



Country card

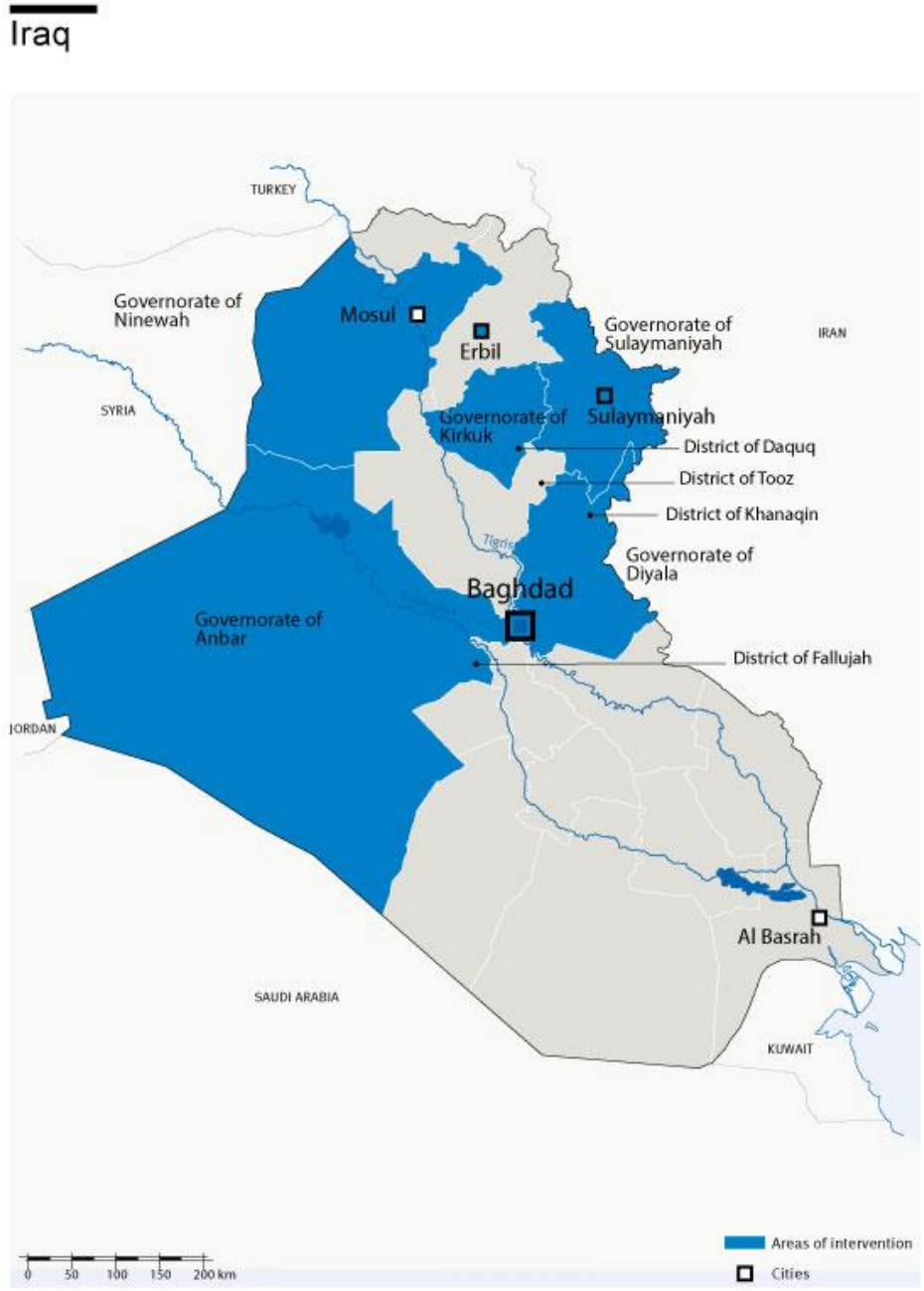
Iraq





HI Team and intervention areas

The HI Iraq program has 256 staff members.





General data of the country

a. General Data

| Country | Iraq | Iran | France |
|--|-------------------------------------|-------------------------------------|------------------------------------|
| Population | 38.43 millions | 81.80 millions | 66.97 millions |
| HDI | 120/188 classified countries | 65/188 classified countries | 26/188 classified countries |
| Surface area | 435,100 sq.km | 1,745.2 sq. km | 549.1 sq.km |
| Income per Capita | \$ 5,060 | \$ 5,420 | \$ 41,080 |
| Life expectancy | 70 years ¹ | 76 | 83 |
| Maternal mortality | 50 (deaths per 100,000 live births) | 25 (deaths per 100,000 live births) | 8 (deaths per 100,000 live births) |
| Gender-related Development Index | 0.789 | 0.874 | 0.984 |
| INFORM index | 7.2 | 4.9 | 2.5 |
| Fragile State Index | 17/178 classified countries | 44/178 classified countries | 160/178 classified countries |
| IHDI | 0.552 | 0.706 | 0.809 |
| GINI Index | 29.5 | 40 | 32.7 |
| Net official development assistance received | 1.5 | 0.0 | n.a. |

b. Humanitarian law instruments ratified by the country

| Humanitarian law instruments | Status |
|--|---------------------|
| Mine Ban Treaty | Ratified 20/03/2013 |
| Convention on Cluster Munitions | Ratified 05/11/2010 |
| UN Convention on the Rights of Persons with Disabilities | Ratified 20/03/2013 |

¹ World Bank



c. Geopolitical analysis

The successful recapture of large parts of the north-western areas of the country from the Islamic State left behind an unimaginable toll in terms of victims and destruction. The end of major phases of combat added old grievances to new tensions into the management of Iraq. Global, regional and local levels of security, political and socio-economic dynamics define a complex situation, exacerbating instability, poverty lack of access to basic services and tensions among the different groups composing the variegated Iraqi socio-ethnic-religious fabric.

Iraq is struggling to find stability and still faces a tremendous humanitarian crisis. The access of the most vulnerable persons to humanitarian assistance remains limited, with only 1.77 million people reached out of the 4.1 million in acute need of humanitarian assistance². Unexploded Ordnance including Improvised Explosive Devices (IEDs) continue to impose a devastating human toll. 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 qualified professionals specialized in the provision of essential care to people with disabilities.

Iraq is hosting almost 250,000³ Syrian refugees, primarily in the north of the country, in the Kurdistan Region of Iraq. This adds to more than 1.3 internally displaced people across several Iraqi governorates affected by armed violence and instability, making access to essential services and health care especially difficult for the most vulnerable groups. While 4.7 million have returned home following the end of major hostilities against IS, limited access to basic services, presence of explosive hazard contamination, endemic violence, discrimination and uncertainty are affecting displaced groups and host communities, negatively impacting on their opportunities to meet the challenges of building a resilient development⁴.

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 uncertainty about Iraq'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.

²https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iraq_hrp_2020_covid-19_addendum_20200719.pdf

³<http://data2.unhcr.org/en/situations/syria/location/5>

⁴<http://iraqdtm.iom.int/>



Summary of HI presence in the country

HI has been working in Iraq since 1991 in the Kurdistan Region of Iraq (KRI) and Central Iraq. During this initial phase, the organisation focused on working with representatives from disabled people's organisations, service providers with a particular focus on health structures and national and local authorities to meet the specific needs of the most vulnerable persons, and ensure their access to key services. HI has also regularly been running awareness-raising campaigns on the risks associated with landmines and unexploded ordnance and provides support to the victims of explosive hazards.

In June 2014, HI launched an emergency response to the double humanitarian crisis affecting the country: providing assistance to the most vulnerable Syrian refugees living in camps as well as to internally displaced Iraqis. The emergency intensified in 2016 with the launch of the military operations to retake the occupied territories and in particular the city of Mosul. Several governorate still host displaced groups and camps several years after the end of major hostilities related to the IS conflict in 2017.

In 2016, HI launched clearance activities in the governorates of Kirkuk and Diyala. Due to decades of war and a new wave of violence since 2014, Iraq is one of the most contaminated countries in the world with a high diversity of explosive hazards. This contamination impedes the safe movement and return of civilians and hampers stabilization and economy recovery in these areas.

With the end of the military operations to retake control of the main cities of Iraq from the group Islamic State (IS), the end of 2017 has marked the beginning of the recovery period, in which HI is playing a key role in order to ensure a safer and more inclusive return and reconstruction process. The reconstruction of areas affected by the conflict provides an opportunity to achieve the inclusion of vulnerable populations and people with disabilities and to address physical accessibility in designing or rehabilitating buildings inclusive of people with disabilities. The organisation's actions are re-assessed on a regular basis, in order to respond to the volatile situation across the whole of Iraq and adapt to the context and needs of the population. In summary, through a Comprehensive Approach to Mine Action, HI aims at:

- assisting victims of the conflict through rehabilitation services, psychosocial and psychological support, transportation and tailored support to access external services, support to health centres including equipment for physiotherapy rooms, training of physiotherapists and medical staff, etc.
- carrying out risk awareness sessions and promoting safer behaviour about the impact of explosive ordnance including IEDs.
- HI also performs land release activities on contaminated land through non-technical and technical survey, manual clearance, EOD and spot tasks.
- providing inclusion awareness and accessibility support to national and international actors. Supporting advocacy efforts of local and national actors, building capacity of CSO/DPOs to support social cohesion efforts. HI is also piloting an inclusive livelihood project in Kurdistan, aimed at supporting PwDs and vulnerable households through small business grants and PSS support.



Overview on ongoing projects

Sectors of services where HI conducts projects and focus on beneficiaries and operational partnerships

| Main sectors of intervention | Objective of project in the sector | Main activities | Beneficiaries | Final beneficiaries | Partners | Location | Dates of beginning and end of the project and donors funding it |
|--|---|---|---|---|--|--|---|
| Reduce the impact of explosive weapons contamination on the population | <ul style="list-style-type: none"> . Communities are aware of and able to manage risks related to explosive hazards . Released priority areas defined by the communities are handed-over and used by them | <ul style="list-style-type: none"> . Provision of risk awareness sessions to promote safe behaviours and inform affected population on the immediate threat . Provision of risk awareness messages through mass media. . Distribution of Information, education and communication 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 . Development and support of community safety committee to reduce the impact of explosive ordnances on local communities . Prioritization and implementation of community safety plans, including the rehabilitation of inclusive safe spaces . Conduct non-technical survey of areas suspected to be contaminated. | <ul style="list-style-type: none"> . People living in contaminated area . Community representatives . NMAA representatives | <ul style="list-style-type: none"> Communities impacted by presence of EO NMAAs | <ul style="list-style-type: none"> NMAAs NGOs UNMAS | <ul style="list-style-type: none"> Governorates of Ninewa, Diyala, Kirkuk and Anbar | |



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| | | <ul style="list-style-type: none"> . Marking of suspected hazardous areas in preparation for future clearance operations. . Supply of data to the NMAAs . Clearance activities in cities, villages and/or rural areas known to be heavily contaminated with EOs including IEDs . Land release through survey/manual clearance and handover to local authorities and NMAAs | | | | | |
| <p>Improve access to specific services for the most vulnerable people</p> <p>Psychosocial support</p> <p>Rehabilitation</p> | <p>Availability, accessibility and quality of psychosocial support services is increased for communities.</p> <p>Availability, accessibility and quality of physical rehabilitation is increased for communities.</p> | <ul style="list-style-type: none"> . Identification of the specific needs of people with injuries or disabilities and psychological distress . Provision of direct physical and functional rehabilitation services (physiotherapy sessions, donations of assistive devices, advice for caregivers) and psychological support (individual, group sessions, family counselling and referral to external actors). . Provision of support to local rehabilitation centres through equipping of physiotherapy rooms, training of physiotherapists, donation of assistive devices, and PSS training to non-specialized staff. . Provision of training and direct technical support to providers of essential services . Provision of support to local rehabilitation centres through equipping of physiotherapy rooms, training of physiotherapists, donation of assistive devices, and psychosocial support training to non-specialized staff | <ul style="list-style-type: none"> . Persons with disabilities and persons injured . Caregivers . Staff of the health facilities and centres supported | <ul style="list-style-type: none"> . Persons with disabilities and persons injured, their caregivers and households . Local health facilities and staff | <p>MoH/DoH</p> <p>MOLSA/D</p> <p>OLSA</p> <p>NGOs</p> | <p>Governorate of Ninewa, Diyala, Kirkuk, Baghdad and Basra city</p> | |



| | | | | | | | |
|---|---|---|--|---|---|---|--|
| <p>Ensure equal access to essential services, protection and basic needs for all conflict affected populations, including persons with disabilities</p> | <p>Conflict affected population have equal access to essential services and basic needs</p> | <ul style="list-style-type: none"> . Inclusion campaign through DPOs/CBOs . Support with trainings and small grants to DPOs networks . Cash for health . Inclusive livelihood: small grant support for M-SMEs with inclusive/PSS support . VA inclusion advocacy activities . Accessibility and rehabilitation of key community services . Coordination and advocacy with/to recovery actors (cluster or other coordination mechanism) and local authorities to promote inclusion of PWD in planning and recovery project activities. -Situation analysis and monitoring on barriers to access to essential services for vulnerable groups. | <p>Persons with disabilities and persons injured</p> <p>CBOs/DPOs network staff</p> <p>NMAAs representatives</p> | <p>Vulnerable and marginalized members of communities</p> | <p>MoH/DoH</p> <p>MOLSA/D OLSA</p> <p>NMAAs</p> <p>NGOs</p> <p>CBOs/DP Os/network</p> | <p>Governorate of Ninewa, Diyala, Kirkuk, Halabja, Baghdad and Basra city</p> | |
|---|---|---|--|---|---|---|--|

Donors

| | | |
|---|---|--|
| <p>European Union (DEVCO)</p>  | <p>German Ministry of Foreign Affairs (GMOFA)</p>  <p>Federal Foreign Office</p> | <p>European Commission (ECHO)</p>  |
| <p>Global Affairs Canada (GAC)</p>  <p>Government of Canada</p> | <p>Norway Ministry of Foreign Affairs (Norway MOFA)</p>  | <p>UNMAS</p>  |
| <p>BMZ-GIZ</p>  | <p>French Ministry of Foreign Affairs Centre de Crise</p>  | <p>USAID - Office for US disaster assistance (OFDA)</p>  |
| <p>DFAT</p>  | <p>Belgium Ministry of Foreign Affairs</p>  <p>KINGDOM OF BELGIUM Foreign Affairs, Foreign Trade and Development Cooperation</p> | |