



Humanitarian Needs Assessment Programme (HNAP)

DISABILITY: PREVALENCE AND IMPACT

A Nationwide Household Survey Using Washington Group Methodology



SYRIAN

ARAB REPUBLIC

THE HUMANITARIAN NEEDS ASSESSMENT PROGRAMME

The Humanitarian Needs Assessment Programme for Syria is a joint UN assessment initiative which tracks displacement and return movements, conducts sector and multi-sectoral assessments, and monitors humanitarian needs inside Syria. The HNAP is implemented through local Syrian NGOs, with technical support from UN agencies.

DISCLAIMER

The contents of this report are based on data collected by field staff using a questionnaire. HNAP endeavours to make sure that the information provided is accurate and up to date, but it is important to keep in mind that the reported findings and conclusions represent the views and opinions of the surveyed households, for which HNAP cannot be held responsible. Challenges to bear in mind include standard forms of survey bias, as well as data collection obstacles in a challenging environment.

ACKNOWLEDGEMENTS

In order to respond to support the humanitarian community and the needs of the Syrian population, HNAP produces regular updates and thematic reports. None of which would be possible without the hard work of our implementing partners, who collect data - often in very difficult circumstances. Their efforts are deeply appreciated. HNAP is also grateful for the participation of Syrians across the country who took the time to be interviewed and contribute to this data collection.

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LIST OF ACRONYMS

GoS.....	Government of Syria
HHs.....	Households
HNAP.....	Humanitarian Needs Assessment Programme
HoH.....	Head of Household
IDPs.....	Internally Displaced Persons
MENA.....	Middle East and North Africa
MHHs.....	Male-Headed Households
WG.....	Washington Group

INTRODUCTION

Halfway through the eighth year of conflict, the humanitarian situation in Syria remains dire. Around 6.2 million Syrians have been internally displaced and as of September 2019, approximately 5.7 million Syrians live as refugees seeking protection in neighbouring countries.¹ The conflict has impacted households across Syria undermining the resilience of already vulnerable individuals, like those with disabilities. Disabilities are understood, not only through a spectrum of physical and psychological difficulties, but also through the interaction with complex environmental, institutional and social factors. Inside Syria, infrastructure degradation and subsequent displacement increases civilian exposure to injury and trauma, while also compounding risks for persons with pre-existing disabilities, undermining their access to essential services and support.







In 2019, Ursula Mueller, The Assistant Secretary-General for Humanitarian Affairs acknowledged the need to address the specific protection and psychosocial needs of persons with a disability, highlighting their frequent exclusion from humanitarian programming.² The following report addresses this gap by analysing the prevalence of persons, aged 12 and above, with disabilities across the whole of Syria.³

According to the World Bank, over one billion people, or 15 percent of the world's population, live with disabilities.⁴

In Syria, 3.7 million or 27 percent of the total population (aged 12+) have a disability, confirming that prevalence and negative impacts of living with a disability are more pervasive in developing and crisis-affected countries. The impact of disabilities are compounded inside Syria where individuals with disabilities experience increased threats of violence and limited access to essential income generating activities and medical assistance as result of the 8 year conflict. Indeed 62 percent of individuals with disabilities are out-of-work, as compared to 48 percent of those with no disability.

This report is based on the results of a national household survey conducted in June 2019. The analysis provides humanitarian stakeholders insight on the prevalence of persons with disabilities (aged 12+) throughout Syria by area, age group and population type, including: resident, or non-displaced host communities; internally displaced persons (IDPs); and, households returning from displacement (returnees) within 2019.⁵ Furthermore, the data was triangulated with other responses in the survey, allowing for a more comprehensive understanding about social aspects, such as access to education, employment, income coping strategies, etc. In doing so, it builds on institutional understanding of social inclusion for persons with disabilities across Syria.

Disability is defined as either, “having a lot of difficulty”, or “cannot do at all” in any of the below listed categories:

 Mobility Difficulty walking or climbing stairs	 Vision Difficulties seeing, even with glasses	 Self-Care Difficulties with things like washing all over or dressing	 Hearing Difficulties hearing, even with hearing aid	 Cognition Difficulties remembering or concentrating	 Communication Difficulty communicating, i.e. understanding or being understood, in usual language
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Developed in 2017, the Washington Group (WG) developed the standards on improving statistics on persons with disabilities globally in support of humanitarian inclusion principles. The WG tool has proved to be the most reliable disability-related data collection methodology (in humanitarian contexts) tested to-date. The need for such assessments is not only vital in humanitarian contexts, but also globally. Therefore the results of this survey dually aim to contribute to global research and response initiatives related to persons with a disability.

This report will use the term “disability” despite the fact that the respondents self-reported on functional difficulties. Most respondents who identified with significant functional

difficulties, as per the Washington Group (WG) Question Guidelines, are highly likely to have a disability.

Disability is defined through a spectrum of functional difficulties. The ‘difficulty’ is operationalized through a range of descriptors from “no difficulty at all”, through to “completely unable to carry out the action”. Each of these descriptors represent a threshold, which depends on the purpose of the survey. For this specific survey, the cut-off was set at disability 3, which is the recommended threshold of the WG itself, meaning only those individuals who reported a severe functional difficulty (‘a lot of difficulty’ or ‘cannot do at all’) in at least one domain were classified as ‘individuals with disabilities’.

¹UNHCR, Data Portal. 2019.

² Security Council 8515th Meeting. “Persons with disabilities face exclusion, psychosocial challenged in Syria”. 2019. <https://reliefweb.int/report/syrian-arab-republic/persons-disabilities-face-exclusion-psychosocial-challenges-syria-senior>

³ For protection reasons, only persons aged 12 and above were included in the following assessment, absolute estimates are therefore subject to change i

⁴ WHO “World report on disability”, WHO and World Bank. 2011. https://www.who.int/disabilities/world_report/2011/report.pdf

⁵ HNAP definition of returnees is not related to the criteria of return in terms of safety and dignity, nor with any durable solutions defined strategy. Refugee return figures are from inside Syria only, not hosting countries. For further queries on refugee returns please refer to UNHCR.

DEMOGRAPHICS, POPULATION AND CHARACTERISTICS

3.7 million persons, aged 12+, in Syria have a disability

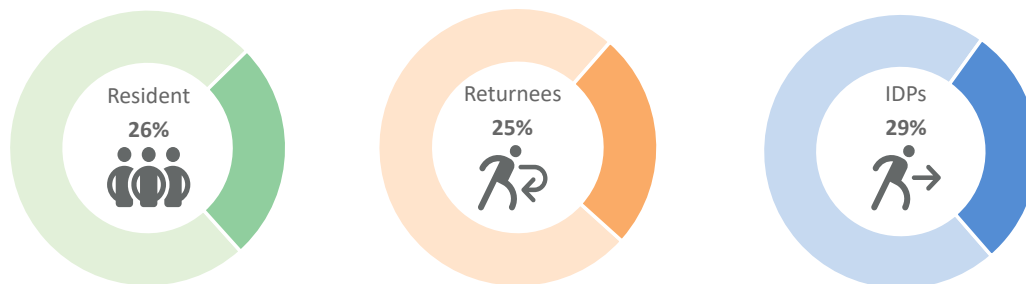
In the case of Syria, over 8 years of conflict has displaced millions, damaged essential infrastructure and increased exposure to violence and injury. These risks not only increase individual vulnerability to physical or psychological difficulties, but persons with pre-existing disabilities now face increased risk of compounded injury or barriers to accessing services. The figures below outline the by-population prevalence of individuals with disabilities.

27 percent of people, aged 12 and above, within Syria were found to have a disability, with slight variations between population groups: internally displaced persons (IDPs); returnees, those who fled but have returned to their place of origin within 2019; and residents, those residing

in their place of origin (not affected by displacement mobility).⁶ While persons in conflict are more exposed to disability risk, the experience of living with a disability is influenced by a multitude of factors, including but not limited to, gender, role in the household, local systems of care and environmental factors.

Households fleeing violence frequently lose access to essential socio-economic safety nets, including access to savings, employment, domestic support and income generating household members.⁷ Disabilities increase individual and household vulnerability through exclusion in social, economic and political areas which can further the cycle of exclusion and poverty, especially for more vulnerable population groups like IDPs and returnees.

Figure 1: Prevalence of Disabilities by Population Type



Difficulty Type, by Population

The population breakdown below provides figures of those 12+ reporting “a lot” of difficulty, or “cannot complete action at all”. 19 percent of IDPs have mobility difficulties, as compared to 17 percent of residents and 15 percent of returnees. It demonstrates that IDPs face a slightly higher risk to disabilities than other populations.

The higher levels of reported mobility difficulties are likely compounded by indirect infrastructure damage which compounds the affects of the difficulty, limiting

functional capabilities of individuals with a disability. Based on data extracted in the same survey, 37 percent of IDPs are residing in critical shelters.⁸ IDP exposure to both high risk living situations and disabilities may further restrict mobility and isolate those in need of public health assistance. The presence of disability for displaced persons suggests a dire situation making persons with a disability particularly vulnerable with limited or no access to services.

Figure 2: Difficulty Prevalence by Population Group and Domain⁹

	Mobility	Vision	Self-Care	Hearing	Cognition	Communication
Returnees	15%	14%	8%	5%	4%	4%
Residents	17%	13%	8%	7%	4%	4%
IDPs	19%	15%	9%	8%	6%	5%

⁶ HNAPs 2019 Demographic Survey revealed that children and youth, aged 14 and under, make up over one third of the total population (37 percent), working age people make up 61 percent and the elderly make up 2 percent. Therefore absolute disability estimates may be subject to change.

⁷ WHO “World report on disability”, WHO and World Bank. 2011. https://www.who.int/disabilities/world_report/2011/report.pdf

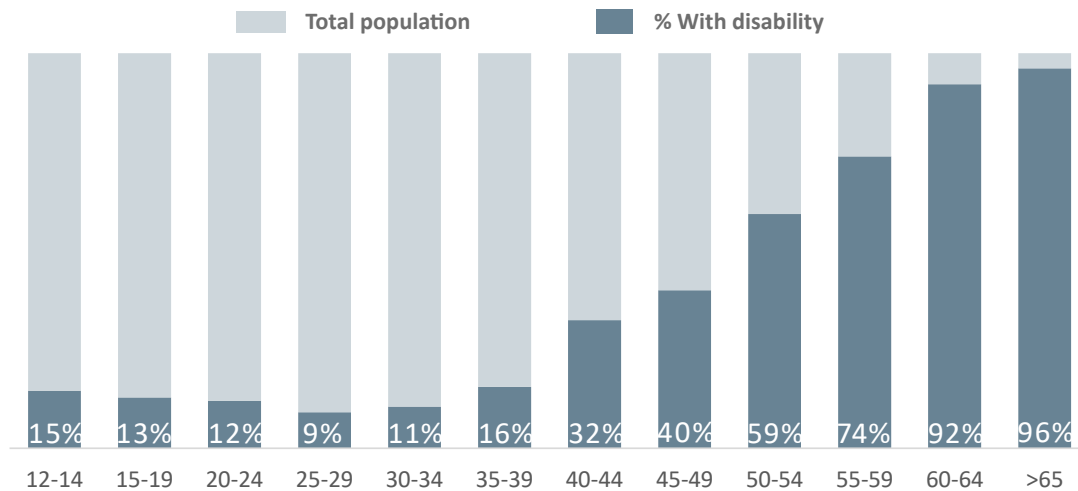
⁸ HNAP Demographic Household Survey 2019

⁹ Disability 3 is not mutually exclusive and includes all individuals experiencing a lot of difficulty OR cannot do at all in at least one domain, while this table reflects DISABILITY 4 indicator (cannot do at all in at least one domain).

Disability by Age

56 percent of those aged 40 and above have a disability

Figure 3: Disability Prevalence by Age Group (12->65)



15 percent of children (aged 12-19) have a disability. These figures dip until the age of 40 where the likelihood of disability doubles to 32 percent, possibly as the result of absent men due to military engagement or migration. Although a higher proportion of older persons with disabilities can be expected across all societies, disability prevalence significantly increases for each age group from 40 years on, impacting working-age persons and potentially undermining household income-generation opportunities.

This trend is particularly concerning as 85 percent of the total population aged 30-64 are heads of households. The increasing numbers of traditional working-aged persons reporting that they have a disability can undermine household earning capacity and requires other household members, like females, children or elders to assume the role of breadwinner. This is confirmed by the 5 percent of displaced households with a member with a disability who currently have children working, as compared to the 2.6 percent of households with children working and do not have a member with a disability.

The most-senior category reveals 96 percent of those over 65 have disabilities in Syria; therefore, the older the demographic the more likely the prevalence of disabilities. According to Help Age International, older persons face excessive barriers to accessing humanitarian services through decreased mobility, coupled with damaged

infrastructure or physical terrain as result of conflict.¹⁰ Older persons with disability, and their care-givers, risk being physically isolated, reducing their ability to reach much needed assistance and services.

This assessment did not include any persons under the age of 12, thereby omitting almost one third of the population (youth aged 14 and under make up one third of the total population).¹¹ Though this age group has not been included, UNICEF, in a 2018 report indicated that over 3.3 million children inside Syria have been exposed to explosive hazards which threaten serious injury, loss of limbs or death.¹² These impacts are made worse by limited access to essential services. The report further mentions that children who are vulnerable to violence face a heightened risk of exploitation, abuse and neglect, not to mention social stigma and exclusion due to the heightened potential of disability or separation from caregivers.

Such social and physical restraints related to disabilities can limit individual interaction, while at the same time irregular service availability dually undermines care provision. According to Physicians for Human Rights, there have been at least 580 attacks on health facilities since the start of the conflict, causing the death of over 900 medical workers.¹³ These attacks impact the entire population but put persons with a disability at increased disadvantage.

¹⁰ Help Age International. "Missing Millions". 2018. <https://www.helpage.org/newsroom/latest-news/millions-of-older-people-with-disabilities-risk-being-excluded-from-humanitarian-assistance-new-helpage-report-reveals/>

¹¹ HNAP Demographic Household Survey 2019

¹² Unicef. "No end in sight to seven years of war in Syria: children with disabilities at risk of exclusion". 2018. <https://www.unicef.org/mena/press-releases/no-end-sight-seven-years-war-syria-children-disabilities-risk-exclusion>

¹³ Physicians for Human Rights. September 2019. <http://syriamap.phr.org/#/en/findings>

Disability of Heads of Households

33 percent of heads of households have a disability

Figure 4: Percentage of Households with HoH with Disabilities by Population Type



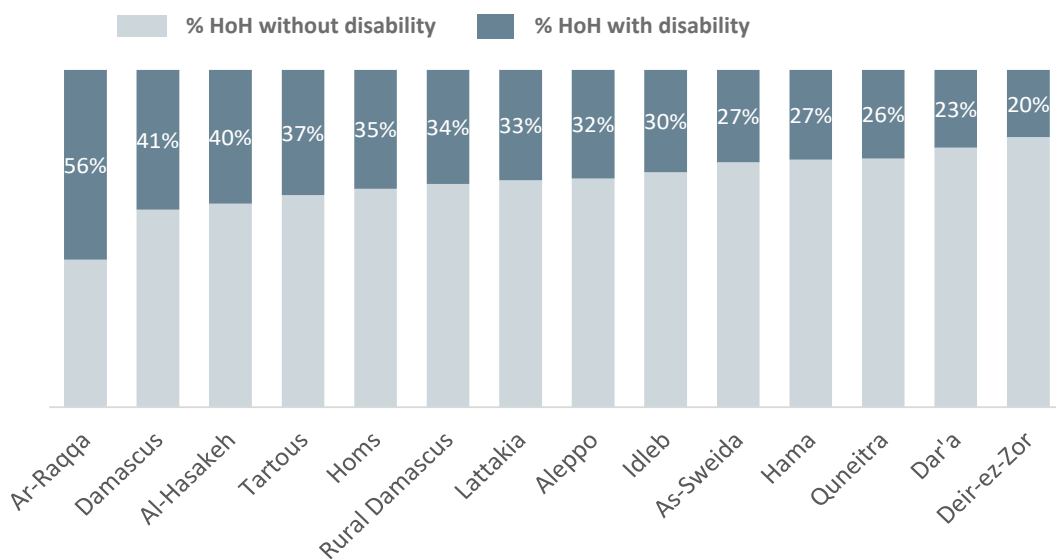
Household resilience and income are further undermined by heads of households (HoHs) with a disability due to barriers faced. The charts above outlines the by-population percentage of households headed by a person (18+) with a disability. 25 percent of returnee households have a HoH with a disability, as compared to 32 percent of residents and 38 percent of displaced households.

In highly affected areas like Ar-Raqqa where 56 percent of households are headed by a person with a disability, 35 percent of households with one or more persons with disabilities are dependent on community members, as compared to 26 percent for households without a member with a disability, and 11 percent of households with two or more persons with disabilities have children working

as compared to none in households without a disability. These figures suggest that when a HoH has a disability, the entire household can be negatively impacted.

According to a recent Voice of America interview with a Syrian doctor, the presence of a person with a disability in the household affects the entire household.¹⁴ The presence of disabilities can further contribute to psychological distress of HoH, because of an inability to actively contribute to the household, triggering a social reaction like discrimination which can be as limiting as the disability itself.¹⁵ The impact is even more severe when the person is the main provider to the family. The below graph demonstrates the proportion of households headed by a person with a disability by governorate.

Figure 5: HoH with Disability by Governorate



¹⁴ Ahmado, Nisan. "Disabled Victims are Syrian War's Most Vulnerable. Voice of America. 2019. <https://reliefweb.int/report/syrian-arab-republic/disabled-victims-are-syrian-wars-most-vulnerable>

¹⁵ Corrigan, P. W. (Ed.). (2014). The stigma of disease and disability: Understanding causes and overcoming injustices. Washington, DC, US: American Psychological Association.

Disability by Sex and Age

Males are only slightly more likely to have a disability (28 percent) as compared to females (25 percent). However, the intersectional vulnerabilities of individuals, coupled with expected household contribution has distinct implications for affected individuals and their households.

According to the Women's Refugee Commission's report on global disability inclusion, women and girls with disabilities are most likely to experience instances of sexual violence, while men and boys with disabilities are more likely to suffer increased physical or psychological harassment.¹⁶ Additional research is required to determine the exact sex and age disaggregated risks persons with disabilities face inside Syria. However, demographic distinctions indicate unique vulnerability experience by age.

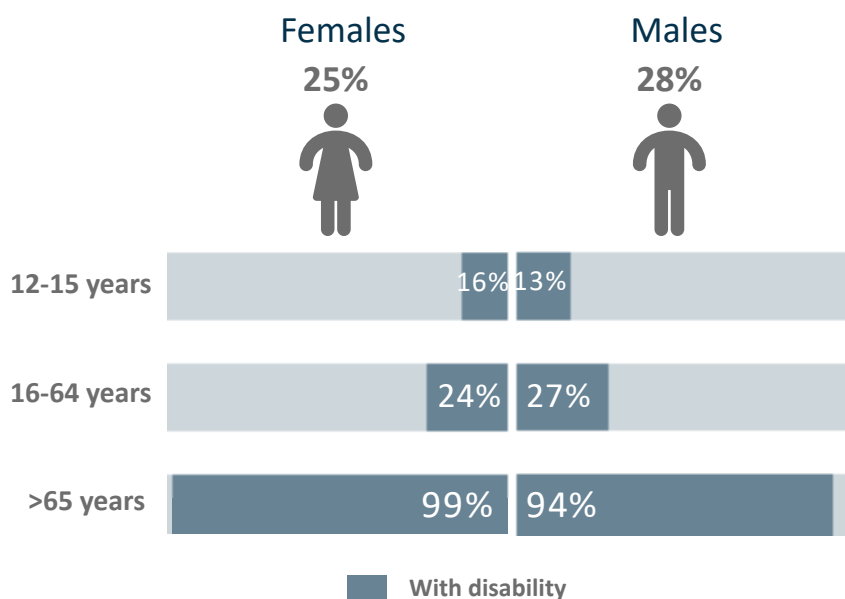
Males are slightly more likely to report disabilities in the active age group (possibly correlated to greater

engagement in conflict), while females were 5 percentage points more likely to face disabilities in older years.

Across all population groups, females were less likely to have a disability than males, however differences remain minor. For both returnees and resident populations, 24 percent of females and 27 percent of males have disabilities. 28 percent of displaced females and 30 percent of displaced males have disabilities, confirming the increased risk of disability exposure for displaced persons, regardless of gender.

Rural Damascus has the highest ratio of males and females with disabilities, 34 percent of males and 29 percent of females from the governorate reported disability prevalence. Ar-Raqqa also reported 32 percent of males and 25 percent of females with disabilities. A complete age and sex disaggregated pyramid is available below.

Figure 6: Disability by Sex and Age, Total Population



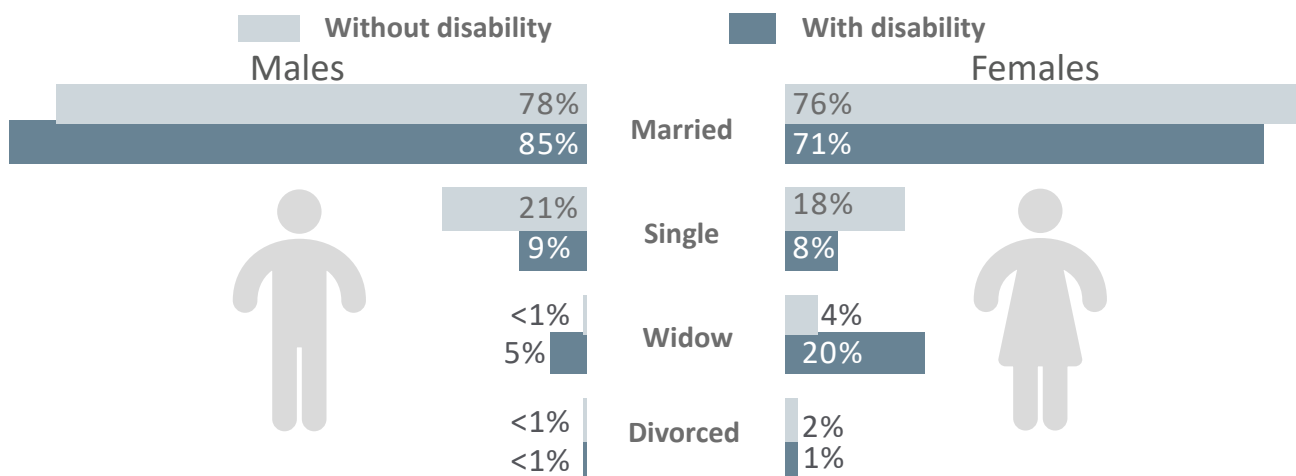
Marital Status of Individuals with Disabilities

Persons with disabilities are inherently more reliant on systems of care, including increased spousal or next-of-kin dependence, than those without disabilities. Interestingly, males with disabilities are more likely to be married (85 percent) than men without a disability (78 percent). 21 percent of males without a disability are single, while only 9 percent of males with a disability remain single. Comparatively high marriage rates of men with a disability

could be related to lack of mobility and decreased risk of recruitment by armed groups.

The trend is inverted for females, 71 percent of females with disabilities are married while 20 percent of females who suffer from disabilities are widowed, significantly higher than males (5 percent) and females without disabilities (4 percent).

Figure 7: Marital Status of Persons 18+ with Disabilities



The spike in female widows with disabilities is consistent with HNAP's June 2019 household demographic survey which confirmed that 9 percent of women were widows, as compared to 2 percent of males.¹⁷ High female widow rates may also be explained by the prevalence of absent young males; the total number of females outnumbers men by over 900,000 between the ages of 20-39 indicating a significant gender imbalance and limited opportunity for females to remarry.

Alternatively, marriage norms in the Middle East likely influence the acceptance of marriage for males, as compared to females with disabilities. Indeed, an Oxfam report on disabilities in the Middle East concluded that males with disabilities were more present in public life,

while females with a disability required supplemental impetus of family wealth or status to be considered suitable for marriage, capable of assuming the associated domestic labor and child rearing responsibilities.¹⁸

The significant presence of females with disabilities who are widowed can have a serious impact on their ability to provide for their families. For instance, females are known to earn on average 38 percent less in monthly wages than men, while 84 percent are unemployed (as compared to 22 percent of males).¹⁹ The combined socio-economic stress of widow-status with disabilities can increase negative coping strategies like dependence on humanitarian assistance, child employment or child marriage, negatively impacting the entire household.²⁰

¹⁷ HNAP Demographic Household Survey 2019

¹⁸ Abu-Habib, Lina. "Gender and Disability: Women's experiences in the Middle East". Oxfam. 1997. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/121184/bk-gender-disability-middle-east-010197-en.pdf?sequence=5&isAllowed=y>

¹⁹ HNAP Demographic Household Survey 2019

²⁰ UNFPA. "New study finds child marriage rising among most vulnerable Syrian refugees". 2017. <https://unfpa.org/news/new-study-finds-child-marriage-rising-among-most-vulnerable-syrian-refugees>

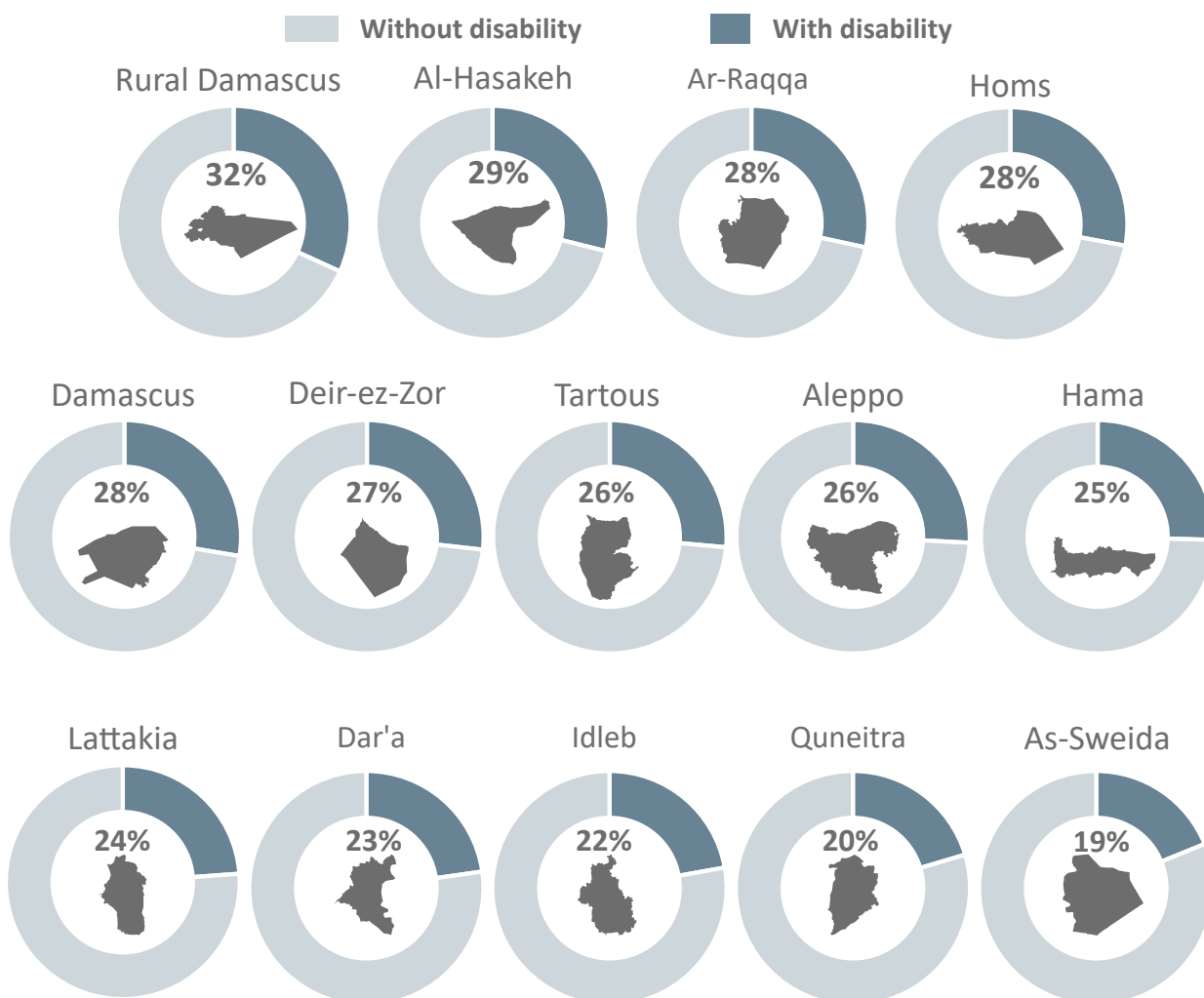
GEOGRAPHIC DISTRIBUTION OF DISABILITIES

Disability by Governorate

Similar to fluctuations by population type, there is also variance in disability prevalence between governorates across Syria. While the whole of Syria has been directly or indirectly impacted by the crisis, Rural Damascus has the highest rate of disabilities, which can be explained in part by its protracted exposure to high intensity conflict. Direct exposure to shelling and artillery attacks exposed populations to short and long-term side effects of active fighting while damaging local infrastructure and limiting access to health services. In 2018 Medecins Sans Frontieres reported that 13 beneficiary hospitals and clinics were bombed in Eastern Ghouta Sub-district of Rural Damascus and the continued fighting has prevented medics from obtaining essential materials to provide care for persons in the surrounding area.²¹ This not only hinders emergency response, but also contributes to the increasing isolation of persons in need of medical assistance.

Meanwhile, Idleb, the governorate with the highest rates of IDPs, only reported 22 percent prevalence of disabilities. Similarly, As-Sweida also remains the least-affected area in Syria (19 percent reporting disabilities). Conversely, Rural Damascus, Al-Hasakeh (29 percent) and Ar-Raqqa (28 percent) maintain the highest percentage of persons with disabilities. Interestingly, both Tartous and Aleppo have the same reported percentage of persons with a disability. This could be explained by a higher population density in Aleppo Governorate; alternatively, the similar figures could be attributable to the presence of IDPs in Tartous. 74 percent of the IDPs in Tartous are from Aleppo; of those, over 87 percent fled in 2016 during the height of the Aleppo conflict.²² Further research is however required to explain the nuances behind geographic disability figures.

Figure 8: % of Population (12+) with Disabilities, by Governorate



21 MSF. "Extraordinary mass-casualty influxes in East Ghouta as hospitals run short of life-saving medicines". 2018 <https://www.msf.org/syria-extraordinary-mass-casualty-influxes-east-ghouta-hospitals-run-short-life-saving-medicines>

22 H NAP. "Population Baseline". July 2019.

Difficulty Type, by Governorate

17 percent of individuals across Syria are affected by mobility difficulties

The table below demonstrates the percentage of individuals reporting “a lot of difficulty” or “cannot do activity at all” of each difficulty type by governorate. The most common difficulty, mobility, affects 17 percent of the population, followed by vision (14 percent) and self-care (8 percent).

Ar-Raqqa Governorate has the highest proportion of individuals reporting mobility (25 percent) and vision (21 percent) difficulties. Meanwhile, Lattakia, one of the lowest scoring governorates for disability maintains the

second highest prevalence of mobility difficulties (21 percent).

The presence of disabilities, not only hinders the independence of the individual but when it affects the head of household or working-aged household members, disability can also undermine household earning potential and resilience. Of note, if persons with a disability were unable to communicate with the enumerator, next of kin provided detailed information regarding disability prevalence.

Table 1: % Reporting “a lot of difficulty or “cannot do at all” in Each Domain, by Governorate

	Mobility	Vision	Self-care	Hearing	Cognition	Communication
Al-Hasakeh	15%	20%	7%	8%	3%	3%
Aleppo	16%	15%	7%	7%	4%	5%
Ar-Raqqa	25%	21%	6%	15%	6%	4%
As-Sweida	11%	7%	3%	4%	2%	1%
Damascus	19%	12%	8%	8%	5%	4%
Dar'a	14%	11%	9%	4%	2%	2%
Deir-ez-Zor	19%	9%	11%	7%	5%	6%
Hama	18%	9%	9%	6%	5%	4%
Homs	19%	16%	11%	8%	5%	5%
Idleb	14%	9%	5%	5%	3%	3%
Lattakia	21%	8%	5%	4%	6%	3%
Quneitra	13%	5%	4%	3%	2%	3%
Rural Damascus	19%	18%	12%	9%	7%	7%
Tartous	17%	15%	8%	6%	2%	2%
Total	17%	14%	8%	7%	5%	4%

Household Presence of Disabilities, by Sub-district

52 percent of households have a member with disabilities

In total 52 percent of households have a member with a disability (aged 12+), of which nearly half (46 percent) of all households have two or more members with disabilities. Ein Halaqim and Eastern Bari in Hama both had the highest portion of households with one or more persons with disabilities, 93 and 90 percent respectively.

As-Salamiyeh, Hama and Sa'sa, Rural Damascus have the highest proportion of households with two or more members with a disability, 65 and 60 percent respectively. The map below demonstrates the prevalence of households with one or more member with a disability, by sub-district.

Figure 9: Geographic Distribution of Households with At Least One Member with a Disability

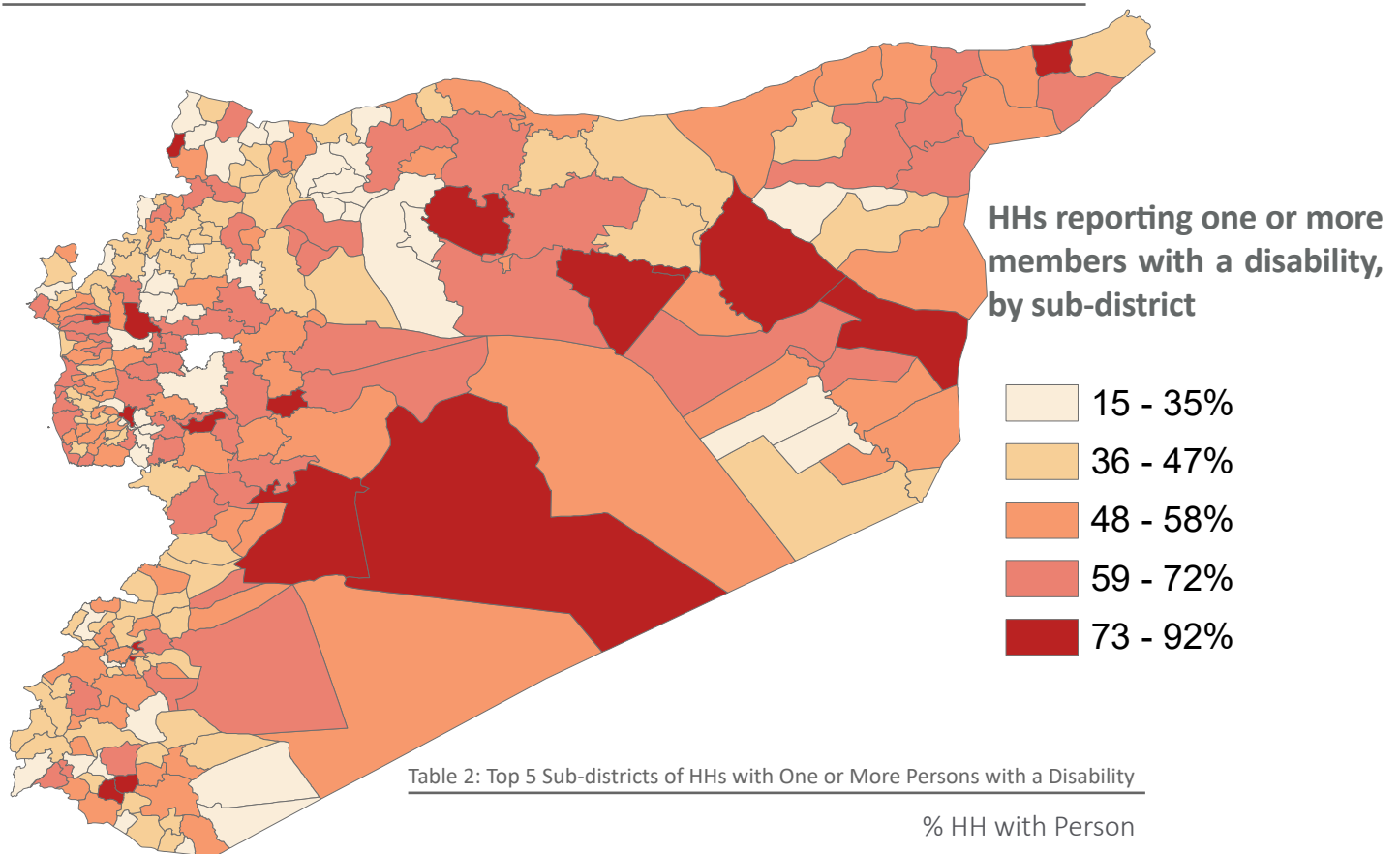


Table 2: Top 5 Sub-districts of HHs with One or More Persons with a Disability

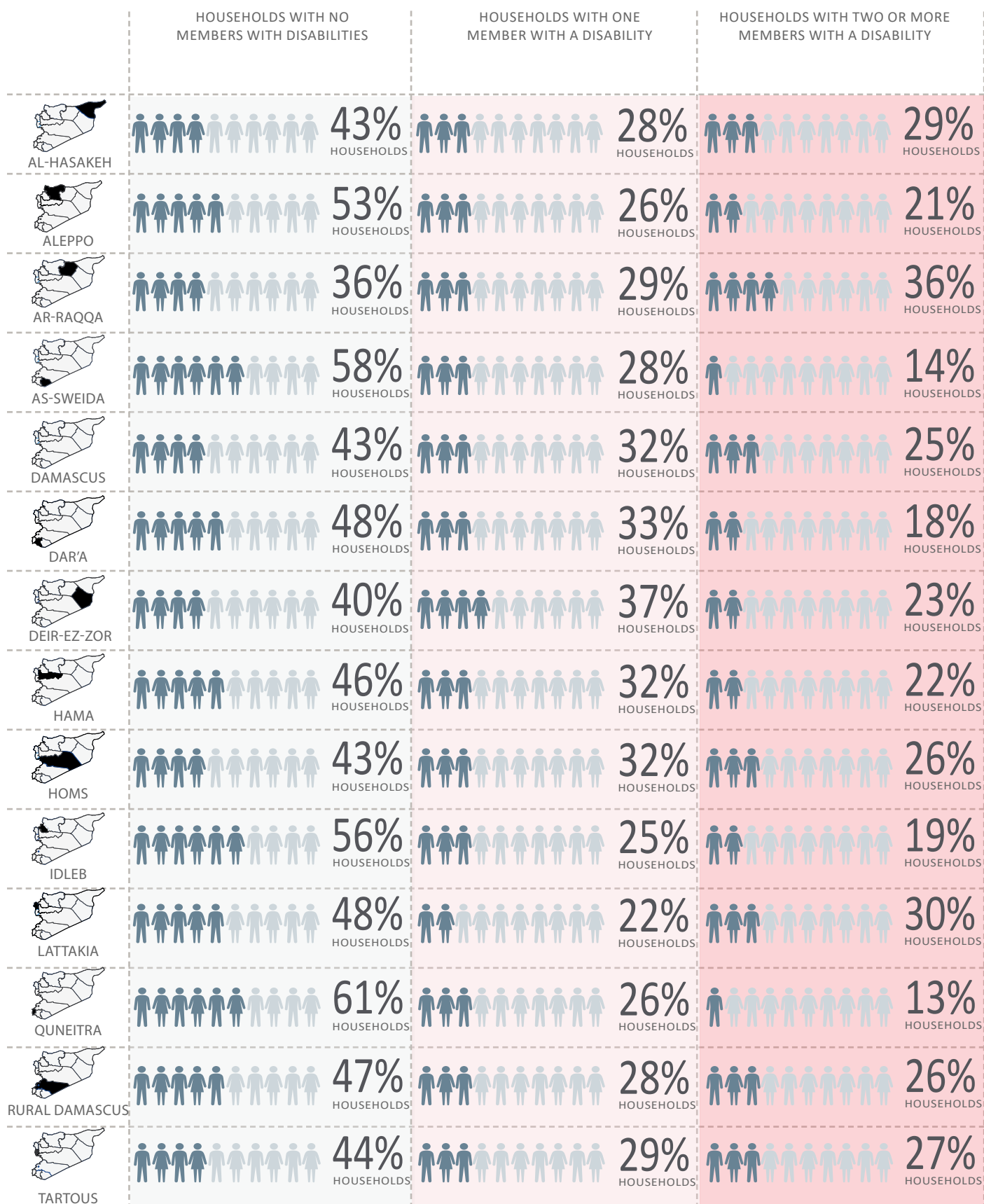
Sub-district	Governorate	% HH with Person with a Disability
Ein Halaqim	Hama	93%
Eastern Bari	Hama	90%
Maadan	Ar-Raqqa	89%
Tadmor	Homs	87%
Kherbet Ghazala	Dar'a	84%

Household Presence of Disabilities, by Governorate

The table on the following page reveals that in all governorates except As-Sweida, Idleb, Quneitra and Aleppo, the majority of households have at least one or more member with a disability. In areas with the highest prevalence, many households are placed at

increased disadvantage by having 2 or more members with a disability. 36 percent in Ar-Raqqa and 29 percent of households in Al-Hasakeh report having two or more members with a disability.

TABLE 3: PREVALENCE OF PERSONS WITH DISABILITIES IN HOUSEHOLDS, BY GOVERNORATE (PERCENT)



HOUSEHOLDS WITH MEMBERS WITH A DISABILITY



HOUSEHOLDS WITH NO MEMBERS WITH A DISABILITY

Most Impacted Sub-districts, by Difficulty Type

A more granular insight into the most affected sub-districts by difficulty type reveals significant variation in regional distribution of difficulties.

Difficulties in mobility, which impact a total of 17 percent of all individuals, are most significant in Jurneyyeh, Ar-Raqqa and Jobet Berghal, Lattakia, with 43 percent of each sub-district population reporting prevalence of mobility difficulties. Difficulty with vision is most likely to

impact individuals in Jawadiyah, Al-Hasakeh (43 percent) and Jaramana, Rural Damascus (37 percent). Interestingly, despite displaced households facing increased risk of disabilities, Idleb, the governorate with the highest IDP hosting burden, never ranks in the top five most affected areas. Persons with a disability may have face increased barriers to fleeing conflict, thereby limiting the arrival of persons with disabilities to Idleb, but additional research is required to confirm this theory.

Table 4: Top 5 Sub-districts % of Persons with Difficulty by Domain



Mobility

Sub District	Governorate	% With Difficulties
Jurneyyeh	Ar-Raqqa	43%
Jobet Berghal	Lattakia	43%
Eastern Bari	Hama	39%
Jaramana	Rural Damascus	38%
Sur	Deir-ez-Zor	35%



Vision

Sub District	Governorate	% With Difficulties
Jawadiyah	Al-Hasakeh	43%
Jaramana	Rural Damascus	37%
Tassil	Dar'a	34%
Jurneyyeh	Ar-Raqqa	34%
Ash-Shajara	Dar'a	33%



Self-Care

Sub District	Governorate	% With Difficulties
Jaramana	Rural Damascus	27%
Mare'	Aleppo	26%
Haran Al'awameed	Rural Damascus	25%
Tadmor	Homs	23%
Ein Elniser	Homs	22%



Hearing

Sub District	Governorate	% With Difficulties
Maadan	Ar-Raqqa	24%
Mansura	Ar-Raqqa	23%
Sabka	Ar-Raqqa	22%
Jaramana	Rural Damascus	21%
Ein Elniser	Homs	19%



Cognition

Sub District	Governorate	% With Difficulties
Mansura	Ar-Raqqa	21%
Jobet Berghal	Lattakia	18%
Jaramana	Rural Damascus	18%
Ein Halaqim	Hama	17%
Beit Yashout	Lattakia	16%



Communication

Sub District	Governorate	% With Difficulties
Jaramana	Rural Damascus	18%
Zarbah	Aleppo	16%
Jandairis	Aleppo	14%
Ein Halaqim	Hama	13%
Hasyaa	Homs	13%

EDUCATION

Attendance of Persons aged 12-17 with Disabilities

Only 44% of children (ages 12-17) with disabilities are attending school

16 percent of children between the ages of 12 and 17 have a disability. Of those with a disability, 56 percent are not attending formal education as compared to 23 percent of those without a disability. Non-attendance figures increase to 58 percent for IDPs with a disability versus 33 percent for displaced persons without a disability; 65 for returnees, as compared to 27 percent of those without a disability; and 55 versus 19 percent of those without a disability for resident populations.

Returnee children attendance rates are the most negatively impacted by disability, with a 38 percentage

point difference between those with a disability and those without, 36 for residents and 26 percentage points for IDPs. This has a serious impact on the trajectory of affected children, as a global study on the experience of disabilities attests- children with disabilities report increased issues with social exclusion and discrimination which limits their access to education and undermines future earning potential²³ Confirming that while years of key infrastructure degradation and conflict may hinder education access for all, disabilities are a major deterrent for school attendance.

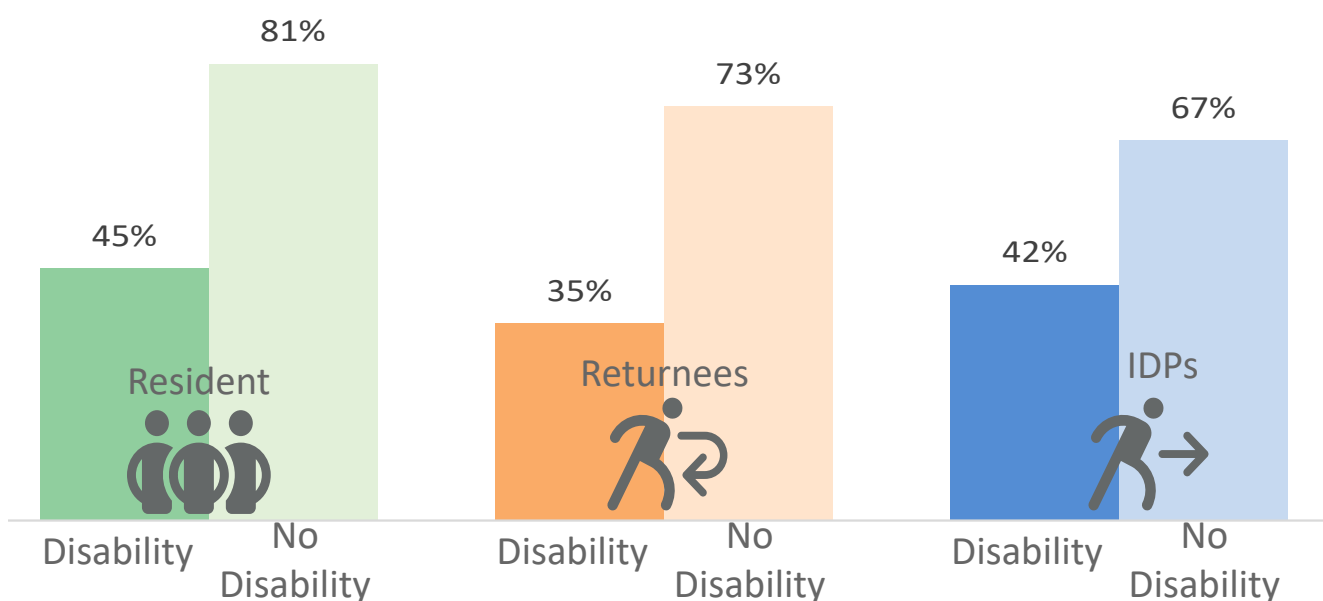
Children aged 12-17 with a disability comprise 28 percent of total school absences

According to the WHO, children with disabilities are more likely to experience poor health outcomes, making them vulnerable to preventable conditions and subsequently increasing the health-related expenses and time out of school.²³ This statistic has significant implications for children in Syria as those with a disability comprise 28 percent of the total not attending school. Exclusion from formal education systems is particularly concerning as lower education achievements contribute to the cycle of poverty including increased deprivation, food insecurity, unsafe or insecure housing and lack of access to essential

services, including specialty and non-specialty medical assistance.

The increased dependency on systems of care is also cited as limiting vital socio-economic participation.²⁴ For children with disabilities especially, non-attendance can further limit later workplace engagement and have a lasting impact on their socio-economic engagement and health outcomes. This can subsequently have a ripple effect within the household, to support networks and/or the community as a whole.

Figure 10: 12-17 Year-old Attendance Rates by Population



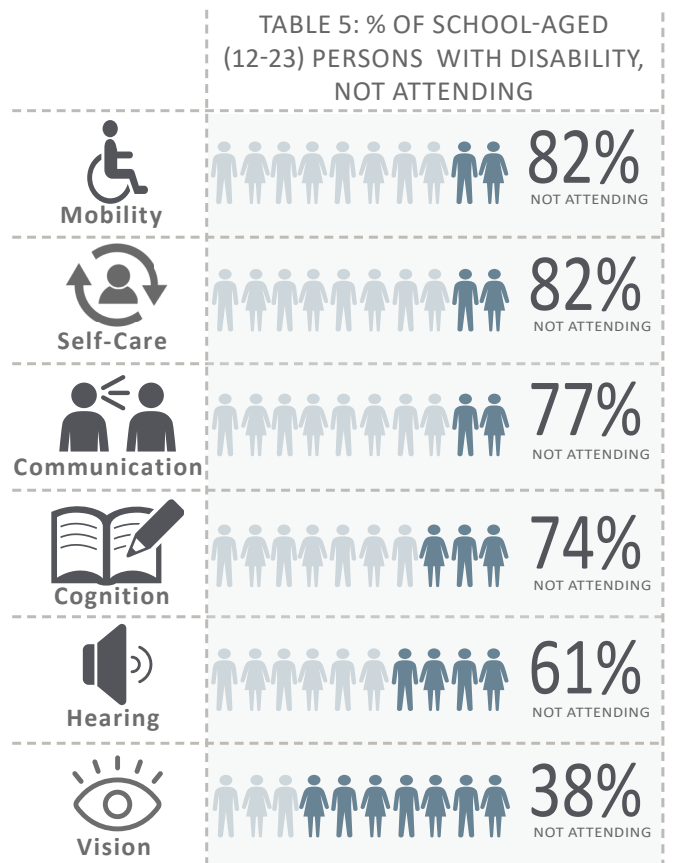
²³ Women's Refugee Commission, "Disability Inclusion".2014

²⁴ WHO "World report on disability", WHO and World Bank. 2011. https://www.who.int/disabilities/world_report/2011/report.pdf

School Attendance by Difficulty Type (aged 12-23)

The demographic section above demonstrated the low prevalence of disabilities in young persons. However, when school-aged persons have a disability, they are far less likely to attend school. In total 7 percent of those aged 12-23 have mobility difficulties, 6 percent have self-care difficulties and 4 percent have communication difficulties.²⁵ Access to inclusive education is regularly cited as the most effective way to develop and sustain individual agency and independence, skills frequently undermined by the presence of disabilities, particularly for school-aged children.²⁶

The chart to the right outlines the astonishingly low rates of attendance by each difficulty type. 82 percent of school-aged persons (12-23) with mobility and self-care difficulties are not attending school. Such substantial ratios of absence suggests that when there is a spike in children with disabilities, attendance rates can be expected to drop. Comprehensive assessment of educational facilities of all kinds throughout Syria should be carried out to establish the plan for inclusion mainstreaming, which would significantly contribute to enabling children with disabilities to access education on an equal basis with others.



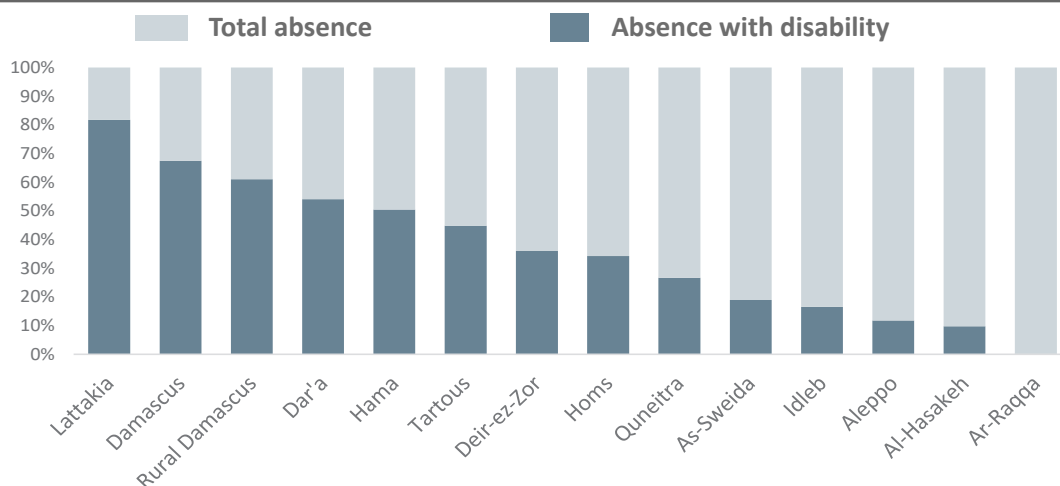
Out-of-School by Disability

The chart below demonstrates the extent to which children with disabilities comprise the total reported figures of those, aged 12-17, currently not attending school.

Lattakia, Damascus, and Rural Damascus have particularly high rates of children with disabilities not attending school. Of note, there is no correlation between the governorate prevalence of disabilities and school attendance rates.

In Lattakia, only 8 percent of those aged 12-17 reported having disabilities. Similarly, only 4 percent of young people reported disabilities in Damascus. Of note, there were minimal reports of persons under 30 with a disability in Ar-Raqqa, this subsequently led to low reports of school absences related to disabilities. Additional research on child disabilities in Ar-Raqqa may be required to assess the full prevalence and impact of disabilities on youth.

Figure 11: % With Disability Not Attending as Compared to Total Not Attending, by Governorate



25 Of note, this section expands beyond the 12-17 age range used to discuss other dimensions of those with disabilities, and instead it also includes those attending tertiary-level education.

26 United Nations Millennium Development Goals. 2015. [https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)

SOCIO-ECONOMIC

Out-of-Work Individuals (18+) with Disabilities

The below map demonstrates the rate of persons with disabilities who have no formal employment (daily work, own business, contracted) across the whole of Syria. 62 percent of persons with a disability are out of work, as compared to 48 percent of those without a disability. Two districts in Homs, Qabu and Shin, each with 5 and 7 percent of the total population with disabilities (mobility

difficulty being the most common type) respectively, currently have no person with a disability working. Meanwhile, in Deir-ez-Zor Governorate, 82 percent of persons with disabilities are out of formal employment. 19 and 12 percent of the Deir-ez-Zor population reported “a lot of difficulty” or “cannot do at all” regarding mobility and self-care respectively.

Figure 12: Geographic Out-of-Work Prevalence of Persons with Disabilities by Sub-district

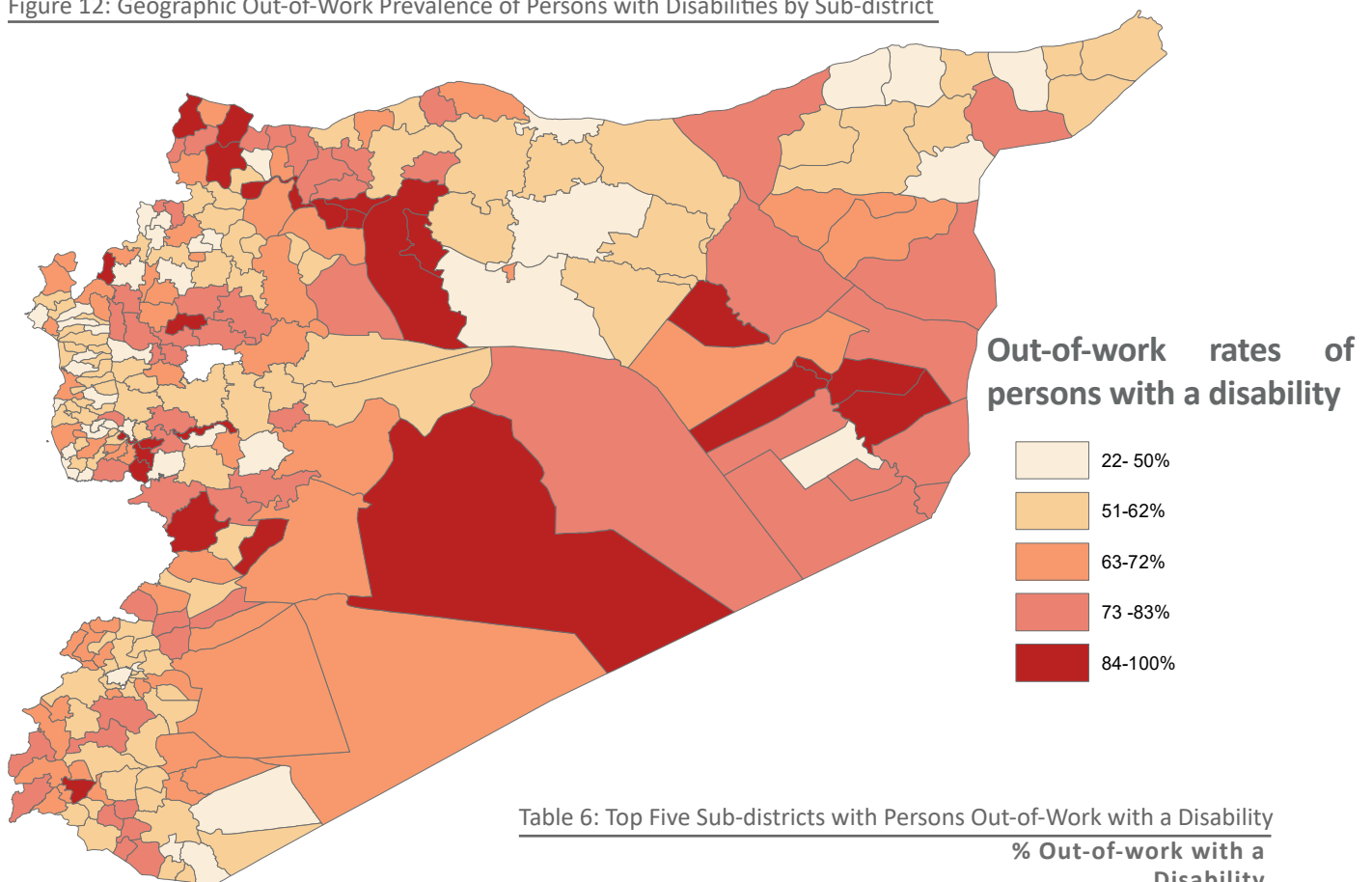


Table 6: Top Five Sub-districts with Persons Out-of-Work with a Disability

Sub District	Governorate	% Out-of-work with a Disability
Qabu	Homs	100%
Shin	Homs	100%
Maskana	Aleppo	97%
Hadideh	Homs	96%
Basira	Deir-ez-Zor	94%

Table 7: Top Five Governorates with Persons Out-of-Work with a Disability

Governorate	% Out-of-Work with a Disability
Deir-ez-Zor	82%
Homs	71%
Quneitra	69%
Dar'a	69%
Hama	68%

Employment by Disability

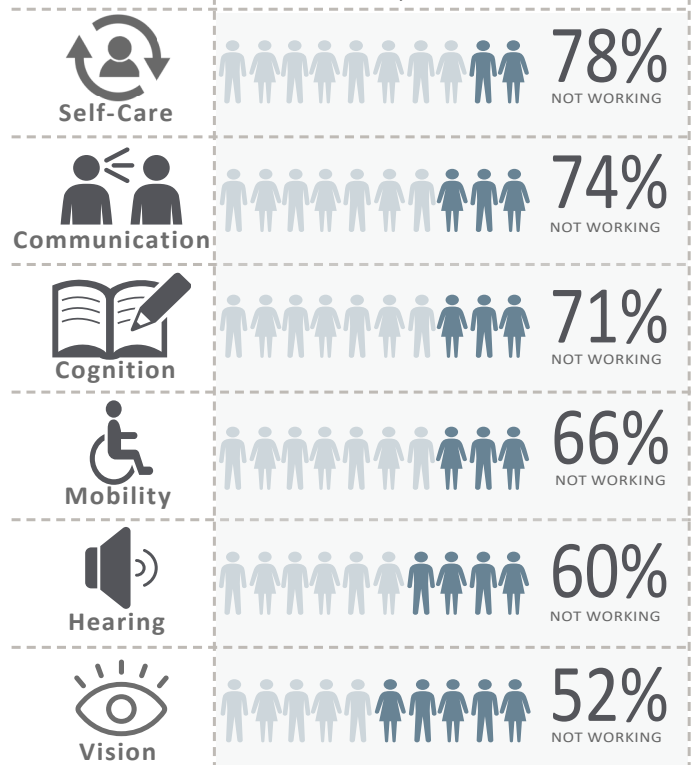
Figure 13: Employment Rate of Persons (18+) with Disability, by Population



Labour market engagement not only improves the self esteem and capacity of individuals with disabilities, the long-term financial benefits are proven to benefit the household, community and national economy.²⁷ In Syria, there remain significant employment gaps across the country, however unemployment rates disproportionately affect persons with disabilities. Regardless of difficulty type, the majority (62 percent) are out of the formal labour market, as compared to 48 percent with no disability. Returnees were most significantly impacted with a 19 percentage point employment difference between those with (32 percent) and without (51 percent) a disability. 53 percent of residents without a disability are employed, as compared to 38 percent of those with disabilities. Similarly, 51 percent of IDPs without disabilities are employed, versus 38 percent with disabilities.

Similar to school attendance, disabilities have a significant impact on formal workforce engagement.²⁸ Persons aged 14-64 with self-care difficulties were the least likely to engage in regular employment, 78 percent were out of formal employment as compared to the 53 percent of those with no self-care difficulties. 74 percent of those with communication difficulties and 71 percent with cognitive difficulties were also out of work. Mobility difficulties, despite being the most common difficulty type, is not as significant deterrent as self-care, communication or cognition for employment.

TABLE 8: % OF OUT-OF-WORK INDIVIDUALS (14-64) WITH DISABILITIES, BY DIFFICULTY TYPE



Modes of Employment Engagement by Disability

Employment rates for persons aged 18+ with disability are consistently lower than those without a disability. However, there is minimal fluctuation between populations with/without disabilities and mode of employment trends. The majority (21 percent) run their own business, followed by

regular income (12 percent) and daily wage (6 percent). The relative difference in employment dependent on private or public systems highlights some of the socio-economic exclusion that may encourage more persons with disabilities to run or manage their own shop.

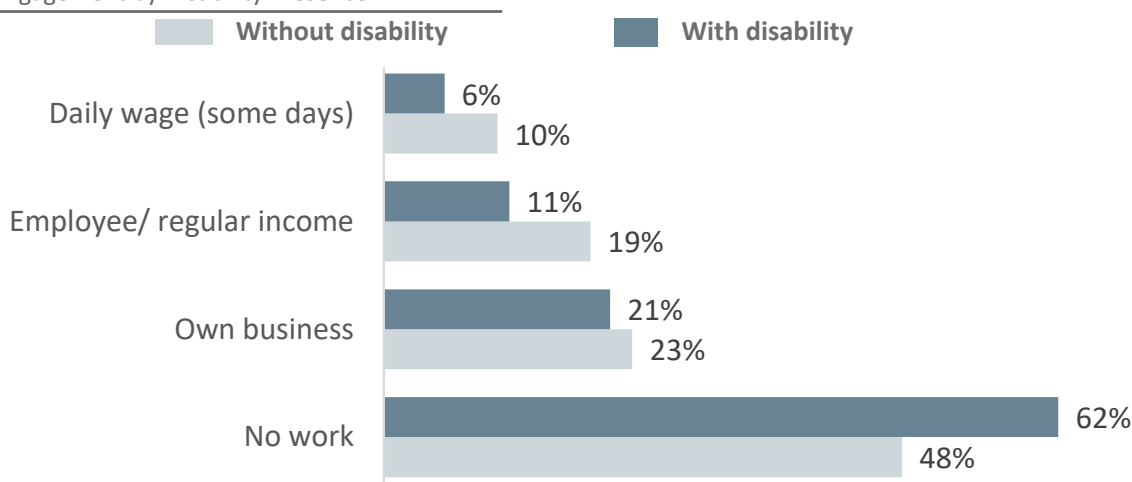
25 World Bank. "Social Analysis and Disability: A Guidance Note". 2007. <http://documents.worldbank.org/curated/en/930491468158381717/pdf/393850WPOsoci-a00Box374323B00PUBLIC0.pdf>

26 Of note, this section expands beyond the 18+ age range used to discuss other dimensions of those with disabilities, and instead it includes those 14-65.

There is minimal discrepancy between the income of persons with a disability and those without. In fact, there is a greater percentage of those without any disability having no income (25 percent) as compared to those with 1 or more disabilities (21 percent). While income rates do not reveal a significant difference between those with/without disabilities, unemployment rates, coupled with increased cost of care, suggest people with disabilities

are more likely to live in poverty due to increased barriers to participation in society and cost of care. Meanwhile, those who have no income face a greater risk of acquiring a disability due to associated lack of access to proper sanitation, safe living and working conditions.²⁷ The below graph highlights individual workforce engagement by presence of disability.

Figure 14: Sector Engagement by Disability Presence



Income Sufficiency

80 percent of IDP HHs with two or more persons with disabilities report their income does not sufficiently allow them to meet their household needs

The majority of households across Syria reported that their current monthly income does not allow them to sufficiently meet their basic needs. Income insufficiency increases with the cumulative presence of persons with disabilities. Resident households are best equipped to meet their needs as the percentage of households with insufficient income only increases by two percentage points between households with no member and households with two or more members with disabilities.

65 percent of the average household without any person with disabilities are unable to sufficiently meet their needs. That figure increases to 68 percent across all population types, with an exceptional spike in IDP households with two or more members with disabilities.

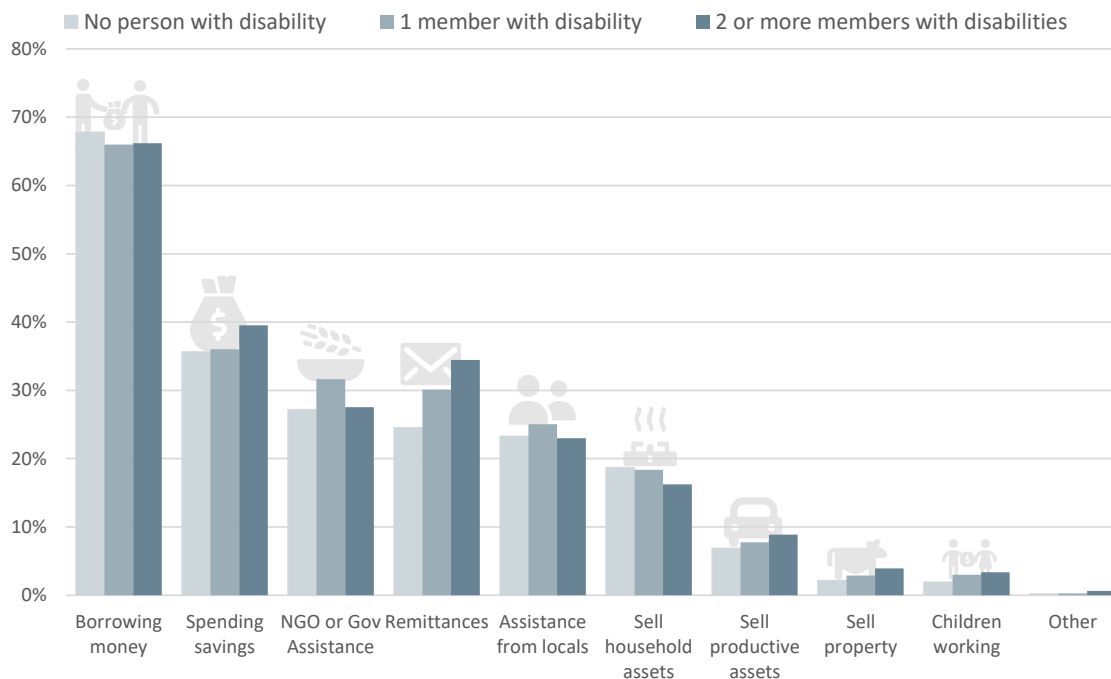
For both returnees and IDPs, 76 percent of households are unable to meet their needs when one person with a disability is present in the household. This decreases to 71 percent for returnees and increases to 80 percent for IDPs with 2 or more members with disabilities.

Table 9: Percentage of Households Unable to Meet Needs with Presence of Member(s) with Disability

Population Type	No member with disability	1 member with disability	>2 members with disability
Total	65%	66%	68%
Resident	61%	61%	63%
Returnee	76%	76%	71%
IDP	76%	76%	80%

COPING MECHANISMS

Figure 15: % of HHs Engaging in Coping Mechanisms by Presence of Member(s) with Disability



The chart above provides an overview coping strategy engagement between households with none, one and two or more persons a disability. Households with members with a disability are only slightly more likely to adopt coping strategies, some of which may have negative effects on individuals and households. For instance, the sale of productive assets may limit financial security, while increased child labor may undermine school attendance. Overall, differences between households with/without a member with a disability remains minimal, but a by-population investigation reveals more significant coping strategy trends.

5 percent of IDP households with two or more members with a disability have children working for money, as compared to 2.6 percent of displaced households with no members with a disability. Interestingly, 42 percent of IDP households without members with disabilities depend on NGO assistance, that decreases to 35 percent of those

with two of more members with disabilities.

42 percent of resident households with two or more members with disabilities depend on savings and 36 percent on remittances. These figures decrease to 38 and 23 percent respectively for households with no members with a disability. Meanwhile, 44 percent of returnee households with two or more members with disabilities are dependent on remittances, as compared to 36 percent of returnee households with no members with disabilities.

Although an increase in coping strategy engagement can imply increasingly risky behaviour, the most frequently listed coping strategies are related to cash injections signifying continued cash flow in the local economy. A complete summary of household coping behaviour when two or more members with disabilities are present is listed below.

Figure 16: Coping Strategy Engagement of HHs with 2 or More Persons with Disabilities



66 percent of HHs reported borrowing money or buying on credit



40 percent of HHs rely on savings



16 percent of HHs reported selling household assets such as jewelry and furniture



23 percent of HHs reported receiving assistance from the local community



34 percent of HHs receive remittances from abroad



9 percent of HHs sold productive assets or means of transport such as their car, sewing machine or wheelbarrow



4 percent of HHs reported selling their house or land



3 percent of HHs reported that children work to earn money

CONCLUSION

Persons with disabilities are some of the most at-risk in times of emergency. Frequently excluded or underrepresented in activities such as data collection, program design or implementation, their needs and subsequent involvement in rehabilitation remains limited. Disability vulnerabilities increase household exposure to shocks, uniquely impacting IDPs, returnees and resident population groups, individuals and households across Syria.

This assessment illustrates that persons and households with disabilities exist in significant numbers across all of Syria. It further shows that the cyclical nature of disabilities does not remain isolated to affected individuals, it permeates through to the entire household, increasing the likelihood of school absences and unemployment, further contributing to the cycle of vulnerability and poverty. The presence of disabilities is not only a direct impact from the on-going conflict, but pre-existing disabilities have compounded individual and household vulnerability through limited access to essential services due to the destruction of medical facilities.

The results of this survey have shown that persons overall coping mechanism engagement follows a similar trend across households with varying interaction with disabilities. However, the disproportionate unemployment rate and increased dependence on community assistance suggests that households with a person with disabilities are more vulnerable to continuous shocks associated with the crisis.

Increased dependency, paired with limited participation of persons with disabilities, is evident across all sections of this investigation. Barriers to social and economic inclusion make it more likely that individuals with disabilities will experience adverse social, psychological and economic outcomes. Where institutional capacity remains limited, households were found to be more likely to isolate themselves, or the individual with disabilities through decreased work and school attendance rates. Furthermore, limited NGO dependence from IDP households with disabilities indicates their omission from outreach initiatives and needs assessments. Such exclusion is particularly concerning for the 80 percent of IDP households with two or more persons with disabilities who cannot currently meet their basic needs.

The results of this assessment particularly highlight the need for a holistic approach to communities, like those in Rural Damascus where there are exceptionally high level of persons with disabilities. It is evident that moving forward, the success of humanitarian intervention inside Syria depends on inclusion mainstreaming throughout all programs in both emergency, early recovery and reconstruction phases. In order to guarantee the improvement of whole communities, it is necessary to continue to address the intersectional ways in which persons with disabilities have been disproportionately impacted in order to develop sustainable community-wide improvements.

ANNEX 1: METHODOLOGY & COVERAGE

HNAP's May 2019 HNAP Population Baseline of the Syrian population was used as reference to develop a stratified cluster sample of 25,654 households, representative of the Syrian population with a 95 percent confidence interval and a 10 percent margin of error rate at the sub-district level. The identified sample size at sub-district level was then allocated proportionally across the sub-district communities to maximize heterogeneity. HNAP achieved the sampling objective and interviewed 25,654 households. Similar population weights were reapplied to the cleaned data, allowing HNAP to determine prevalence of functional difficulties across Syria.

As per the WG Question Guidelines, persons with disabilities are defined as any person who reported 'a lot of difficulty' or 'cannot do at all' due to a health problem in any of the following functional domains: vision, hearing, mobility, cognitive processing, self-care and communication. It is important to note that this does not account for other factors which would contribute to disability and therefore the Washington Group Questions help to identify people who are likely to have a disability. For more information on the Washington Group Methodology please visit:

<http://www.washingtongroup-disability.com/>

LIMITATIONS

Given the nature of random sampling, data collection is subject to a margin of error and surveyors can face limitations on who they are able to access during the time of data collection. As such, there is a minor over-representation of returnees from abroad at the national level. Such population fluctuations are an inherent risk when drawing a sample from the sub-district level. In further accordance with protection principles, no persons under the age of 12, or absent household members with a disability were recorded in this assessment. Regardless the methodology was widely determined to be the most-sound and provide the utmost representative data across all governorates and areas of control within Syria.

The weighting exercise provides implementing teams with an accurate and confirmed statistically relevant results according to baseline census data. However, in order to

extract these estimates data can be exposed to increased error, i.e. they represent the reference population, not the population sampled. The figures extracted are designed to guide programming by highlighting key trends across the whole of Syria. Organizations should endeavor to use these figures as a reference, but further conduct project-specific assessments based on their areas of intervention.

The mass amount of data and weighting requires numerous checks and an extensive cleaning process. In the evolving context of the Syrian crisis, conflict dynamics can alter the situation of surveyed populations rapidly. While HNAP work to analyse and develop published reports as rapidly as possible, readers should note that the data extracted is from June 2019 and therefore subject to change by the time of reading.

POPULATION DISTRIBUTION

The population profile for the period in which data collection took place indicates that over two thirds of the population (69 percent) are residents, or host population, just under one third are IDPs (30 percent) and 1 percent are returnees. It is important to note, however, that this returnee figure only refers to returns recorded between January and May 2019; therefore, Syrians who returned in December 2018, for example, are categorised as residents.

Returnee rates, as a proportion of governorate population, are highest in the southwest of the country - Quneitra (8 percent) and Dar'a (5 percent); IDP rates are highest in Idlib, northwest Syria - where just over half of the population is an IDP (50 percent), Rural Damascus (39 percent) and Lattakia (38 percent).

Figure 1: Population Distribution | Total pop. (percent of

