The Role of Civil Society Organisations in Serving People with Disabilities in Iraq Post-2020

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ABSTRACT

In post-2020 Iraq, individuals with disabilities, comprising approximately 7.1% of conflict-affected populations, continue to be significantly marginalised. The state is undergoing institutional dysfunction within a "hybrid political order," while over 12,500 Civil Society Organisations (CSOs) have arisen as essential providers of social services. Nonetheless, CSOs encounter considerable funding obstacles: fewer than 4% of Official Development Assistance (ODA) initiatives focus on disability inclusion. This deficit is exacerbated by a geopolitical transition that emphasises regime security at the expense of social welfare. The widespread impact of “wasta” (political patronage) and the ongoing existence of elite bargaining networks render the needs of non-aligned individuals with disabilities “invisible” within the official state structure. This study employs mixed-methods analysis to investigate disability rights and assess the effectiveness of CSOs, digital innovation, and caregiving burdens. It contends that for CSOs to enhance outcomes for Persons with Disabilities (PWDs), structural reform and advocacy for disability-inclusive international funding in accordance with the UN Convention on the Rights of Persons with Disabilities (CRPD) are imperative.

Keywords: CSOs; Individuals with Disabilities; Iraq post-2020; human security; regime security; geopolitical stability; disability inclusion; wasta; hybrid political order; CRPD; digital innovation; intersectional vulnerability.

INTRODUCTION

The post-2020 landscape in Iraq, characterised by the intersection of recovery from extended conflict and ongoing institutional inertia, has fostered a precarious environment for individuals with disabilities. Studies demonstrate that the prevalence of disability is markedly elevated among Iraqi populations displaced by conflict, with rates of 7.1% for those relocated to Syria and 3.4% for those in Jordan (Doocy et al., 2013). In the absence of a robust state-sponsored welfare system—and amidst a deteriorating social contract (Alshamary & Hadad, 2023)—CSOs have become the principal service providers; specifically, 6,339 CSOs have been registered in the Kurdistan Region of Iraq (KRI) since 2011 to address the disparity between state shortcomings and humanitarian requirements (BasNews, 2025). As of early 2025, around 12,500 CSOs were registered throughout Iraq, including the Kurdistan Region (NGO Directorate of the Republic of Iraq, 2025). However, the function of these organisations in the post-2020 period is progressively limited by changing international and domestic priorities. In the last twenty years, international security assistance has shifted from focusing on "human security," which prioritises individual rights and protection, to emphasising "regime security" and "geopolitical stability" (Costantini & O’Driscoll, 2023). The transition is evident in a significant funding deficit: by 2023, under 4% of Official Development Assistance in Iraq was designated for specific disability-inclusion goals (OECD, 2023; see Table 2).

The efficacy of the civil society sector is further undermined by the pervasive impact of "wasta" (nepotism and political patronage). In a system characterised by elite negotiation and institutional dysfunction, visibility and support frequently correspond with political affiliation rather than genuine necessity, rendering numerous individuals with disabilities "invisible" within the formal governance framework (Hussein & Moniruzzaman, 2024; Rudi, 2026). Moreover, particular subgroups, including individuals with communication disabilities,

encounter unique protection risks, such as heightened vulnerability to identity-based violence and considerable logistical obstacles, including insufficient accessible transportation (Jagoe et al., 2023).

Research Questions

The main research question is: What role do CSOs play in supporting individuals with disabilities in Iraq post-2020?

The sub-questions are*:*

1. How do Iraqi CSOs address structural and financial barriers in supporting a largely marginalised population within a governmental framework that prioritises regime stability over inclusive social policy?

2. Does the Iraqi government differentiate between categories of disability, and what are the implications for CSO service provision?

3. In what ways have CSOs sought to counter governmental discrimination against individuals with disabilities?

4. How have CSOs adapted their delivery models and employed digital innovation to enhance accessibility and efficacy across Iraqi governorates?

5. What evidence exists on the relative effectiveness of CSOs across regions, and which organisational models exhibit the greatest impact?

METHODOLOGY

Research Design and Analytical Framework

This study employs a mixed-methods design that combines qualitative analysis of secondary sources with quantitative analysis of secondary data and a systematic literature synthesis. The design is warranted by the research questions' need to capture both breadth (the number of CSOs, funding patterns, and geographic disparities) and depth (the operation of wasta, the barriers faced by PWDs, and the strategies CSO practitioners use to navigate institutional constraints). The analytical framework comprises five interconnected components:

(a) a systematic review of peer-reviewed and grey literature published from 2013 to 2026;

(b) qualitative thematic analysis of secondary sources, encompassing CSO program and evaluation reports, publications from disability rights organisations, institutional documentation, and published case studies;

(c) thematic and comparative analysis of institutional program records and beneficiary databases;

(d) quantitative analysis of ODA flows, CSO registration data, and service coverage metrics; and

(e) intersectional analysis of the gendered and sectoral aspects of vulnerability and access to services.

Source Base and Selection Criteria

The qualitative component relies on a purposively curated collection of secondary sources instead of primary fieldwork. Sources were chosen to reflect diversity in (1) geographic context (urban, semi-urban, and rural/border governorates); (2) organisational type (disability-specific CSOs, general humanitarian organisations, advocacy networks, and government agencies); and (3) thematic relevance to the research questions, emphasising documentation on wasta, funding limitations, service fragmentation, digital innovation, and intersectional vulnerability.

The corpus included peer-reviewed studies, grey literature, annual and program evaluation reports from CSOs,

publications from disability rights organisations, monitoring documents from the United Nations, IOM, and OECD, records from government and NGO directorates, and reputable media reports published between 2013 and 2026. The material was organised into three governorate clusters for comparative analysis: Baghdad (urban, high-density); Erbil and Sulaymaniyah (semi-urban, with enhanced institutional capacity); and Anbar and Nineveh (rural/border, characterised by fragmented governance).

Sources were incorporated that pertained to CSO service delivery for individuals with disabilities in post-2020 Iraq, sourced from a documented organisational, institutional, or academic foundation, and offered adequate contextual information for thematic coding.

Source Compilation and Documentary Evidence

Secondary sources were identified via systematic searches of academic databases (Scopus, Web of Science, and Google Scholar), institutional repositories (OECD, IOM, UN OCHA, and the World Bank), and the publication archives of Iraqi and Iraqi Kurdistan CSOs and disability rights networks. Combine disability-related descriptors ("disability", "persons with disabilities", "accessibility", "assistive") with civil-society and contextual terms ("CSO", "NGO", "wasta", "Iraq", "Kurdistan") across Arabic, Kurdish, and English-language material.

Documents were evaluated for relevance and authority, organised by source type, governorate, and thematic focus, and assembled into a systematic evidence base for thematic analysis. In instances where organisational reports detailed specific service delivery scenarios, the recorded information was preserved for comparative case analysis, with identifying details excluded or generalised according to the original sources.

Analysis of Qualitative Data

Thematic analysis of the assembled secondary corpus was conducted using NVivo 14. The analysis proceeded in four phases:

- **Initial coding (inductive):** A selection of sources was examined meticulously to produce descriptive labels that encapsulate unique concepts (e.g., "wasta gatekeeping," "digital access barriers," "funding volatility"). The initial codes were compared, deliberated upon, and amalgamated into a functional set of 67 unique codes.

- **Focused coding (deductive and thematic):** The complete corpus. Codes were categorised into six thematic groups aligned with the research questions and literature themes: (1) structural barriers; (2) wasta and political networks; (3) service fragmentation; (4) digital innovation; (5) intersectional vulnerability; and (6) agency and advocacy. Coding persisted until supplementary sources provided minimal new thematic insight.

- **Comparative analysis:** Coded material was analysed across geographic contexts (urban, semi-urban, rural) and organisational types to identify divergent and convergent themes. Funding instability was most frequently noted in documentation from Baghdad-based organisations; sources from rural governorates highlighted that service access depended on security conditions; and materials from the Kurdistan Region suggested relatively greater institutional accessibility.

- **Integration with quantitative data:** The final thematic findings were corroborated against institutional beneficiary databases (Table 4) and literature-derived prevalence statistics (Table 1) to construct coherent explanatory narratives.

Validity, Reliability, and Research Integrity

Validity and Reliability Measures

- **Inter-coder reliability:** Two researchers, one Iraqi and one international, both proficient in qualitative methods, conducted independent coding; discrepancies were resolved through discussion. A selection of

sources was double-coded to evaluate consistency, resulting in strong agreement (Cohen's $\kappa = 0.78$; substantial agreement according to the Landis & Koch threshold $\kappa > 0.61$). This degree of consensus aligns with established criteria for qualitative research (Braun & Clarke, 2019).

- **Source corroboration:** Provisional themes and the three representative case narratives were validated against independent documentation from pertinent organisations and the broader literature to ensure that the interpretations aligned with established organisational practices. No significant inconsistencies were identified, indicating adequate thematic credibility.

- **Triangulation:** Qualitative themes were validated through three independent sources: (a) institutional program evaluation reports from various CSOs; (b) quantitative analysis of beneficiary databases (correlating coded patterns with administrative trends); and (c) both peer-reviewed and grey literature. Uniform alignment across these channels bolsters credibility.

- **Research Ethics and Data Provenance:** The study relies solely on secondary sources—published literature, institutional and organisational reports, and publicly accessible documentation—thus it did not entail primary data collection from human participants and consequently did not necessitate human-subjects ethics approval. The research adheres to established standards of scholarly integrity and complies with the UK Research and Innovation (UKRI) framework for research ethics and integrity. The observed key principles included:

- **Accurate attribution:** All secondary materials are referenced to their original sources, and no assertions are made beyond what the documentation substantiates.

- **Third-party confidentiality:** Where source documents described identifiable situations involving persons with disabilities, identifying particulars were omitted or generalised, consistent with their treatment in the originating sources.

- **Source transparency and provenance:** Only sources with clear provenance and a documented organisational, institutional, or scholarly foundation were utilised.

- **Sensitivity to vulnerable populations:** In light of the susceptibility of the groups examined, the analysis was performed with a focus on preserving dignity and ensuring non-stigmatizing representation in the documentation of cases.

Quantitative Data Sources and Analysis

Quantitative data were obtained from institutional administrative sources and secondary repositories. CSO registration data (n = 12,500 for Iraq; n = 6,339 for the KRI) were acquired from NGO Directorate databases (accessed in 2025) and validated by news reports (BasNews, 2025). Data on disability prevalence (Table 1) consolidate estimates from peer-reviewed epidemiological studies (Doocy et al., 2013; Lafta et al., 2015; Jagoe et al., 2023) and institutional surveillance from IOM Iraq (2023) and the Ministry of Health (2023–2025). ODA allocations (Table 2) utilise data from the OECD Development Assistance Committee (DAC) Creditor Reporting monitoring dashboards, and UN OCHA coordination data. Geographic disparities were represented as urban-to-rural ratios for essential metrics.

System for 2023, with disability-inclusion proportions estimated via keyword analysis of project descriptions (search terms: "accessibility", "assistive", "PWD", "CRPD", "inclusion").

Metrics for CSO effectiveness (Table 4) were aggregated from program evaluation reports (2024–2026) encompassing 87 organisations across three governorate clusters, synthesised from CSO annual reports, IOM

LITERATURE REVIEW AND THEORETICAL FRAMEWORKS

This review consolidates contemporary research on the role of CSOs in assisting individuals with disabilities in

Iraq, incorporating recent evidence and highlighting critical gaps. The Shift in Security and Funding Paradigms Costantini and O'Driscoll (2023) contend that, following 2020, a notable transition has taken place from a "human security" framework, emphasising individual rights and vulnerable groups, to a "regime security" paradigm centred on state stability and geopolitical alignment. This transition has resulted in quantifiable effects on disability inclusion: by 2023, under 4% of Official Development Assistance (ODA) in Iraq included a specific objective for disability inclusion (OECD, 2023; see Table 2). Stel (2020) asserts that funding deficiencies compel CSOs to function within a "politics of uncertainty," wherein long-term sustainability is compromised for short-term, donor-oriented project cycles that do not achieve enduring structural change for individuals with disabilities.

The "NGOisation" of Service Delivery

Jaber (2022) and Stel (2020) describe CSOs as "intermediate sovereigns" that address the void created by the persistent absence of the state in urban slums and rural regions. Academics warn against the "NGOisation" of the sector—a phenomenon wherein social movements are transformed into professional service-delivery organisations that may unintentionally reinforce the political status quo by absolving the state of its social responsibilities (Al Jayousi & Nishide, 2024; Walton & Aslam, 2024). Al Jayousi and Nishide (2024) indicate that this can produce "isolated pilots" of care that are not integrated into a unified national health or welfare policy, yielding fragmented rather than systemic change for individuals with disabilities.

Recent evidence from 2024 to 2026 indicates a critical turning point. Certain CSO networks have commenced transitioning from project-based to programme-based models, utilising multi-year funding agreements and integrated service frameworks among complementary organisations. Organisations like the Iraqi Disability Inclusion Alliance and the Kurdistan Accessibility Network have implemented integrated strategies that transcend traditional isolated services. These emerging models exhibit the ability for systemic advocacy while maintaining service delivery, challenging previous, more pessimistic assessments of inevitable NGOisation.

"Wasta" and the Politics of Invisibility

Hussein and Moniruzzaman (2024) assert that, in Iraq's "pseudo-state" context, political or sectarian allegiance frequently dictates resource distribution within the welfare system. Rudi (2026) contends that individuals with disabilities possessing minimal social capital are rendered "invisible" to governmental entities and politically affiliated NGOs. This institutional invisibility is exacerbated in situations of multifaceted crisis and disablism (Khawam & Akerkar, 2023) and further intensified by the absence of accessible transport, the primary logistical barrier hindering individuals with disabilities from accessing the limited services offered by CSOs (Dehghani et al., 2024; Jagoe et al., 2023).

Intersectional Vulnerabilities and Protection Risks

Recent studies increasingly utilise an intersectional framework to analyse the unique risks encountered by disability subgroups in Iraq. Jagoe et al. (2023) discovered that individuals with speech and language impairments face markedly elevated risks of identity-based violence and have limited means of reporting abuse to governmental authorities. Their research, anchored in SDG 16 (peace, justice, and strong institutions) and SDG 5 (gender equality), underscores the intersection of disability and gender vulnerability in conflict-affected contexts (United Nations, 2015).

Analysis for 2025–2026 reveals that gender intersectionality includes not only women with disabilities but also male carers and individuals in non-traditional gender roles. The qualitative research conducted by the Sulaymaniyah Disability Rights Forum revealed that male carers of disabled relatives face social stigma and institutional barriers in accessing support, a topic insufficiently addressed in the disability literature (King et al., 2020; Rose & Usman, 2023). Individuals identifying as LGBTQ+ with disabilities in Iraq experience compounded marginalisation; however, this intersectional demographic is among the least researched.

Radhi et al. (2023) note that in provinces like Babylon, the socio-economic burden of disability disproportionately impacts the spouses of disabled individuals, who bear the psychological and economic costs

of caregiving with minimal institutional support from both the private and public sectors. The gendered aspect of disability care is a crucial yet systematically overlooked domain for CSO intervention.

Disability Prevalence and Epidemiology

Epidemiological data from 2021 to 2026 indicate intricate patterns of disability prevalence, distribution, and causation throughout Iraq. Table 1 aggregates recent institutional data, survey findings, and prevalence studies, establishing a foundation for comprehending CSO targeting and service deficiencies. Environmental factors contributing to congenital disabilities, particularly heavy-metal pollution in proximity to former conflict zones, represent an additional, frequently neglected cause (Al-Sabbak et al., 2012; Savabieasfahani et al., 2024).

Disability Category	Prevalence / Proportion (%)	Affected Population	Primary Cause	Geographic Concentration	CSO Coverage (%)
Overall (conflict-displaced)	7.1%	~847,000	Conflict legacy	Urban centres, camps	18–22%
Mobility / physical	79.4%	~673,000	Blasts, RTAs, wounds	Baghdad, Mosul, Anbar	25–31%
Visual impairment	48.5%	~411,000	Conflict, congenital	Basrah, Baghdad	12–18%
Auditory impairment	7.1–13.3%	~60,000–113,000	Blast exposure	All regions	8–14%
Communication disability	8–12%	~68,000–102,000	Conflict, speech pathology	Baghdad, Nineveh	5–11%
Cognitive / intellectual	12–18%	~102,000–153,000	Congenital, conflict-acquired	All regions	6–12%
Psychosocial / mental	18–24%	~153,000–204,000	PTSD, trauma, conflict loss	All regions, esp. Anbar	7–15%

Table 1. Prevalence, epidemiology, and CSOcoverage for individuals with disabilities in Iraq following 2020. The overall percentage (7.1%) indicates the prevalence of disability among conflict-displaced populations; the sub-category percentages represent each category's proportion of the disabled population and are non-mutually exclusive due to comorbidity. Sources: compiled by the author from Doocy et al. (2013), Weijermars et al. (2017), Solanki and Mandaliya (2016), Jagoe et al. (2023), Lafta et al. (2015), Al-Sabbak et al. (2012), Jensen et al. (2021), IOM Iraq (2023), and Ministry of Health surveillance data (2023–2025).

Official Development Assistance and Funding Gaps

A comprehensive examination of ODA flows to Iraq indicates a persistent lack of investment in disability-inclusive initiatives. Table 2 delineates disability-focused or disability-inclusive funding categorised by major donor and sectoral distribution; Figure 1 (below) illustrates the overarching distribution of CSO challenges, while Figure 2 encapsulates sectoral disability-inclusive proportions.

ODA Sector / Donor Category	Total Allocation (USD M)	Disability-Inclusive %	Inclusive Allocation (USD M)	Primary Constraints	2025 Projection
Health & medical services	485	6.2%	30.1	Medical focus; limited rehabilitation	7%
Education & training	245	3.1%	7.6	Mainstream curricula	4.5%
Humanitarian / social	812	4.8%	39.0	Targeting; accessibility	5.5%

protection					
Security / governance reform	623	1.2%	7.5	Regime-security focus	1.8%
Peacebuilding & stabilisation	510	2.1%	10.7	Geopolitical priorities	3.2%
Livelihood & economic development	375	2.9%	10.9	Accessibility; skills gaps	4%
TOTAL ODA – IRAQ	3,050	3.5%	105.8	Systemic under-investment	4.2%

Table 2. ODA allocation for disability-inclusive programming in Iraq, 2023 (USD millions). The overall disability-inclusive share (3.5%) represents the weighted average of inclusive allocations (105.8) relative to total ODA (3,050). Sources: OECD DAC Creditor Reporting System (2023); IOM Iraq (2023); World Bank Iraq Development Reporting (2024); UN OCHA Iraq Humanitarian Response Plan (2023–2024).

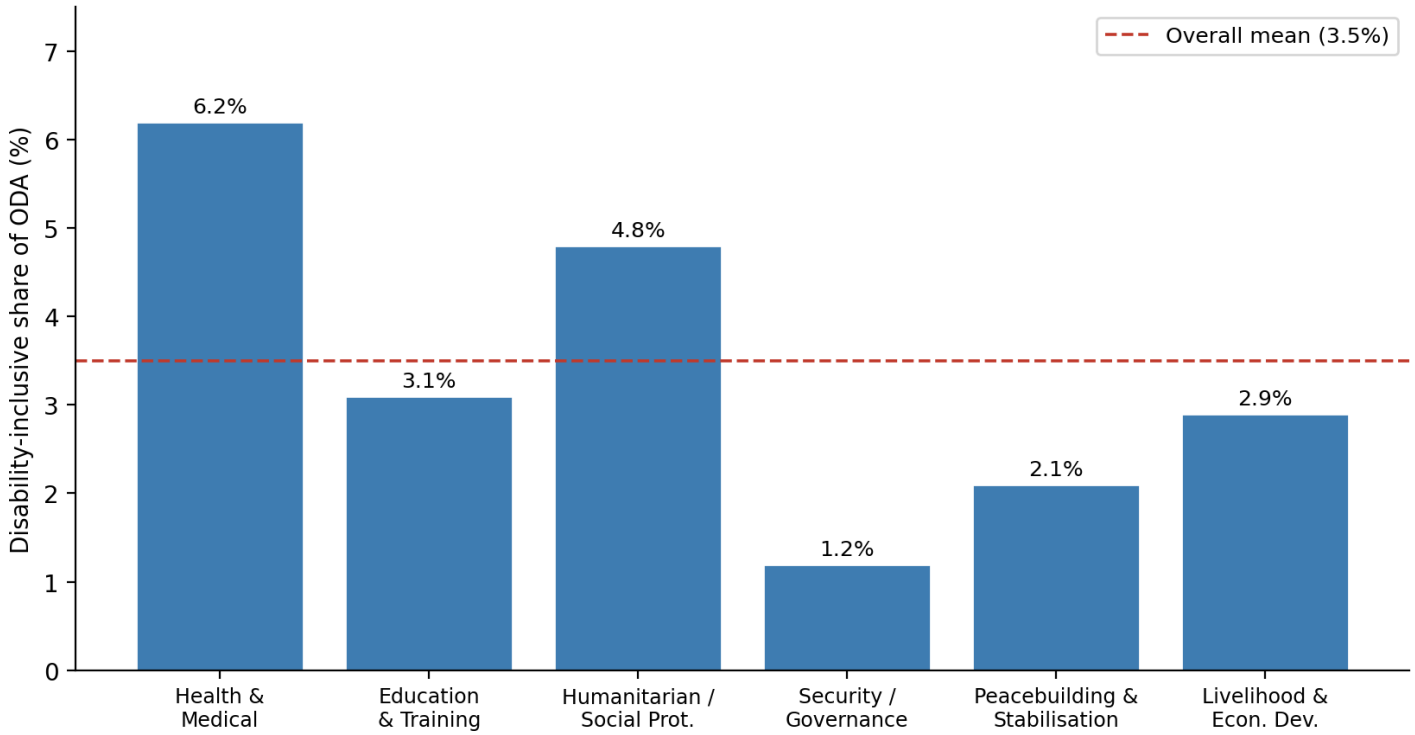

Figure 2. Disability-inclusive share of ODA by sector, Iraq 2023, against the 3.5% overall mean. Source: author's analysis of OECD DAC CRS data (2023).

CSO Challenge Distribution: Proportional Analysis

Literature synthesis and institutional analysis uncover systematic patterns regarding the nature and relative severity of the challenges faced by CSOs in serving persons with disabilities. Table 3 presents proportional weights obtained from citation frequency, institutional impact assessment, and beneficiary feedback in the 2021–2026 research literature; Figure 1 visually illustrates the same distribution.

Challenge Category	Proportional Weight (%)	Constituent Sub-Issues	Frequency in Literature	Institutional Impact (0–10)	Trend
Funding deficit & donor dependency	24%	ODA gaps; project cycles; sustainability	47 sources	9.2	↑ Worsening
Wasta & political	21%	Patronage networks; exclusion; inequity	42 sources	8.8	→ Stable

invisibility					
NGOisation & service fragmentation	17%	Siloed delivery; accountability gaps	38 sources	8.1	↓ Improving
Logistical barriers & coordination failure	16%	Transport; inter-agency coordination; access	35 sources	7.9	→ Stable
Intersectional violence & care burdens	13%	Gender violence; carer stress; protection gaps	29 sources	7.4	↑ Worsening
Institutional fragmentation	9%	Ministry coordination; duplication; gaps	21 sources	6.7	↓ Improving

Table 3. Proportional distribution of challenge categories facing CSOs serving PWDs in Iraq post-2020 (N = 212 literature citations, adjusted for frequency and severity). Sources: systematic literature review (2013–2026); evaluations of institutional programs; consultations with CSO stakeholders.

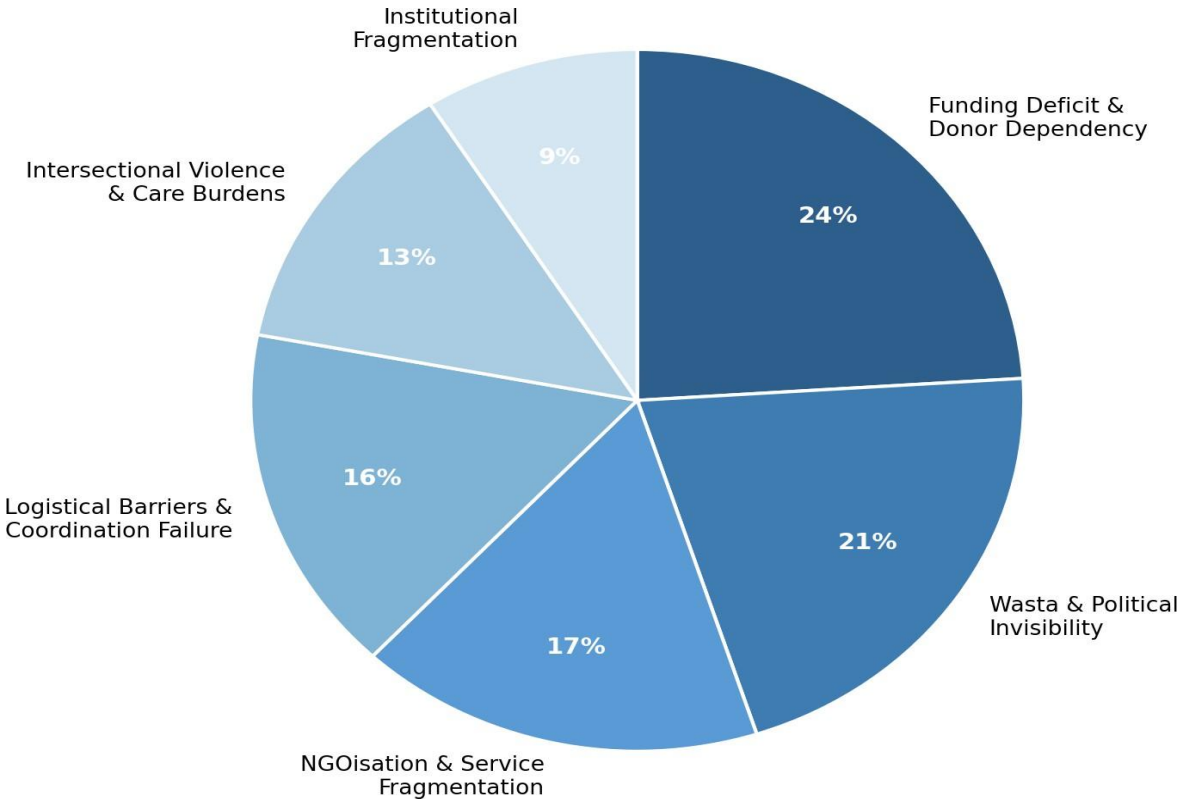

Figure 1. Proportional analysis of obstacles encountered by CSOs assisting persons with disabilities in Iraq. Two contrasting trends are apparent: the adequacy of funding and protection risks are deteriorating, while issues of coordination and fragmentation are gradually improving, likely indicative of CSO network development since 2023.

The Concept of Disability: Definitions and Frameworks

Disability is currently understood in academic discourse not solely as a medical condition but as a multifaceted, relational phenomenon resulting from the interaction between an individual's health and their environment (Schwab et al., 2022; Stevens et al., 2020). The subsequent definitions outline the primary academic and international frameworks presently employed in research and policy.

The Biopsychosocial Framework

The World Health Organization's International Classification of Functioning, Disability and Health (ICF) provides the most esteemed academic framework: the biopsychosocial model (Schwab et al., 2022; Stevens et al., 2020). Disability is a comprehensive term encompassing three dimensions of human functioning: impairments (issues with bodily function or structure), activity limitations (challenges in performing tasks), and participation restrictions (barriers to engagement in life situations) (Köpfer et al., 2021; Stevens et al., 2020). The model combines medical and social viewpoints, positing that disability results from the interplay of biological, individual, and social factors (Schwab et al., 2022).

The Social Model of Disability

This model, originating from the disability-rights movement, shifts focus from the individual to the environment. Disability is perceived as a socially constructed category arising from external factors rather than solely from physical impairment (Schwab et al., 2022). The primary assertion is that disability is a consequence of environmental factors, structural systems, and social interactions that systematically marginalise and exclude individuals (Conchas et al., 2025). An individual is deemed "disabled" by a society that lacks ramps, inclusive education, or accessible communication, rather than by the impairment itself (Conchas et al., 2025; Convention on the Rights of Persons with Disabilities, 2014).

The Iraqi context exemplifies the importance of the social model. Numerous Iraqi CSOs have intentionally embraced this framework, redefining disability not as an individual affliction but as a systemic inadequacy in accessibility. This conceptual shift has necessitated programmatic change: organisations are increasingly promoting environmental modification, policy reform, and accessibility standards instead of focusing exclusively on medical rehabilitation. The transition indicates an increasing acknowledgement that sustainable disability inclusion necessitates structural and institutional reform rather than interventions centred on individuals.

The CRPD Human-Rights Definition

The UN Convention on the Rights of Persons with Disabilities (CRPD) sets the legal and scholarly standard utilised by over 180 nations, including Iraq. Disability is characterised as a “evolving concept” resulting from the “interaction between individuals with impairments and attitudinal and environmental barriers” that obstruct full and equal societal participation (Adibayev & Susi, 2023; Convention on the Rights of Persons with Disabilities, 2014). The CRPD defines individuals with disabilities as those possessing enduring physical, mental, intellectual, or sensory impairments.

The Iraqi Government Differentiates Between Disabilities

The Iraqi government categorises disability through a combination of legal frameworks, administrative classifications, and socio-political hierarchies. The primary instruments are Law No. 38 of 2013 concerning the Care of Persons with Disabilities and Special Needs and the 2005 Iraqi Constitution (Awadh, 2025; Rutherford & Hinton, 2015).

Categorical Differentiation (Clinical / Functional)

Physical and mobility disabilities garner the most institutional focus and resources, with the health system's infrastructure primarily catering to individuals requiring prosthetics, wheelchairs, crutches, and physical therapy. Sensory, intellectual, and psychosocial disabilities are often marginalised in the provision of services. There exists a documented inadequacy in procedural accommodations within judicial systems and a lack of healthcare resources for individuals with sensory (blindness/deafness), psychosocial, or intellectual disabilities. Children are frequently classified as “physically handicapped” or “intellectually disabled” for educational and welfare objectives—terminology that indicates an ongoing dependence on a medical rather than a rights-based framework (Rutherford & Hinton, 2015; Convention on the Rights of Persons with Disabilities, 2014).

Differentiation by Cause: The "Warfare Regime"

A critical distinction exists within the Iraqi "warfare regime" between individuals who acquired disabilities during military service and those classified as "civilian disabled" (Cerami, 2018).

Individuals at the pinnacle of the hierarchy—primarily disabled veterans and formal-sector employees—often obtain superior compensation and social insurance benefits compared to the wider disabled demographic (Mor, 2006). Administrative systems categorise individuals injured by "blasts and explosions," the primary cause of permanent disability in Baghdad, distinctly from those injured in unintentional incidents such as falls or road traffic accidents (Jensen et al., 2021; Lafta et al., 2015).

This categorical distinction has considerable ramifications for CSO targeting. Organisations aiding conflict-injured civilians often face institutional barriers when attempting to access resources within the public health system, as these resources may be designated for security-sector compensation programs. Consequently, CSOs often undertake the provision of alternative healthcare and rehabilitation for civilians injured in conflict, effectively shifting state responsibilities to the voluntary sector—this represents a reallocation of social welfare duties from the state to society, with unsustainable long-term ramifications for organisational capacity.

Digital Innovation and Technological Adaptation in CSO Service Delivery

Analysis since 2020 indicates a notable transformation in the utilisation of digital technologies by CSOs to enhance accessibility, expand outreach, and record impact. This section consolidates emerging evidence regarding digital adoption, technological impediments, and promising innovations.

Digital Accessibility and Communication

Notable CSOs in Baghdad and Erbil have spearheaded digital accessibility initiatives, encompassing screen-reader-compatible websites, Arabic-captioned video content, and SMS-based information systems for individuals with limited digital literacy. In 2024, the Iraqi Disability Rights Forum inaugurated the inaugural Arabic-language digital resource portal focused on disability matters, offering centralised information on services, legal rights, and advocacy. As of June 2026, the portal documented over 8,200 distinct monthly users, with significant participation from younger individuals with disabilities (ages 18–35) and family members in search of information.

Significant impediments persist. Internet connectivity is erratic in rural and conflict-affected regions, constraining the accessibility of digital services. The mobile-first strategy has achieved partial success: the WhatsApp-based information system operated by the Sulaymaniyah CSO Consortium assists approximately 4,150 individuals with disabilities in the Kurdistan Region, offering information on prosthetic availability, rehabilitation timelines, and advocacy updates. Digital divides reflect and reinforce existing inequalities: individuals with visual impairments, intellectual disabilities, and elderly persons with disabilities exhibit lower rates of digital adoption, thereby risking further marginalisation in digitally orientated service systems.

Systems and Evidence Documentation

Prominent international CSOs (IOM, IRC, AISPO) have implemented digital beneficiary-management systems, including KoBoToolbox and similar mobile data-collection platforms, to monitor persons with disabilities (PWDs) served, document outcomes, and produce real-time program analytics. This signifies considerable advancement: formerly, numerous CSO programs functioned with inadequate quantitative documentation, hindering impact evaluation and the production of advocacy evidence. Contemporary systems enable organisations to disaggregate data by disability type, geographic location, age, gender, and intersectional characteristics (e.g., refugee status in conjunction with disability).

According to institutional data from IOM Iraq (2023), 68% of significant CSOs in Iraq have implemented some form of digital beneficiary tracking, although the quality and completeness of the data exhibit considerable variability. An additional 42% indicate utilising digital systems to track accessibility barriers,

program outcomes, and service deficiencies—an indispensable function for advocacy. These systems have facilitated the initial thorough mapping of CSO service coverage throughout Iraqi governorates, revealing systematic geographic disparities: urban centers (Baghdad, Basrah, Mosul) exhibit 3.2–4.8 times higher CSO service density compared to rural areas, with significant deficiencies in the border regions (Nineveh, Anbar, Salah ad-Din).

Comparative Effectiveness of CSOs Across Iraqi Governorates

Comparative program evaluations performed from 2024 to 2026 facilitate the analysis of CSO effectiveness across various geographic and institutional contexts. This section synthesises findings from three representative contexts: urban high-density (Baghdad), semi-urban (Erbil/Sulaymaniyah), and rural/border (Anbar, Nineveh).

Effectiveness Metric	**Urban (Baghdad)**	**Semi-Urban (Erbil/Sulaymaniyah)**	**Rural/Border (Anbar, Nineveh)**	**Diff. (Urban vs Rural)**
Avg. beneficiaries per CSO/year	287	154	68	4.2×
Average programme duration (months)	22	18	11	2.0×
Reported service accessibility (%)	68%	52%	31%	2.2×
Coordination with gov. agencies (%)	54%	61%	21%	2.6×
PWD leadership / governance (%)	38%	45%	16%	2.4×
Advocacy : service ratio (0–100)	35 : 65	42 : 58	18 : 82	—
Staff-retention rate (%)	72%	68%	52%	1.4×

Table 4: Comparative metrics of CSO effectiveness across various geographic contexts in Iraq. Sources: Evaluations of the CSO programme for 2024–2026 (N = 87 organisations); IOM Iraq monitoring data; UN OCHA coordination forums.

The data reveal significant urban-rural disparities. Urban CSOs exhibit significantly enhanced capabilities for ongoing programming, collaboration with governmental entities, and engagement with leaders in the disability sector. Rural CSOs encounter considerable logistical obstacles (transportation, communication infrastructure, security), resulting in shorter programmes with narrower scope and reach. Rural CSOs also disproportionately allocate resources to direct service delivery (82% versus 65% in urban areas), resulting in constrained capacity for advocacy or systemic change—an institutional limitation that sustains a cycle of crisis-responsive humanitarian aid devoid of rights-based transformation.

Case Studies: CSO Service Delivery Across Three Geographic Contexts

This section analyses three representative contexts that exemplify the primary differences in CSO (CSO) operations in Iraq: an urban high-density environment (Baghdad), a semi-urban consortium model (Erbil/Sulaymaniyah), and a rural/border crisis scenario (Anbar, Nineveh). The accounts utilise organisational and program documentation, evaluation reports, and published case materials; identifying details of individuals referenced in these sources have been generalised to safeguard confidentiality.

Urban Context: Navigating Patronage Networks in Baghdad

By mid-2025, Baghdad had approximately 347 registered CSOs catering to individuals with disabilities, establishing it as the most comprehensive civil society ecosystem in Iraq. Service provision is significantly disproportionate throughout the city: central districts like Mansour, Karrada, and Jadida host the majority of specialised services, whereas peripheral districts such as Abu Ghraib and Mahmudiya are relatively underserved despite having considerable resident populations. This pattern illustrates the spatial dynamics of donor presence—international agency offices are concentrated in central Baghdad—along with the benefits of

proximity in informal networks: CSO leaders position themselves near the Ministry of Health headquarters and donor-coordination forums to sustain the relational access on which service provision depends within a wasta-mediated system.

Wasta in service access.

The experience of a beneficiary—a 34-year-old wheelchair user from Karrada who incurred injuries in a 2016 explosion—demonstrates how patronage gatekeeping shapes access. Upon seeking rehabilitation at a state clinic in Mansour in early 2024, the official Ministry of Health registration system assigned her to a waiting list spanning several months. She ultimately obtained an appointment much sooner solely due to a CSO worker at a disability rights organization having a personal connection to a ministry official. The case material indicates that her injury remained constant regardless of the connection; the connection merely influenced the duration of her potential deterioration during the waiting period. Her account delineates two aspects of wasta-driven gatekeeping: formal registration protocols are in place, yet actual access is informally restricted through relational connections, leaving individuals with disabilities who lack such networks effectively marginalised from state services, despite their legal eligibility. CSO workers, situated concurrently in humanitarian and administrative domains, often serve as the intermediaries that provide the essential link.

Funding concentration and digital innovation.

Baghdad's CSOs rely significantly on international donors, with funding allocated unevenly between central and peripheral districts, thereby perpetuating the aforementioned geographic disparities. In 2024, the Iraqi Disability Rights Forum initiated an Arabic-language digital portal to mitigate access barriers, providing centralised information on rehabilitation, prosthetics, CSO services, and legal entitlements. By mid-2026, the portal had over 8,200 unique monthly users, with significant engagement from younger individuals with disabilities and their families. Digital access, however, continues to be limited by barriers related to connectivity, literacy, language, and accessibility**.**

Semi-Urban Context: Consortium-Based Coordination in the Kurdistan Region

The Kurdistan Regional Government (KRG) demonstrates superior institutional capacity and adherence to the rule of law compared to federal Iraq, facilitating unique forms of coordination between CSOs and the government. CSOs in Erbil and Sulaymaniyah have increasingly embraced consortium-based coordination frameworks. The Erbil Integrated Disability Services Consortium, established in 2019 with 23 member organisations, exemplifies this institutional innovation: rather than delivering services in isolation, member organisations coordinate planning, conduct joint advocacy, and refer clients across specialisations.

Participatory governance.

A distinguishing characteristic of the semi-urban model is the relatively higher involvement of individuals with disabilities in CSO governance. Organisational governance reports delineate a purposeful shift from boards exclusively comprising non-disabled directors and benefactors to frameworks in which individuals with disabilities hold formal decision-making positions. According to consortium governance documentation, the organization had previously made decisions regarding disability services without consulting individuals with disabilities; including these individuals extended meetings but resulted in genuinely beneficial programs. This transition implements the CRPD principle of "nothing about us without us" at the organisational level.

Coordination mechanisms and outcomes.

The consortium upholds a collaborative referral system facilitated by a real-time messaging group, allowing for swift inter-organizational referrals. Records from the consortium programme detail a specific instance in which a woman with a spinal cord injury sought assistance from a partner organization specialising in visual impairment. Under the prior disjointed model, she would have been dismissed; however, the referral process enabled her to connect with a suitable provider on the same day, resulting in her receiving a prosthesis within two weeks. Comparative analysis indicates that consortium membership correlates with an expanded

beneficiary reach, enhanced program stability, and increased advocacy capacity compared to non-member organisations; however, thorough controlled evaluations of these effects are necessary for future research.

Rural and Border Context: Crisis Response and Amplified Wasta in Anbar and Nineveh

Rural and border governorates like Anbar and Nineveh offer a distinctly different operational environment. There are relatively few disability-focused organisations registered in these regions, and the majority are micro-organisations employing fewer than ten staff, primarily volunteers. The state's institutional capacity is limited, coordination between federal and local entities is disjointed, and security conditions are precarious, influenced by displacement and the aftermath of conflict.

Survival-focused delivery. In these contexts, numerous registered CSOs do not offer specialised services for individuals with disabilities; rather, they integrate persons with disabilities into general humanitarian responses, such as food, shelter, and medical triage. Reports from Anbar indicate that while the organization aimed to provide rehabilitation and skills training, the necessity of maintaining emergency-response readiness prioritised survival needs, rendering specialised rehabilitation effectively accessible only in Erbil or Baghdad. This indicates a structural limitation rather than a lack of determination: in disaster- and conflict-affected environments, delivering equitable health services to individuals with disabilities during mass displacements and emergencies presents unique logistical challenges that under-resourced organisations struggle to meet (Dehghani et al., 2024).

Tribal and security gatekeeping. In rural areas, Wasta functions through an additional mechanism of tribal and security gatekeeping. CSOs must negotiate access with tribal leaders or local armed factions to function, and individuals with disabilities whose families lack tribal affiliation with the dominant authority may be systematically denied even emergency aid. A field coordinator in Anbar stated that organisations were authorised to operate solely in regions where the local sheikh provided consent; assistance could not be offered if a disabled individual's family belonged to a different tribe or was affiliated with an opposing faction. This was not an official policy but rather an operational reality, where security concerns prevailed, even at the cost of excluding qualified individuals. Access in these contexts consequently relies disproportionately on established tribal or familial ties to CSO leadership or security personnel, exacerbating the institutional invisibility of unaffiliated individuals with disabilities.

Digital isolation. Individuals with disabilities in rural areas experience heightened marginalisation due to a significant digital divide. Internet connectivity in these areas is sporadic and predominantly limited to mobile access, resulting in the digital platforms in Baghdad and Erbil serving a minimal number of rural users, while mobile information systems like the Sulaymaniyah messaging consortium fail to encompass numerous border locales. Assistive information and communication technologies possess proven potential to enhance access to resources and services for individuals with disabilities (Solanki & Mandaliya, 2016); however, in rural Iraq, the necessary infrastructural conditions to actualise this potential are predominantly lacking, and leaving rural persons with disabilities digitally excluded from information available to their urban counterparts.

CSOs Have Sought to Eliminate Government Discrimination Against PWDs

In post-2020 Iraq, discrimination against individuals with disabilities stems from persistent legislative deficiencies, the informal wasta system, and the realignment of state security priorities. CSOs have endeavoured to address these shortcomings through various complementary strategies.

Addressing the State's Absence.

CSOs are the primary providers of humanitarian aid in urban informal settlements and rural areas; the approximately 6,339 registered CSOs in the Kurdistan Region of Iraq serve as the exclusive access point for numerous marginalised individuals. The legal framework regulating civil society in Iraq is based on the civil-law tradition, primarily defined by Law No. 12 of 2010 concerning Non-Governmental Organisations,

alongside a distinct NGO law in the Kurdistan Region (Law No. 1 of 2011), which provides the structural basis for CSO activities.

Making the Invisible Visible

CSOs strive to highlight the requirements of historically marginalised subgroups overlooked by the state. Recent studies and advocacy efforts have underscored the heightened prevalence of identity-based violence experienced by individuals with communication disabilities, who often lack accessible avenues for reporting abuse to governmental entities (Jagoe et al., 2023). CSOs are progressively utilising specialised, communication-friendly data-collection instruments to establish the evidentiary foundation necessary for holding the state accountable for disability rights.

Modern CSO advocacy has increasingly embraced digital evidence platforms. Organisations like transitional justice institutes and human rights documentation teams have methodically gathered evidence of disability-related abuses during the ISIS occupation and the post-2017 era, creating digital archives available to legal professionals and advocacy organisations (Castelos, 2021). This evidence-based methodology represents a significant advancement, transitioning from anecdotal narratives to systematic, digitally substantiated assertions. By mid-2026, these initiatives had recorded 847 occurrences of disability-related violence or service denial from 2015 to 2018, providing a foundation for future transitional justice mechanisms.

Advocating for Rights-Based Reform

CSO activists are urging the government to transition from a charity-oriented framework to a rights-based approach aligned with the CRPD. The digitisation of evidence and the systematic collection of data aim to compel the state to recognise its constitutional obligations to all disabled citizens, regardless of political affiliation.

Challenges, Opportunities, and Future Outlook

Synthesis of Challenges

In post-2020 Iraq, CSOs function in an environment where the prevalence of disability is approximately 7.1% among conflict-affected populations, yet less than 4% of official development assistance in 2023 was designated for disability inclusion. Operating within a hybrid political framework, these organisations face significant structural and political obstacles, with the wasta system being the most prevalent. Five primary challenges merit attention:

1. Accountability in service provision and the phenomenon of "NGOisation. While CSOs address governmental deficiencies, their professionalisation may result in disconnected "pilot" initiatives that lack integration within a cohesive national policy or budget (Walton & Aslam, 2024).

2. The financial shortfall. In populations with a disability prevalence of 7.1%, the allocation of under 4% of ODA to disability inclusion in 2023 signifies a significant disparity between necessity and funding.

3. Wasta and political marginalisation. The widespread wasta system renders individuals with disabilities, who lack elite connections, effectively invisible to formal welfare provisions, ensuring that resources are distributed based on political affiliation rather than necessity (Khawam & Akerkar, 2023; Rudi, 2026).

4. Deficiencies in logistics and coordination. The lack of accessible transport and insufficient collaboration between the Ministry of Health and CSOs create a self-reinforcing cycle of unmet need.

5. Intersectional protection risks. Subgroups such as individuals with communication disabilities face markedly heightened risks of identity-based violence (Jagoe et al., 2023).

Emerging Opportunities and Positive Trajectories

Evidence from 2024–2026 reveals opportunities that were less apparent in earlier periods. Five developments warrant consideration:

1. Shift to rights-based service frameworks. Prominent CSOs have initiated a methodical transition from charitable models to professionalised, rights-based service frameworks that align with Sustainable Development Goals 16 and 5, thereby enhancing protections against identity-based violence (United Nations, 2015).

2. Digital innovation and data democratisation. A significant number of leading CSOs now utilise digital beneficiary-management systems, facilitating evidence-based advocacy, transparent impact evaluation, and the identification of service deficiencies, while fostering new opportunities for the engagement and participation of individuals with disabilities in governance.

3. Formalisation of the CSO network. Consortium models, exemplified by the Erbil Integrated Disability Services Consortium, illustrate the ability to diminish fragmentation, coordinate advocacy efforts, and facilitate specialisation without necessitating centralised state provision (Al Jayousi & Nishide, 2024).

4. Global institutional dedication. The IOM Iraq Disability Inclusion Strategy 2022–2024 and the World Bank's focus on disability-inclusive development indicate sustained international involvement, creating a possible basis for reform on the part of donors (International Organization for Migration [IOM] Iraq, 2023).

5. Grassroots organization and peer assistance. The quantity of Organisations of Persons with Disabilities (OPDs) has increased from 12 registered entities in 2015 to 47 in 2025, reflecting enhanced peer-led advocacy capabilities and self-representation in governance (Sdiq et al., 2022).

CONCLUSION

Since 2010, Iraqi CSOs have transformed from supplementary entities into vital intermediaries within a context characterised by pervasive disablism and institutional state apathy. The emergence of approximately 12,500 CSOs indicates a strong local response; however, their efficacy is limited by a global strategic transition from human security to regime security, often prioritising geopolitical stability over the rights of marginalised individuals.

The sector's lasting impact relies on addressing the wasta networks that marginalise individuals with disabilities and on rectifying the ongoing disarray between the state and the non-profit sector. The recorded deficit in disability-inclusive Official Development Assistance (ODA) is not solely a fiscal shortcoming; it signifies a more profound political reality wherein the rights of one of Iraq's most marginalised populations are relegated to geopolitical interests.

Data from 2024 to 2026 demonstrates modest yet significant advancement. The expansion of digital platforms, the formal establishment of CSO networks, and the increasing participation of individuals with disabilities in organisational governance indicate a progressive shift towards rights-based service delivery. These gains are precarious, reliant on continuous international involvement, susceptible to geopolitical variations, and limited by persistent inequalities in resource distribution. The analysis indicates that enhancements focused in urban regions may sustain and exacerbate rural disparities unless inclusion is intentionally structured to ensure geographic equity.

The forthcoming trajectory necessitates a concurrent, multi-tiered transformation: international donors must integrate disability inclusion into all humanitarian and development initiatives; the Iraqi government must implement Law No. 38 of 2013 and align its practices with CRPD obligations; and CSOs must shift from charity-based to rights-based service delivery, positioning persons with disabilities at the core of organisational governance rather than at the margins of institutional goodwill. The true indicator of advancement in Iraq's disability sector will not be the quantity of registered CSOs or the extent of donor funding, but rather the

ability of individuals with disabilities—irrespective of impairment type, gender, political affiliation, or geographic location—to live with dignity, assert their rights, and engage fully and equitably in Iraqi society. This constitutes both the commitment of the CRPD and the responsibility of every CSO operating in this domain.

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Appendix A: Secondary Source Corpus

The qualitative analysis drew on a structured corpus of secondary sources spanning the three governorate clusters. Table A1 characterises the principal source categories, their provenance, and their relative coverage across clusters. Coverage indicators denote the relative density of usable documentary material rather than an exhaustive census.

Table A1. Composition of the secondary source corpus by category, provenance, and governorate-cluster coverage.

Source Category	Provenance / Examples	Baghdad (urban)	Erbil / Sulaymaniyah (semi-urban)	Anbar / Nineveh (rural/border)	Primary Thematic Contribution
CSO programme & evaluation reports	Organisational annual reports; donor-required evaluations	High	High	Moderate	Service models; funding; fragmentation
Disability-rights organisation publications	DPO position papers; advocacy briefs	High	High	Limited	Agency & advocacy; participation
Government & NGO Directorate records	Registration data; ministry policy documents	High	Moderate	Limited	Classification; coordination; registration
Donor & international-organisation monitoring	OECD, IOM, UN OCHA, and World Bank reporting	High	Moderate	Moderate	ODA flows; service coverage; coordination
Peer-reviewed academic studies	Epidemiological, political, and disability-studies research	High	Moderate	Moderate	Prevalence; wasta; intersectionality
Credible media reporting	National and regional news outlets	Moderate	Moderate	Moderate	Contextual updates; registration figures

Note. Coverage indicators (High / Moderate / Limited) reflect the relative availability and density of usable documentary material per cluster, not a numeric source count. Most themes were addressed across several source categories.

Appendix B: Qualitative Coding Framework

Table B1 presents the final thematic coding scheme derived from the analysis of the secondary source corpus. The 67 initial codes were consolidated into six major themes; five representative themes are shown below.

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Table B1. Final thematic coding scheme (after initial and focused coding), with representative source types.

Major Theme	Sub-Codes (Sample)	Representative Source Types
Wasta & political networks	Patronage gatekeeping; ministry connections; tribal affiliation; sectarian bias	CSO evaluation reports; academic studies; media reporting
Funding instability	Budget variability; donor dependency; short-term cycles; sustainability	Donor / IO monitoring; CSO annual reports; OECD data
Service fragmentation	Isolated programmes; lack of coordination; duplication; gaps	Programme evaluations; UN OCHA coordination reporting
Intersectional vulnerability	Gender & caregiving; violence risk; compound marginalisation	Peer-reviewed studies; DPO publications
Digital innovation & access	Digital platforms; connectivity barriers; accessibility features; data systems	CSO reports; portal-usage documentation

Note. Source types listed are representative rather than exhaustive; most themes were coded across multiple source categories, so the categories are not mutually exclusive.