and inform affected population on the immediate threat posed by Conventional Weapons and Improvised Explosive Devices.
- Design & Production of appropriate Information, Education and Communication (IEC) material to feed a mass media campaign regarding the
 risk posed by Conventional Weapons and Improvised Explosive Devices.
- Training of Community Focal Points to spread sustainable awareness and promote safe behaviours to minimize the risk of accidents from Conventional Weapons and Improvised Explosive Devices among their communities (people living in the area and returnees).
- Identification of survivors and referral to specialized services (including transportation when needed).
- Support to local rehabilitation centres providing physical rehabilitation services (training, material, equipment).

PARTNERS

Kord-Kalar Branch in Kalar and/orHalabja Prosthetic Limbs Center: capacity of predication of new prosthesis and orthotics, Khanaqin Hospital and/or Jalawla Hospital. IKMAA

LOCATION

Diyala governorate (Khanaqin district), Kirkuk Governorate (Daquq, Debes, Kirkuk districts), Salah Al Din Governorate (Tooz district)



Improving access to rehabilitation services in northern Iraq

GOAL

The goal of this project is to provide sustainable access to people-centred rehabilitation services for people with disabilities in Iraqi Kurdistan and central Iraq.

METHOD

Implementation of this project is focused on the need to:

- Coordination of the work of disabled people's organisations, the public authorities and service providers. These actions will make it easier to
 identify needs and support the effective organisation of rehabilitation services, with a specific focus on making these services accessible.
- Collection, organisation and dissemination of essential information on disability, access to services and care management intended for disabled people, their families and communities, together with service providers and public authorities.
- Strengthening of the advocacy capabilities of disabled people's organisations.
- Enhancing the information sharing and referrals mechanism within the disabled people's organisations.
- Directly enhance the medical and service capabilities of rehabilitation professionals working with disabled people's organisations.
- Production of methodological tools that enable examples of best practice to be replicated in the fulfilment of this project.

PARTNERS

Physical rehabilitation centres in the region: the Teaching Children Rehabilitation Centre in Sulaymaniyah and their branch in Halabja. Seven disabled people's organisations (DPO) and community-based associations responsible for the administration and coordination of "Disability Information Points": Nujeen, Zheen Society, Rozh Society, Association and the Iraqi Alliance of Disability Organizations (IADO), Teaching Children Rehab Center (TCRC).

LOCATION

Iraqi Kurdistan and central Iraq, more specifically the governorates of Dohuk, Erbil, Sulaymaniyah, Halabja, Kirkuk and Baghdad





Empowering Syrian refugees with injuries or disabilities Regional project being undertaken in Jordan, Iraq and Lebanon

GOAL

Support the emergence of representative organisations and groups within the Syrian population affected by the crisis: ensure that the needs of injured and disabled people are taken into account and that key stakeholders are mobilised to respond to these needs.

METHOD

Implementation of this project requires the following steps:

- Identification of the individuals and groups to be supported in refugee camps and informal settlements in Iraq.
- Provision of training to leaders and activists in order to build the capacities of disabled people's organisations (technical / organisational skills and network-based working).
- Development of directories of available services for Syrian refugees in Iraq.
- Provision of advice to civil society and disabled people's organisations in their role to provide information/guidance to refugees with disabilities and injuries.
- · Awareness-raising campaigns and engagement in dialogue and collaboration with key stakeholders on accessibility issues.
- Support advocacy initiatives undertaken by local civil society and disabled people's organisations.

PARTNERS

This project is being undertaken in Iraq in partnership with the Nujeen -Democratizing the Family Organisation.

LOCATION

Jordan, Lebanon, Iraq and Syria.

In Iraq, this intervention is targeting Iraqi Kurdistan: Dohuk and Erbil governorate.

MAIN FUNDING BODIES

