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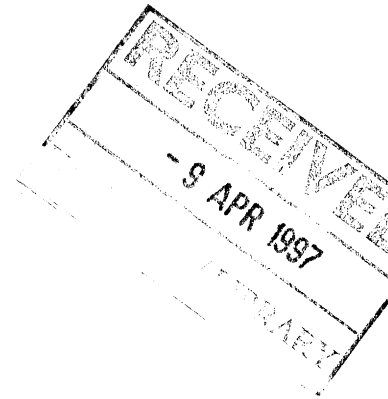


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CARE OF THE DISABLED IN IRAQ

by

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* The views expressed in this study are those of the author and do not
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Summary

The new trend towards the care and rehabilitation of the disabled has established itself in all communities, although the volume and quality of efforts exerted in this field vary from one community to another according to the material and technical resources available. They are concentrated in two main directions: prevention and treatment and rehabilitation.

Many factors connected with conditions in numerous developing countries are responsible for the high numbers of disabled persons. These countries need help to adopt integrated programmes of action to promote all aspects of prevention, treatment and rehabilitation.

In Iraq, ample efforts have been made in the field of care for the disabled since the mid-1920s. These efforts were organized and centralized by the Ministry of Labour and Social Affairs, Law No. 195 of 1978, which constituted an integrated piece of legislation guaranteeing the provision of social welfare to all sections of society, including the disabled. The Social Welfare Law (Law No. 126) of 1980 proclaimed that care was the right of all disabled persons, and determined the bases on which these services were to be provided according to the type and degree of disability.

As a result, 49 institutes for the care of various types of disability have been established in Iraq. They provide free education and rehabilitation, in addition to health, social, sporting and recreational services, to a total of 4,253 pupils.

Given the overall trend towards care for the disabled, these efforts may be considered an additional burden both on the family and on the community. However, the problem with respect to Iraqi families is the same as for most families in developing countries: the real burden is a moral one, and it requires a great deal of organized effort to make the community more aware of the need to accept disabled persons and to offer them equal opportunities, education and rehabilitation, just as for the non-disabled.



INTRODUCTION

There has been a notable change in attitudes towards the disabled in the twentieth century. Efforts have been made to provide organized care and rehabilitation to the disabled and to help them to play numerous roles in the community which are commensurate with their abilities. All these efforts are aimed at helping them to become self-reliant and to adjust and integrate in their communities. This trend has put an end to the old view of the disabled as a burden on society and has given rise to radical changes in the type and volume of care provided to this category of people, who used to be merely the object of sympathy and pity.

This new trend has been reinforced by the great expansion of theoretical knowledge in numerous social sciences such as general sociology, psychology, medical sociology and other fields. This has provided a social framework within which the efforts of numerous government and non-government institutions have been concerted to provide care to the disabled in a well-organized manner.

Following the First World War vocational rehabilitation, in the precise technical meaning of the word, began to play a role in the care and services provided to persons with various types of disability. Such care and services had previously been limited to physical rehabilitation.^{1/} Vocational rehabilitation became especially important after the Second World War as a result of the rise in the numbers of disabled war veterans. This activity became characteristic of many advanced industrial countries, which began to unify, expand and modernize their many rehabilitation programmes. These programmes were given a legal framework by numerous laws enacted during and after the war.^{2/}

The Universal Declaration of Human Rights of 1945 gave an international dimension to the question of care of the disabled. It was followed by the Declaration of the Rights of the Child of 1959,^{3/} which defended equal rights for children and urged that they should be protected from impairment, given the special treatment, education and care required by any disabilities they might suffer from, and that disabled children should be guaranteed both material and moral security. International efforts with a degree of co-ordination and collaboration in the field of care of the disabled resulted in numerous documents such as the Declaration on the Rights of Mentally Retarded Persons (1971) and Economic and Social Council resolution 1921 (LVIII) on the prevention of disability and rehabilitation of disabled persons, as well as various other resolutions and documents issued by specialized international agencies such as UNESCO and the United Nations Children's Fund (UNICEF).

^{1/} Muhammad Kamel al-Batriq, Social Work: a Scientific and Artistic Profession (Cairo, Anglo-Egyptian Library, 1961), p. 262 (in Arabic).

^{2/} Mukhlis Mugharbel, "Training and rehabilitation of the disabled in the community: aspects of applied experiments", paper presented to the Study Workshop on Care of the Disabled in the Arab Gulf Countries, Manama, 1981, p. 52 (in Arabic).

^{3/} General Assembly resolution 1386 (XIV).

Services and care provided to the disabled in the advanced countries have developed greatly both in terms of quantity and quality. In the developing countries such care is still well below the required level, in spite of the fact that these countries contain 80 per cent of the total number (over 500 million) of disabled persons in the world.

There are many factors responsible for the high number of disabled persons, including wars, armed struggles and other forms of violence and destruction, poverty, hunger and epidemics, as well as the high proportion of poor families burdened by difficult living conditions, malnutrition, crowded and insalubrious living quarters, high illiteracy rates, a low awareness of basic social services and health and education measures, insufficient knowledge about the origins, prevention and treatment of disability, insufficient care and primary health care treatment programmes and other factors noted in the World Programme of Action Concerning Disabled Persons.^{1/} Most of these factors are connected with the current situation of numerous developing countries, which calls for comprehensive treatment and the concerted efforts of all the advanced countries and specialized international organizations to help these countries to initiate an integrated programme of action, including all the prevention, treatment, education and rehabilitation measures proposed by the World Programme of Action.

I. CARE OF THE DISABLED IN IRAQ

Concern for the disabled in Iraq began in the mid-1920s, when such activity was considered a form of charity. For that reason care was undertaken by non-government associations and religious institutions, which set up homes to provide shelter and education for the disabled.

These associations were unable to expand the scope of their activities or to continue them. It was thus necessary for the State to intervene with its material and technical resources. This task was shared among the Ministries of Labour and Social Affairs, the Interior, Education and Health. However, the large number of authorities responsible for care of the disabled and the lack of co-ordination between them gave rise to overlapping and duplication in their activities. This situation was amended by the issuance of the Ministry of Labour and Social Affairs, Law No. 195 of 1978, which linked all the institutes for the disabled under an Office of Care for the Disabled in the State Organization for Social Welfare, now called the Office of Social Welfare.

The Institute for the Care and Rehabilitation of the Blind, established in Baghdad in 1949, carried out some rehabilitation activities, but the first organized efforts began after the issuance of the Vocational Rehabilitation Law (Law No. 136) of 1967. Then, in co-operation with the International Labour Organisation (ILO), a project to set up rehabilitation programmes was examined, following which the Vocational Rehabilitation Institute was inaugurated in 1968. The Vocational Rehabilitation Law was abolished with the issuance of the Labour Law (Law No. 151) of 1970. This Law provided for the

^{1/} United Nations, World Programme of Action concerning Disabled Persons (New York, 1983), pp. 12-13.

creation of the Central Office for Vocational Rehabilitation, which assumed full responsibility for this field. Subsequently, a number of resolutions were issued which exempted the equipment and appliances used in institutes for the disabled, together with cars and other equipment and accessories imported for the disabled, from customs duties or other government taxes. These resolutions also stipulated that disabled persons should be employed in government offices and the socialist sector, according to their abilities, and as an exception to the provisions of the Labour Law.

Finally, the Social Welfare Law (Law No. 126) of 1980 was issued as an integrated piece of legislation guaranteeing social welfare to all sections of society in need of such welfare, including the disabled. The Law pledged full social welfare for all categories and classes of society, to be applied progressively as the necessary resources were developed.

The Social Welfare Law clearly reflected the political philosophy and orientation of the leadership concerning the provision of social welfare, especially for the disabled. There was also concern for the preventive aspect, as well as for treatment, education and rehabilitation. Article 7 of the Law noted the efforts of the State to reduce disability in the community and the care of the State for the physically and mentally disabled through the provision of education, rehabilitation and employment according to their abilities, in order to integrate them in the community. The State also endeavours to provide material, health and social care for the disabled who are completely unable to work. Article 45 of the Law stressed this aspect by stating that all the disabled had a right to receive rehabilitation and care free of charge from the State. The bases on which these services were to be provided were determined according to the degree of disability. The disabled are either rehabilitated and returned to the jobs and professions they used to work in before becoming disabled, or they are rehabilitated to prepare them for other jobs and professions better suited to their abilities. This is done by making use of scientific, technical and educational resources.

Severely disabled persons who are only partially able to work are directed to grant-supported workshops, to manufacturing co-operatives or to any other type of work which is suited to their actual abilities.

Article 45 did not neglect the care needed by persons completely unable to work, severely disabled persons or the elderly. It suggested that centres and complexes should be established for social, medical and psychiatric care in which all services would be integrated in such a way as to guarantee a calm and dignified life.

Thus the 1980s have witnessed a great expansion in social activities directed towards the care and rehabilitation of the disabled, according to the programme defined by the Social Welfare Law. A Centre for the Diagnosis of Disability has been established. This technical body admits disabled persons, diagnoses the nature and degree of their disability and prescribes both the treatment and the specialized institute to which the disabled should be referred, taking into account their place of residence.

A. Specialized institutes

There are 49 specialized institutes in Baghdad and the provinces for various types of disability, of which 26 are located in Baghdad, as shown in table 1. The capacity of these institutes is 4,851, whereas the actual number of disabled students is 4,153. Thus, there is a surplus capacity for a further 698 students.

Table 1. Institutes for the disabled in Baghdad and the provinces, their capacity and actual numbers of patients

Governorate	Number of Institutes	Capacity	Patients			Surplus capacity
			Male	Female	Total	
Nineveh	3	290	147	50	197	93
Salah Al-Deen	1	50	22	12	34	16
Ta'meem	2	160	71	16	87	73
Baghdad	26	3 225	2 149	975	3 124	101
Anbar	1	100	34	14	48	52
Babylon	2	110	44	27	71	39
Kerbela	2	180	79	50	129	51
Najaf	2	140	96	39	135	5
Wasit	1	100	32	23	55	45
Maysan	1	40	22	22	44	-4
Basrah	3	250	53	22	75	175
D'hok	1	30	20	8	28	2
Arbil	4	176	91	35	126	50
Total	49	4 851	2 860	1 293	4 153	698

The figures given in table 1 show that patients in these institutes are predominantly male.

1. Institutes for the deaf and dumb

There are 17 institutes for the deaf and dumb and the hard of hearing, including five in Baghdad and one in each of the other governorates, as shown in table 2.

Disabled children are admitted to these institutes from the age of three so that rehabilitation and education may begin early. Studies continue until the age of fifteen, when the children are transferred to vocational rehabilitation centres.

The activities of these institutes are not restricted to education and rehabilitation; they also provide numerous health, social, recreation and sporting facilities.

Table 2. Institutes for the deaf and dumb and hard of hearing in Baghdad and the provinces

No.	Name of institute	Governorate	Year of foundation
1	17 July	Baghdad	1951
2	Hope	Baghdad	1955
3	The Groves	Baghdad	1980
4	Care	Baghdad	1980
5	Sunrise	Baghdad	1981
6	Hope	Baghdad	1981
7	Hope	Basrah	1980
8	Hope	Kerbela	1980
9	Hope	Najaf	1980
10	Hope	Babylon	1983
11	Hope	Arbil	1980
12	Hope	D'hok	1980
13	Hope	Sulaimaniya	1982
14	Hope	Wasit	1983
15	Hope	Maysan	1983
16	Baath Charity	Anbar	1975
17	Hope	Salah Al-Deen	1982

It should also be mentioned that social research plays an important part in the activities of these institutes. Social researchers study the case of each disabled child and decide how to co-operate with him, his family and the administration of the institute in order to cope with all the difficulties they may face.

Field studies carried out by the National Centre for Social and Criminal Research suggest that the origin of hearing disabilities is for the most part either hereditary or owing to complications at birth or disease. The impact of all of these three factors could be reduced by stepping up preventive measures in co-operation with the Ministry of Health.^{1/}

2. Institutes for the mentally retarded

Institutes for the mentally retarded are aimed at providing care for the mentally and psychologically disabled, as well as education that is suited to their mental level, including reading, arithmetic, basic biology, art and sports, with special emphasis on self-care programmes, in addition to cultural, social, recreational and sporting activities.

There are 15 such institutes in Iraq, including eight in Baghdad and one in each of the governorates given in table 3.

^{1/} Zuhur Ismail Ibrahim, Educational techniques for children with hearing disabilities (Baghdad, National Centre for Social and Criminal Research, 1986) (in Arabic).

Table 3. Institutes for the mentally retarded in Baghdad and the provinces

No.	Name of institute	Governorate	Year of foundation
1	Hope	Baghdad	1968
2	Guidance	Baghdad	1981
3	Ar-Rawabi	Baghdad	1981
4	Sisters	Baghdad	1983
5	Sanabil	Baghdad	1980
6	7 April	Baghdad	1982
7	Qadisiya	Baghdad	1983
8	Fidelity	Baghdad	1985
9	Hope	Ta'meem	1982
10	Hope	Babylon	1983
11	Hope	Najaf	1980
12	Hope	Nineveh	1982
13	Hope	Basrah	1980
14	Hope	Kerbela	1982
15	Hope	Sulaimaniya	1984
16	Hope	Arbil	1983

Source: Ministry of Labour and Social Affairs, Office of Care for the Disabled, The Experience of Iraq with the Disabled (Baghdad, 1985) p. 21, (in Arabic).

In 1988 a special research programme was undertaken to assess the services provided to the disabled in general and to the mentally disabled in particular. It encompassed all the aspects of such care from diagnosis and admission to the institutes, the division of pupils into groups, the promotion from one group to the next, their final transfer to vocational rehabilitation centres, etc. The proposals and recommendations of the study have been implemented and it is hoped that there will be a significant improvement in the quality of services this year.

3. Institutes for the blind

Care for the blind is foremost among the services provided to the disabled in Iraq. The efforts of non-government associations and religious institutions have been concentrated on this category of the disabled since the 1920s. The involvement of the State began in 1959 when a network of institutions for the blind was set up. When the Social Welfare Law (Law No. 126) of 1980 was issued, the Centre for the Care of the Blind was established to provide social, health and education services and facilitate the integration of the blind in the community. A number of other institutes for the blind were set up in various parts of the country, as can be seen from table 4.

Table 4. Institutes for the blind according to Governorate

No.	Name of institute	Governorate	Year of foundation
1	Institute for the Care and Rehabilitation of the Blind	Baghdad	1949
2	Institute for the Care and Rehabilitation of the Blind	Basrah	1977
3	Institute for the Care and Rehabilitation of the Blind	Arbil	1980
4	Cultural Centre of Light for the Blind in Baghdad	Baghdad	1981

Source: Ministry of Labour and Social Affairs, Office of Care for the Disabled, The Experience of Iraq with the Disabled (Baghdad, 1985), p. 24.

Blind pupils in these institutes study the normal Ministry of Education curriculum at both the primary and intermediate levels, using Braille for reading and writing and the Taylor method and abacuses for mathematics.

Pupils in these institutes achieved 100 per cent pass rates in their final examinations and were ranked first among all schools in the country for three consecutive years.^{1/}

4. Physical disability

There are two institutes in Baghdad for the physically disabled: the Institute of Happiness and the Beacon Institute, located on the banks of the Tigris. Pupils study the same curriculum as in normal schools and are provided with medical and recreational facilities.

5. The totally disabled

This category includes the elderly and the severely disabled, who are catered for by six institutes for the elderly which form an important link in the network of care services.

^{1/} Ministry of Labour and Social Affairs, Office of Care for the Disabled. The Experience of Iraq with the Disabled, (Baghdad, 1985), p. 25.

6. Sheltered workshops and co-operative associations

Sheltered workshops and co-operative associations constitute the stage at which all the abilities and skills acquired by pupils in the educational institutes are put to use. This type of activity has been especially important since the beginning of this year when, in co-operation with the Resident Representative of the United Nations Development Programme (UNDP), work began to implement a project to expand and reinforce vocational rehabilitation programmes. This project is supported by UNDP and the Arab Gulf Programme for United Nations Development Organizations (AGFUND), and is aimed at training 100 instructors for vocational rehabilitation in sheltered workshops.

II. SOCIAL AND ECONOMIC CONSEQUENCES OF DISABILITY

If it is agreed that the disabled are in need of special care, this implies that an extraordinary effort should be made in this respect and that in particular this could constitute an additional burden on the family and on the community in general.

However, the problem for families in the developing countries is that the moral burden is heavier than the material one: for example, many families are reluctant to admit the existence of disabled persons in the family. For this reason statistics on disabilities and their trends and origins in the developing countries are rarely as precise as one would like. This does not mean that the additional costs of educating and rehabilitating the disabled should be felt as a real burden on the community or the family, especially if there is a trend towards comprehensive care which may require high technology. At the same time, if the disabled are not given education, rehabilitation and employment and their abilities are not fully utilized, the category of dependants will expand in relation to that of providers.

The problem of disability in Iraq does not constitute a material burden on the family. Services provided by the institutes are free of charge, including transport to and from the institutes, various aids and the initial diagnosis of the type and degree of disability by the Centre for the Diagnosis of Disability. The real burden is the moral one, which requires a great deal of organized effort to make the community more aware of the need to accept disabled persons and to offer them equal opportunities, education and rehabilitation, the same as for the non-disabled. Nevertheless, comprehensive care for the disabled remains costly for the developing countries and constitutes an additional strain on their already limited resources.

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