Humanitarian Needs Assessment Programme (HNAP) I Syria

DISABILITY IN SYRIA

INVESTIGATION ON THE INTERSECTIONAL IMPACTS OF GENDER, AGE AND A DECADE OF CONFLICT ON PERSONS WITH DISABILITIES

SYRIAN ARAB REPUBLIC

Overview of disability and data collection inside Syria

Over 10 years of conflict, infrastructure degradation and on-going displacement in Syria has exposed millions to physical injury and trauma, while compounding risks for persons with pre-existing or non-war related disabilities, undermining their access to essential services and support. Since 2018 the Humanitarian Needs Assessment Programme (HNAP) has employed the Washington Group Questions (short-set tool) with technical support from Humanity and Inclusion, the most widely used and tested tool in humanitarian environments, to assess the prevalence of individuals with disabilities.[1] Pivoting from traditional investigations on physical ailments or function alone, the assessment now expands to define disability as an experience of attitudinal, institutional and physical barriers limiting individuals' ability to engage in their communities and access services.

HNAP has prioritized the inclusion of data on persons with disabilities for all relevant household surveys. This has dramatically improved the availability and quality of data on persons inside Syria with disabilities, as compared to figures reported prior to 2018. In addition to the Washington Group Short-set Questionnaire, HNAP has further incorporated the UNICEF Child Functioning Model, which includes over 24 functional domains, to capture the prevalence of children with disabilities (2-17) inside Syria.[2] The analysis further assesses key socio-economic indicators to determine to what extent the presence of disabilities limits an individual, or households with members with disabilities, ability to withstand social and economic barriers.

Findings related to individuals (aged 2 and older), as well as households with members with disabilities are presented in this report at the national and regional levels. Prevalence figures are further compared against key socio-economic indicators to show the extent to which the presence of disabilities may add to or compound pre-existing vulnerabilities. Quality and timely data related to persons with disabilities is essential to informing inclusive humanitarian response. As such, HNAP continuously seeks to improve and adapt to the situation on the ground, as well as the needs of our partners. In recognition of the implication of disability findings for humanitarian partners, HNAP remains available to support stakeholders in achieving appropriate and inclusive programming for all populations across Syria.

Key messages

1

Various environmental hardships interact with sex, age and disabilities to impact the rate and vulnerability of individuals with disabilities. Nearly a third of males and 14 percent of females (aged 18-64) cite disability-related barriers as a reason for not securing sufficient employment or income.

2

People and households with members with disabilities frequently face greater risks of discrimination and exclusion. Households with children with disabilities are almost twice as likely than households without children with disabilities to report feeling somewhat/very unsafe conducting their daily activities.

3

Households with members with disabilities are more likely to experience family separation. High rates of absent members can undermine household security, limit access to sufficient income and essential care.

4

High levels of unemployment, unequal pay and access to education compound to limit the ability of households with members with disabilities from achieving sufficient income. Only 11 percent of households with multiple members with disabilities report having sufficient income.

5

Households with children with disabilities are less likely to prioritize education needs, while local teachers may lack sufficient training to appropriately include children with disabilities in schooling arrangements.

[1] https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/
[2] Complete explanation on disabilities and assessing individuals with disabilities is available in the annex.

Methodology

In January 2021, HNAP conducted a nationwide household survey across all 14 governorates of Syria. The tool incorporated both the UNICEF Child Functioning Module and the Washington Group Short-set Questionnaire to assess the prevalence of disabilities in individuals aged >2.[3] After receiving technical support from Humanity and Inclusion in the development and training of the tool, fieldwork was carried out by data collection experts on coded surveys.

The sample frame was sourced from the list of (p-coded) locations, updated in August 2020, while the population figures were obtained from HNAP's Population Baseline, updated in December 2020. Households were estimated considering an average household size of 5 members throughout the country. In total, 20,560,806 individuals and 4,112,161 households living in 264 sub-districts were considered for the sample frame. Accordingly, a stratified sample of 24,619 households was selected to be interviewed, representative of the Syrian population at sub-district level with a 95% confidence interval and a 10% margin of error.

Weights were calculated with reference to the population estimates at sub-district level. The design weights were computed as the inverse of the probability of inclusion of each household. These weights were than adjusted in order to reproduce the exact population of households living in each sub-district.

The data in the report are weighted population estimates, i.e. they represent the reference population not the sample population. Figures on absent members rely on the recall of the interviewed households, and as such may not include the entire absent population.

Note: To better inform humanitarian partners based on their regions of operation, HNAP refers to the following regions of Syria.[4]

- *Central and south Syria (CSS)*
- *North Syria (NS)*
- *North-west Syria (NWS)*
- *North-east Syria (NES)*

Any boundaries, areas and names shown, and the designations used in this report, do not imply any form of official endorsement or acceptance. Although areas of control (AoC) may fluctuate by the time of reading, reference is made to these designations to better account for the comparative similarity of conditions and access to services within designated boundaries, as well as the sampling methodology employed during data collection.

Complete methodology is available upon request.

Assessing persons with disabilities

According to IASC Guidelines, the evolving concept of disability results from the interaction between persons with impairments and attitudinal, institutional and physical environmental barriers, which hinders an individual from fully and effectively participating in society on an equal basis with others.[5] Crucially, an individual is not defined as "experiencing disability" based on an impairment or function alone, but how individuals with functional difficulties experience barriers to participation in their environment.[6] Therefore, disability in Syria is described in this report as percentages of people experiencing one or more functional difficulties in one or more functional domain. This subsequently increases risk of exclusion, deprivation or disability in Syria.

Disability was assessed through a spectrum of functional difficulties utilizing both the Washington Group short-set questionnaire for those 18 and above, while the UNICEF Child Functioning Module was employed for those 2-17. 'Difficulty' is operationalized through a range of descriptors from "no difficulty at all", through to "completely unable to carry out the action". 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'.[7] Additional information on disability, the Washington Group Short-set Questions and the UNICEF's Child Functioning Module is available in the annex.

DISABILITY DOMAINS

DISABILITY IS DEFINED AS REPORTING A LOT OF DIFFICULTY OR CANNOT DO AT ALL IN ANY OF THE BELOW LISTED CATEGORIES FOR RESPECTIVE AGE GROUPS:

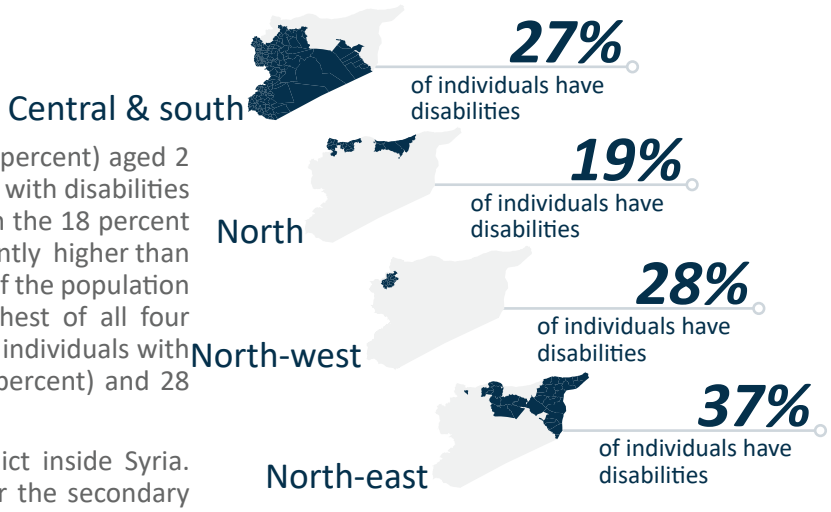
[3] Complete explanation on disabilities and assessing individuals with disabilities is available in the annex. For a more detailed sampling methodology, please do not hesitate to contact us at hnap-syria@un.org.
[4] The geographical boundaries used do not imply official endorsement or acceptance by HNAP, additional information regarding the regions of investigation is available upon request.
[5] UN CRPD 2--6; IASC Guidelines, 2019; UNHCR 2010, 2011
[6] Humanity and Inclusion. "Disability Data in Humanitarian Action", 2018.
[7] The set of questions were asked to every individual in the surveyed household. In the event a household member was not present, or was unable/willing to respond to the interviewer,

Prevalence of individuals with disabilities

28%
of individuals (aged 2 and up) have disabilities

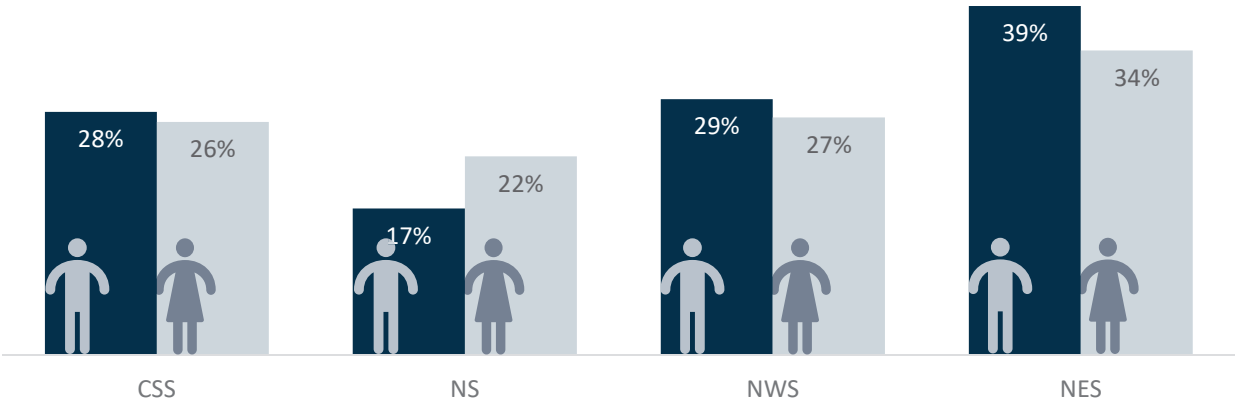
In Syria, more than one in four individuals (28 percent) aged 2 and above have disabilities. The rate of persons with disabilities inside Syria is 10 percentage points higher than the 18 percent average of lower income countries and significantly higher than the global average of 15 percent.[8] Over a third of the population (37 percent) in NES have disabilities, the highest of all four regions. NS maintains the lowest prevalence of individuals with disabilities (19 percent), followed by CSS (27 percent) and 28 percent in NWS.

March 2021 marked one decade of the conflict inside Syria. Whether triggered by exposure to violence, or the secondary impacts of the crisis, such as displacement, the exceptionally high rates of persons with disabilities supports the growing need for inclusive humanitarian programming across the country.



Estimated figures of individuals with disabilities, by population type

Prevalence of individuals with disabilities, by sex and region (% of individuals)



The prevalence of disabilities is higher for displaced populations. However, this report will demonstrate how various environmental hardships interact with sex, age and disabilities to impact the prevalence of persons with disabilities and their subsequent vulnerability to crisis conditions.

In general, males are only moderately more likely to report having disabilities, 28 compared to 27 percent of females. However, figures vary by age and region. NS is the only region where women (22 percent) are more likely to have disabilities than males (17 percent). While in NES nearly 2 in 5 men report having disabilities compared to just over a third (34 percent) of women. Variance in disability prevalence by sex and region is significant as distinct socio-economic conditions interacts with disabilities to compound individual vulnerability. Furthermore, the presence of an individual, or individuals, with disabilities inside a household impacts the resilience of all members to cope with environmental conditions.

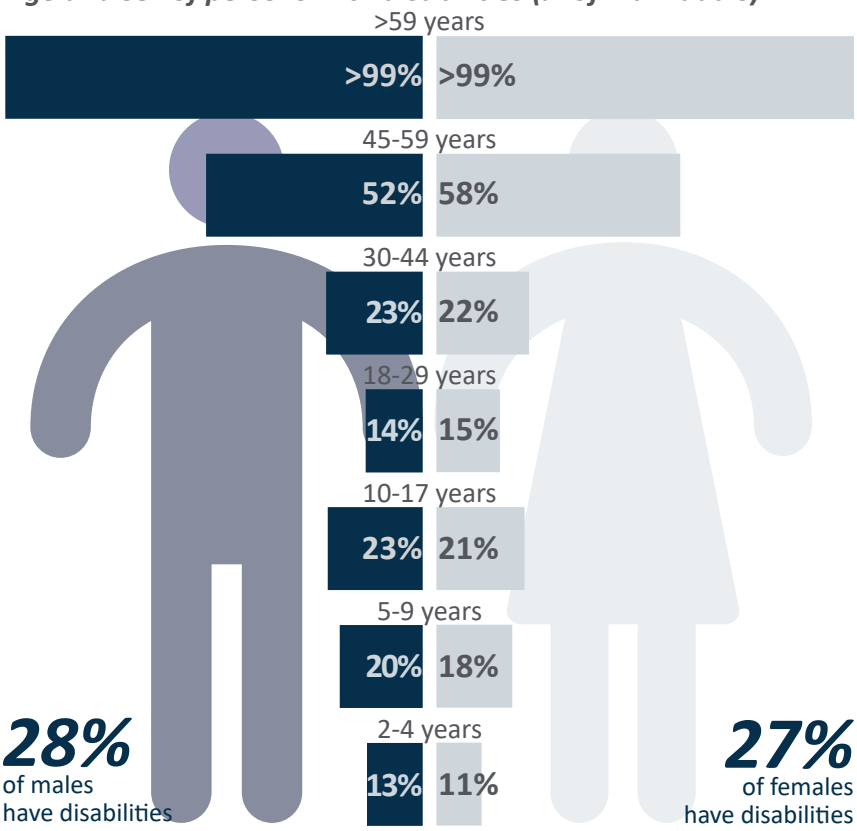
[8] WHO, 'World Report on Disability', 2011 https://www.who.int/disabilities/world_report/2011/report.pdf?ua=1
[9] Returnee figures are based on those who had been displaced within or outside Syria for at least one month, but who had returned and remained in their community of origin for at least one month in 2020.

AGE AND SEX OF PERSONS WITH DISABILITIES

Consistent with previous assessments the rate of disabilities is likely to be higher amongst older individuals, regardless of sex. Findings are concerning as older individuals, especially those with disabilities are less likely to access sufficient employment and more likely to increase their dependency on household members. Likewise, households with a member with disabilities are half as likely to report having sufficient income to meet their needs. Capacity to survive a humanitarian crisis is correlated with both health and financial security, both of which become increasingly less likely as an individual ages.[10]

19 percent of children under 18 also report having disabilities, with over 23 percent of males and 21 percent of females aged 10-17 having disabilities. Children with disabilities are some of the most marginalized in times of conflict, in-part because of the lack of reliable data regarding their needs, but also due to the significant disruptions in their education and development.

Age and sex of persons with disabilities (% of individuals)



Variance in the rates of disabilities between children and adults inside Syria can be attributed, in-part, to the distinct and child-specific tool employed for those under 18. Recognizing the comparative dependence on adults, as well as the distinct types of functional difficulties children can encounter, specific categories and tabulations for children ages 2-4 and 5-17 were employed to assess the prevalence of children with disabilities.

Regionally, NES maintains the highest proportion of children with disabilities. 1 in 5 children (21 percent) aged 2-4 in NES have disabilities, while 39 percent of those ages 5-9 have disabilities and nearly half of those aged 10-17 (47 percent) have disabilities in NES. The rate of disabilities amongst children in NES shows little variance between male and female children, indicating a high and chronic prevalence of children at risk of economic deprivation, low education attendance rates and increased dependence on household members due to the multiple barriers to services in NES. Consequently, the added burden of care for members of households with persons with disabilities can undermine economic resilience and increase dependence on external support services.

[10] HelpAge International, 'Missing millions: how older persons with disabilities are excluded from humanitarian response', 2018

RATES AND TYPES OF DIFFICULTIES

Type of reported difficulty (% of children 2-4)

	National	CSS	NS	NWS	NES
Communication	6%	5%	4%	8%	9%
Walking	4%	3%	3%	2%	8%
Playing	3%	3%	2%	1%	6%
Learning	3%	3%	3%	2%	4%
Behavior control	2%	1%	2%	2%	1%
Fine motor control	2%	1%	0%	1%	5%
Hearing	1%	1%	0%	0%	3%
Vision	0%	0%	1%	1%	0%

Type of reported difficulty (% of children 5-17)

	National	CSS	NS	NWS	NES
Accepting change	8%	5%	6%	7%	24%
Behavior control	7%	5%	5%	4%	21%
Walking	7%	6%	2%	5%	16%
Socializing	5%	4%	4%	4%	9%
Selfcare	4%	4%	3%	5%	6%
Focusing	4%	3%	1%	3%	9%
Anxious feelings	4%	3%	4%	4%	7%
Vision	4%	4%	4%	2%	5%
Communication	4%	4%	1%	4%	5%
Learning	3%	3%	2%	3%	4%
Memory	3%	2%	2%	2%	4%
Hopelessness	1%	1%	2%	3%	1%
Hearing	1%	1%	0%	1%	2%

1 in 5 adult Syrians (20 percent) face mobility difficulties. In the absence of individualized support and inclusive environments, these disabilities impact a person's ability to carry out essential tasks during their daily activities. Male adults are moderately more likely to be impacted by mobility (22 percent), self-care (7 percent), cognitive (4 percent) and communication difficulties (3 percent), while females are more likely to report vision (14 percent) and hearing (9 percent) difficulties. Persons in NES are significantly more likely to report mobility (25 percent), vision (15 percent) and self-care difficulties (9 percent).

Regional variance in exposure to conflict as well as access to essential health or care services is reflected in the rates of persons with disabilities. Indeed, the prevalence of persons with disabilities remains chronically high in NES compared to other regions, regardless of sex or age: 21 percent of children aged 2-4 in NES have disabilities, and 43 percent of children 5-17 have disabilities; in NWS, 12 percent of those aged 2-4 and 15 percent of those 5-17 have disabilities; in NS, 11 and 16 percent respectively have disabilities; and in CSS 10 and 18 percent respectively have disabilities.

Regional variance of rates of persons with disabilities is further evidenced in the types of difficulties affecting male and female children. In NES, young children (2-4) report higher than average rates of all functional difficulties, compared to other regions, aside from behavior control and vision. Likewise for children aged 5-17, rates of all difficulty domains, except depression are highest in NES. Nearly 1 in 4 children (24 percent) have difficulty accepting change in NES, compared to the 8 percent national average. Likewise 1 in 5 (21 percent) have issues related to behavior control, about 3 times the 7 percent national average. Specificities surrounding the sex and age of children with disabilities are particularly relevant in a context like Syria. Regional conflict and displacement dynamics, coupled with over a decade of conflict undermine access to essential services for all households. Hindered access to health or disability-specific assistance not only undermines the health of all community members, but also risks compounding existing vulnerabilities related to difficulty-type.

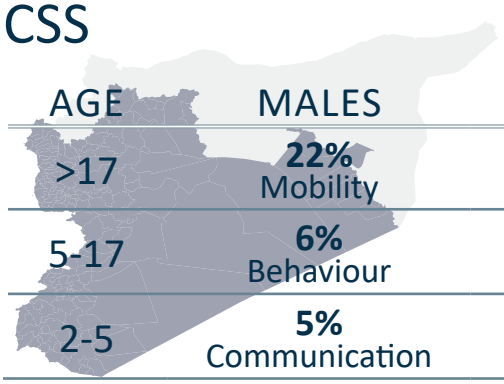
Difficulty type for adults >17 by sex

	Mobility	Vision	Self-Care	Hearing	Cognition	Communication
Females	18%	14%	6%	9%	2%	2%
Males	22%	12%	7%	8%	4%	3%
Total	20%	13%	6%	8%	3%	3%

TYPES OF DIFFICULTIES BY REGION

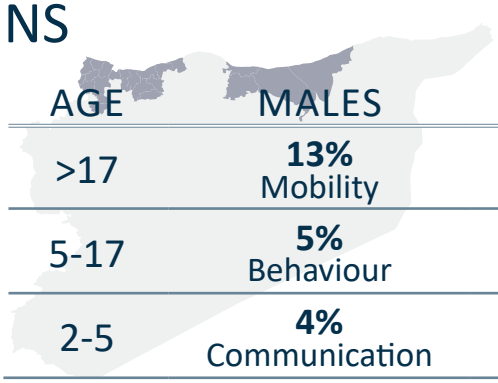
Most frequently reported difficulty type by sex and age, by region

CSS



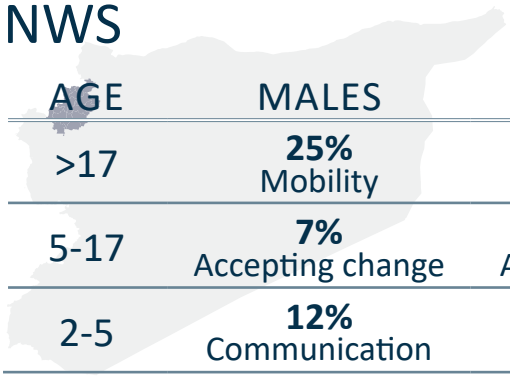
AGE	MALES	FEMALES
>17	**22%** Mobility	**17%** Mobility
5-17	**6%** Behaviour	**6%** Walking
2-5	**5%** Communication	**5%** Communication

NS



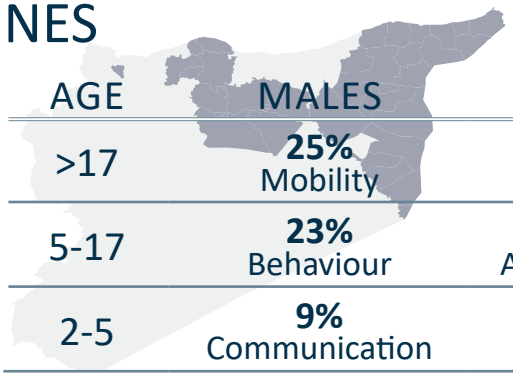
AGE	MALES	FEMALES
>17	**13%** Mobility	**13%** Vision
5-17	**5%** Behaviour	**7%** Accepting change
2-5	**4%** Communication	**5%** Walking

NWS



AGE	MALES	FEMALES
>17	**25%** Mobility	**18%** Mobility
5-17	**7%** Accepting change	**6%** Accepting change
2-5	**12%** Communication	**3%** Communication

NES



AGE	MALES	FEMALES
>17	**25%** Mobility	**24%** Mobility
5-17	**23%** Behaviour	**25%** Accepting change
2-5	**9%** Communication	**9%** Communication

Household demographics

Two in three households inside Syria have at least one member with disabilities.[11] The staggering rates of individuals with disabilities do not remain isolated to the individual; rather the presence of persons with disabilities affects the majority of households across the country. Nearly half of households in NWS (49 percent) and NES (48 percent) are headed by a member with disabilities, and a further 25 percent of households have at least one child with disabilities. Existing vulnerability scaling demonstrates that the presence of members with disabilities undermines household resilience by limiting resilience to socio-economic shocks. In the absence of programmatic mitigation measures to eliminate disproportionate barriers to access, households with members with disabilities face reduced access to essential systems of care, thereby hindering household resilience and minimizing regional economic growth potential.

38%
of HHs have a head of household with disabilities
37% in CSS
20% in NS
49% in NWS
48% in NES

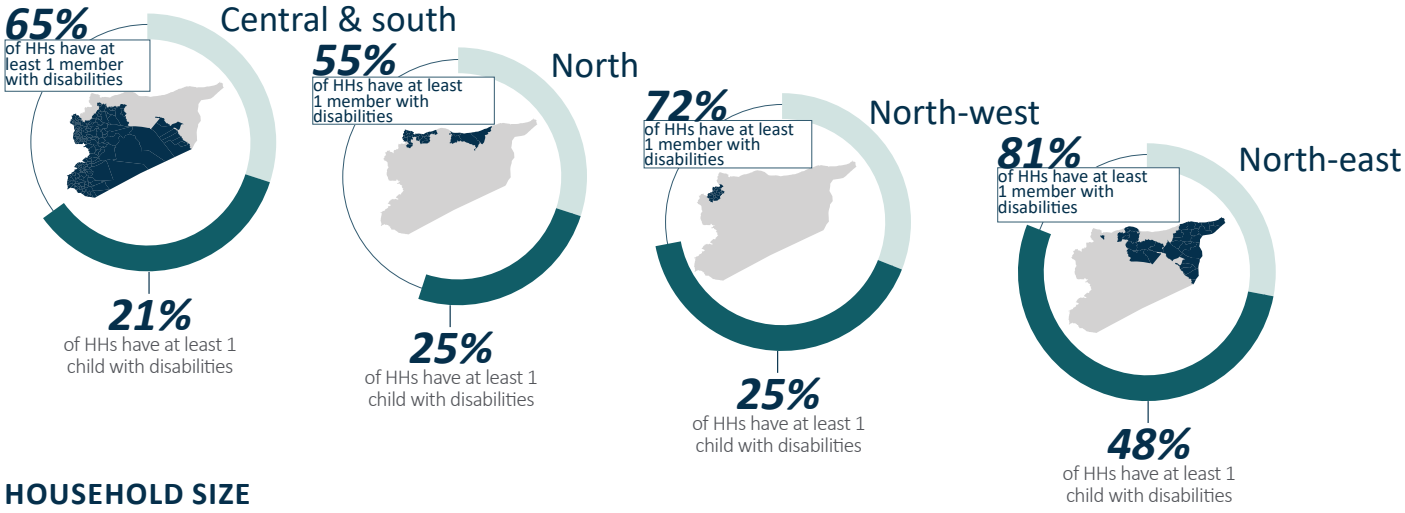
30%
of HHs have 1 member with disabilities
30% in CSS
30% in NS
31% in NWS
28% in NES

37%
of HHs have >1 members with disabilities
35% in CSS
25% in NS
41% in NWS
53% in NES

25%
of HHs have at least 1 child with disabilities
21% in CSS
25% in NS
25% in NWS
48% in NES

Regional prevalence of disabilities (% of HHs)

HH with 1 member with disabilities | HH with >1 members with disabilities | HH without member with disabilities



HOUSEHOLD SIZE

The size of a household impacts the available space within a shelter and can broadly undermine their socio-economic situation. Inside Syria, the average household size for households without a member with disabilities is 4.3 compared to 4.6 average for households with one member with disabilities and 4.8 for households with more than one members with disabilities. NS and NES maintain the highest average number of household members (5.2) for households with members with disabilities, compared to 4.9 and 4.3 for households without members with disabilities, respectively. The increase in household size evidences how members with disabilities can influence household demographics. Household size is an essential component in assistance allocation, whether from local administrations or through humanitarian channels. Findings therefore suggest larger HHs, and those with members with disabilities, may face inherent disadvantage through standard assistance allocation given the increased dependency or number of individuals who will share the assistance.

4
average HH size of HHs without members with disabilities

5
average HH size of HHs with at least 1 member with disabilities

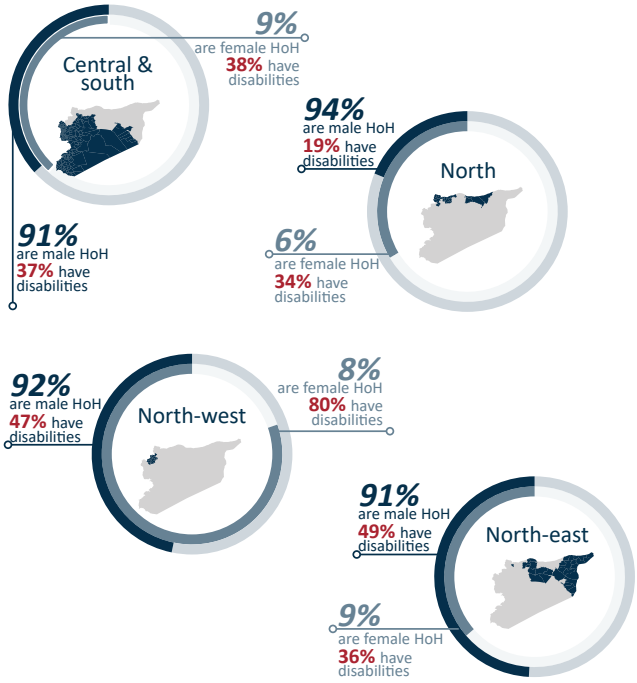
[11] In total only 33 percent of HHs do not have any members with disabilities. Regionally, there are 35 percent of HHs in CSS, 45 in NS, 28 percent in NWS and only 19 percent of HHs in NES which do not have any members with disabilities.

HEAD OF HOUSEHOLD

91 percent of all households in Syria are headed by a male. Of those, 38 percent have disabilities. Although only 9 percent of households inside Syria are headed by females, they comprise 10 percent of total households headed by a person with disabilities. Nearly half (43 percent) of female heads of households have disabilities.

Although females comprise a smaller proportion of heads of households, they face increased barriers to accessing livelihoods and obtaining sufficient income. In the absence of targeted mitigation measures, increased vulnerability is particularly concerning for female heads of households who have disabilities.

The type of difficulties facing heads of household further impact household earning potential. Nearly a quarter (23 percent) of male-headed households and 17 percent of female-headed households report mobility difficulties. Less than a third (32 percent) of adults with mobility difficulties are currently in employment, suggesting compounded vulnerabilities of environmental hardship and the double burden of gender and disabilities for households headed by a female with disabilities.



Regional prevalence of female-headed households with disabilities is relatively consistent with the national average, except in NWS where a much higher 80 percent of female-headed households have disabilities. Increased prevalence may be related to chronic exposure to active conflict and repeated displacement in the region but could also be explained in-part by compounded stigmatization related to out-of-marriage rates. In NWS 88 percent of females with disabilities who are heads of households are out-of-marriage, compared to 62 percent of those without disabilities.

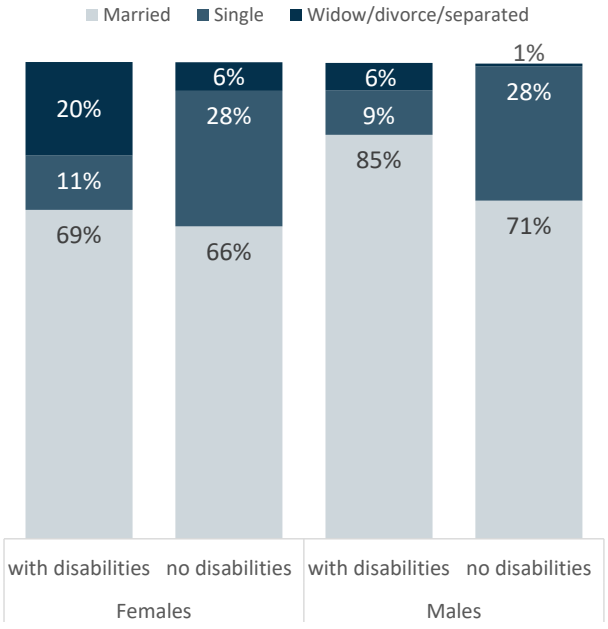
Difficulty-type of heads of households (% individuals)

	Mobility	Vision	Self-Care	Hearing	Cognition	Communication
Females	17%	23%	2%	9%	1%	1%
Males	23%	14%	5%	8%	3%	2%

MARITAL STATUS

Although females (aged >13) with disabilities represent only 16 percent of the total population inside Syria, they comprise the majority (59 percent) of the widowed population. 1 in 5 females with disabilities above the age of 17 are widowed, while a further 11 percent are single. Males with disabilities on the other hand are significantly more likely to be married (85 percent) and inherently less likely to be single (9 percent) or widowed/separated (6 percent). This can be attributed in-part to higher rates of male mortality across Syria, which results in a higher proportion of females to males.[12] Regardless, females with disabilities who are out-of-marriage face increased exposure to social exclusion which can compound pre-existing environmental vulnerabilities, potentially compounding the impact of disabilities for them and their households.

Marital status by sex and disability (% individuals)



[12] 89% of total absent members are male, 47 percent moved out of Syria and 26% were killed in a war-related incident. HNAP, "Spring 2021 Report Series, Demographic Overview", 2021.

Traditional gender roles in Syria, often imply that women are less likely to engage in income-generating activities, nor do they typically engage in household level decision making related to allocation of family financial resources. Males often will fulfill the role of breadwinner, while females often engage in child care and other forms of informal labor in support of the household. When these gendered roles are altered due to loss of a spouse, female-headed households can face increased vulnerability to economic or conflict-related shocks. Conditions are likely worse for 4 percent of households headed by females with disabilities.

Employment rates of females evidence the hardship facing female-headed households; females without disabilities are 68 percent less likely than males to be in employment, while females with disabilities are 84 percent less likely that males with disabilities to be in employment.

Increased social and economic deprivation, as is common in female-headed households, may diminish the ability of the household to meet their basic needs and further undermine the functionality of household members. Of households headed by females, 29 percent also have children with disabilities, compared to 25 percent of male-headed households. In NWS the rate of children with disabilities in female-headed households is exceptionally high, compared to male-headed households, where 39 percent of female-headed households have a child with disabilities, versus 24 percent of their male-headed counterparts. In NS 37 percent of female-headed households have children with disabilities (25 percent for males), followed by 53 percent in NES (48 percent for males) and 22 percent in CSS (22 percent for males).

Marital status by sex of HoH and disability (% of individuals)

	FEMALE HOH		MALE HOH	
	WITHOUT DISABILITIES	WITH DISABILITIES	WITHOUT DISABILITIES	WITH DISABILITIE
Married	27%	18%	**97%**	**97%**
Single	15%	1%	2%	-
Widow	**40%**	**79%**	-	3%
Divorce/ separated	18%	2%	1%	-

HOUSEHOLD DEPENDENCY

Dependency ratios describe the economically active and inactive people in a household by showing the relationship of dependents (children and older persons) to non-dependents (working-age members). This ratio is identified as a factor that contributes to household vulnerability. For the context of Syria, dependents include individuals below the age of 15 or over the age of 64. A moderate-to-low dependency ratio indicates there are sufficient members working to support dependents, whereas households which are comprised of at least two-thirds dependents are considered more vulnerable to economic shocks.

The presence of members with disabilities has a minimal relationship with the dependency ratio of households. In fact the rate of households with two-thirds dependency is the same, regardless of members with disabilities at the national level (11 percent). In NWS (17 percent) and NS (29 percent) households without members with disabilities were more likely to have at least two-thirds dependency, compared to the 14 and 19 percent of households with at least 1 member with disabilities, respectively. These findings reveal that despite having larger-than-average households, the presence of members with disabilities are able to maintain a constant ratio of dependency. Of concern however, is the average employment rate of individuals with disabilities. Therefore, despite having the same age dependency ratio, it is less likely that households with members with disabilities have the same ratio of members actively engaged in regular employment which is one key reason for vulnerability increasing.

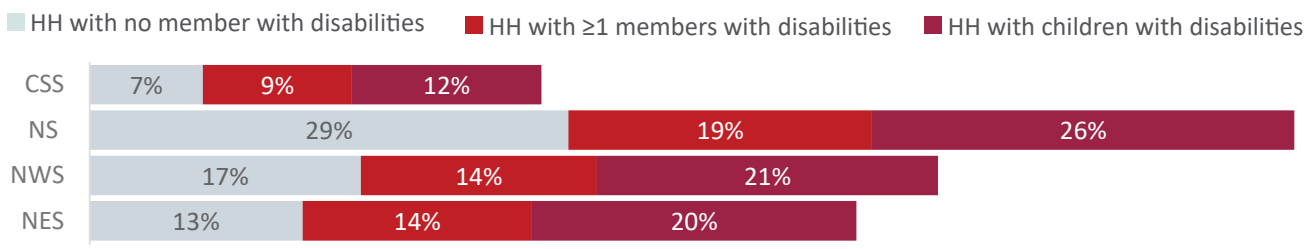
The dependency of households with children with disabilities (16 percent) further reveals a critical situation. While dependency is inherently higher in households with children, compared to those without, the increase in households with two-thirds dependency suggests increased economic stress, which could have negative impacts in household expenditure on disability-related expenses and education.

11% of HHs with no members with disabilities are comprised of at least two-thirds dependents

11% of HHs with 1 or more members with disabilities are comprised of at least two-thirds dependents

16% of HHs with children with disabilities are comprised of at least two-thirds dependents

HHs with at least two-thirds dependency, by region

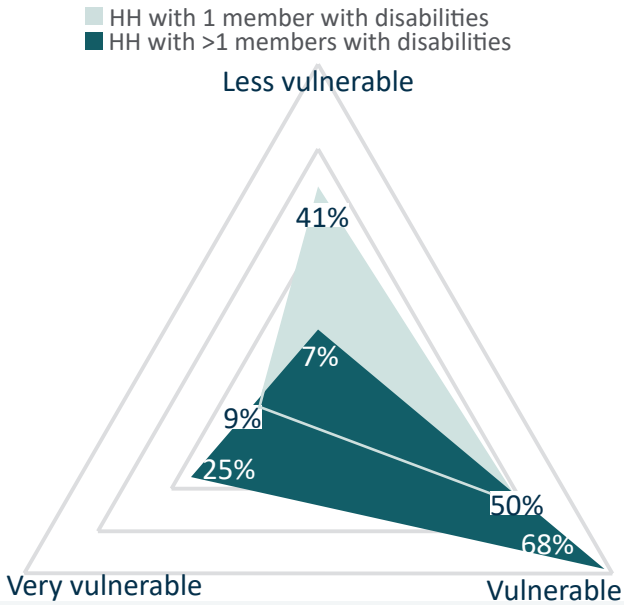


HOUSEHOLD VULNERABILITY

In total, 60 percent of households with at least one member with disabilities are considered vulnerable, while 18 percent are very vulnerable. The more members with disabilities are present, the more likely a household will present as vulnerable or very vulnerable. For example, a quarter (25 percent) of households with multiple members with disabilities are very vulnerable, compared to 9 percent of households with one member with disabilities.

This can be attributed in-part to the definition of vulnerability (listed-below), but may also indicate that households with members with disabilities can face increased exposure to more vulnerable characteristics, resulting in a compounded vulnerability. Findings are moderately confirmed by the increased rates of household dependency ratios for households with members with disabilities, as well as the rate of female-heads of households. Rates of vulnerability are highest for households with at least one member with disabilities in NWS (87 percent), followed by NES (80 percent), NS (76 percent) and CSS (75 percent).

Vulnerability of HHs (% of HHs)



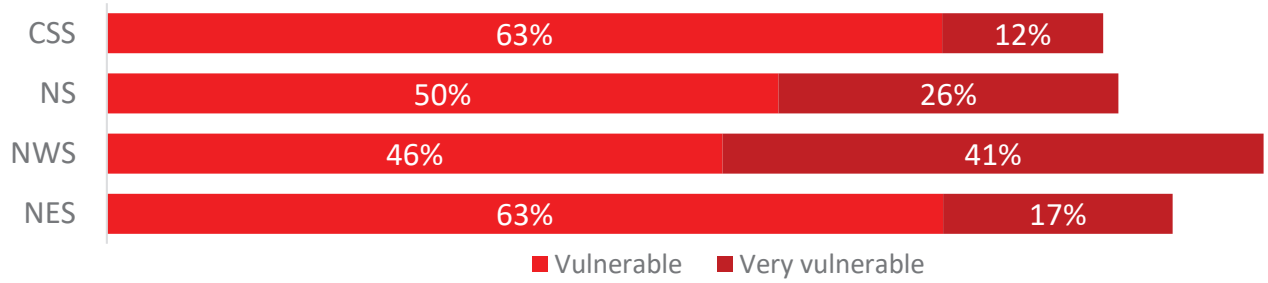
HOW IS VULNERABILITY CALCULATED?

Vulnerability is a composite indicator comprised of household characteristic indicators that are attributed with increasing risk to external shocks. Exposure to risk, or vulnerability, is determined according to the extent to which households reflect the vulnerability criteria. Scores were summed and ranked accordingly. The characteristics include the following:

Female HoH; HoH reporting chronic illness or disabilities; Elderly HoH; HH with >2/3 dependency; HH with two or more members with chronic illness or disabilities; displaced HH; HHs who have been displaced 2 or more times

Disclaimer: Disability contributes HH vulnerability, as such HHs with members with disabilities are inherently more likely to present as vulnerable.

Vulnerability of HHs by region (% of HHs with ≥1 members with disabilities)



ABSENT HOUSEHOLD MEMBERS

2 in 5 (39 percent) of households with at least one member with disabilities report that they are missing a household member, due to war or non-war related deaths, movement within or outside of Syria, being in place of origin (for IDPs families only), imprisonment, or unknown reasons. The more members with disabilities, the more likely households are to report absent members; only 3 percent of households without members with disabilities report the absence of 2 or more members, compared to 10 percent of households with one member with disabilities and 19 percent of households with multiple members with disabilities. Households without a member with disabilities report an average of 1.4 absent members per household. Concurrent with the increased rates of absences, households with one member with disabilities average 1.6 absent members, while households with more than one member with disabilities report an average of 2 absent members.

Separated and missing members can present safety and legal challenges for affected households.[13] For others, the absence of family members could expose the remaining members to greater economic instability, especially considering that males are often the main income generators and the most commonly absent members.

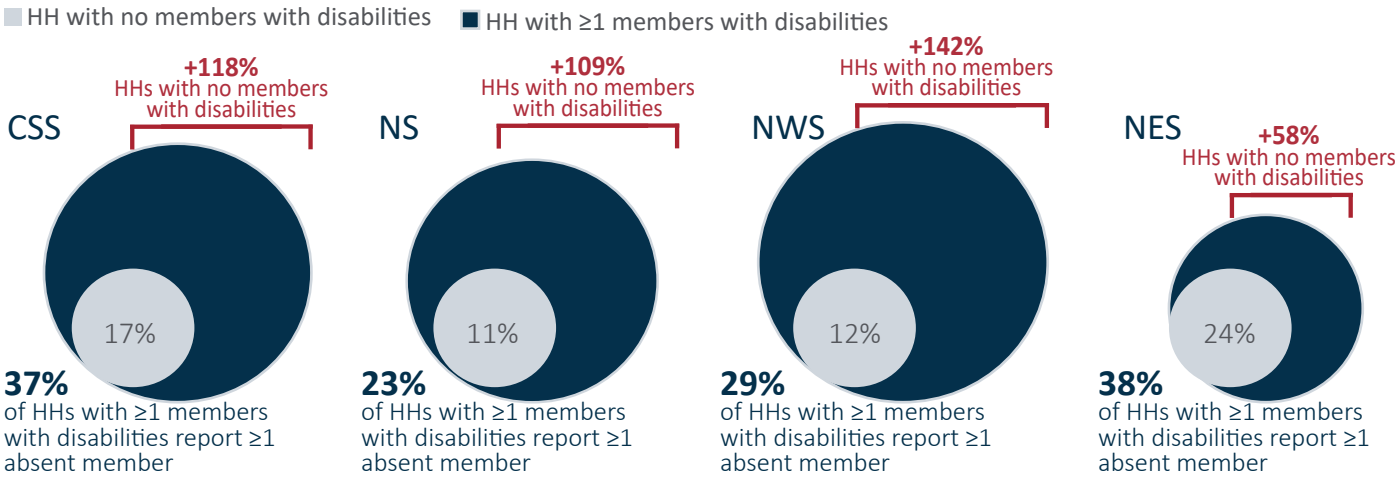
Rate of absent members by presence of members with disabilities (% of HHs)

	NO ABSENT MEMBERS	1 ABSENT MEMBER	≥2 ABSENT MEMBERS
HHs with no members with disabilities	84%	13%	3%
HHs with 1 member with disabilities	70%	20%	10%
HHs with ≥2 members with disabilities	61%	20%	19%
HHs with children with disabilities	74%	16%	10%

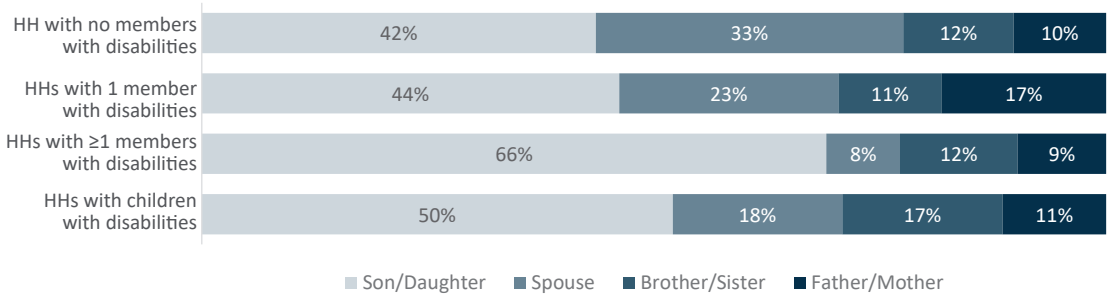
[13] "Syria Solutions Analysis: An assessment of durable solutions conditions at the whole of Syria level". January, 2021.

The chart below demonstrates the aggregated rate of change between households with/ without members with disabilities reporting absent members. In total, 35 percent of households with at least one member with disabilities also report at least one absent member, more than double (+119%) the rate of households without members with disabilities. The disparity is most significant in NWS, where there is a 142% increase in those reporting absences based on the presence of members with disabilities. Meanwhile NES maintained the lowest change between household profiles, but the increase of 58 percent still remains significant.

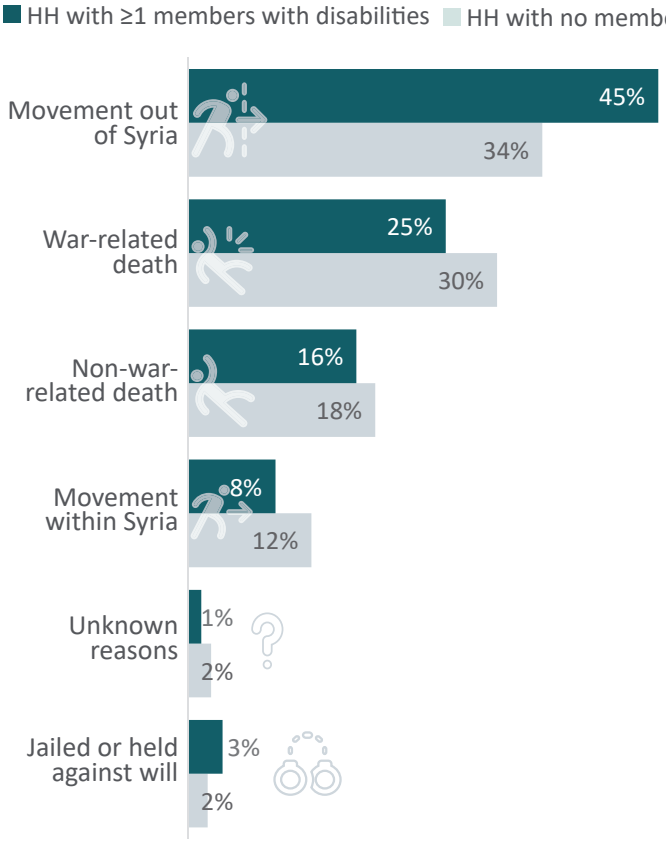
Rate of absent members by presence of HH members with disabilities (% of HHs)



Top types of absent members by presence of HH members with disabilities (% of HHs)



Reasons for absence (% of absent individuals)



Two-thirds of households who have at least one member with disabilities and an absent member report they are missing a son or daughter. This is significantly higher than the 42 percent of absent sons/daughters reported by households with no members with disabilities. Likewise, when a household has a member (child or otherwise) with disabilities, the absent member is far less likely to be a spouse- only 8 percent of households with one or more members with disabilities- compared to households without members with disabilities (33 percent).

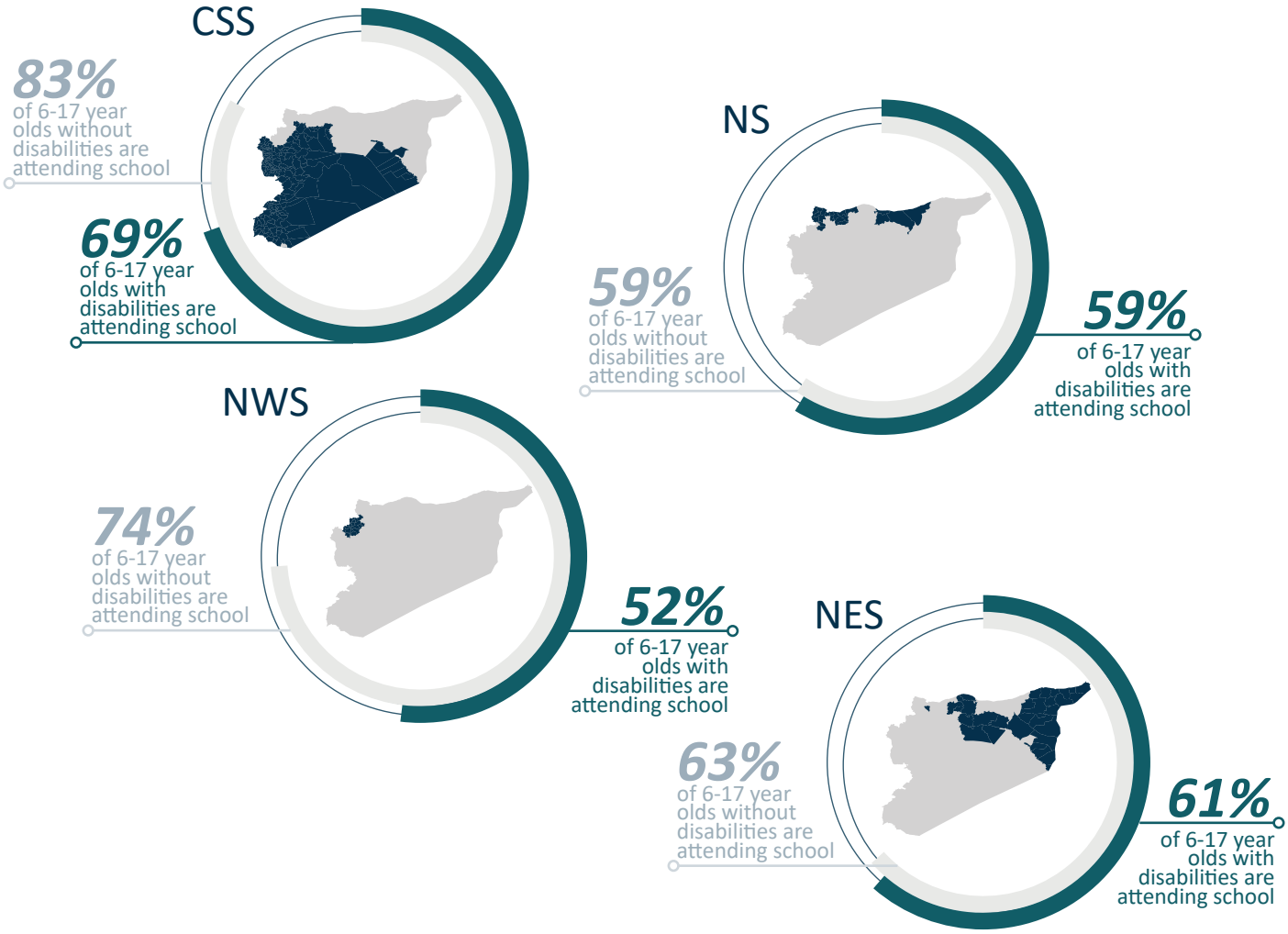
Absent members from households with persons with disabilities are more likely to have moved outside of Syria (45 percent) compared to households without members with disabilities (34 percent). Typical in times of conflict, households with members with disabilities are more likely to face barriers (financial, physical, etc.) to mobility. Findings confirm the presence of such barriers, as households with members with disabilities are far more likely to have absent members (who fled), while they remain inside Syria. Although this strategy may provide remaining household members with increased access to remittances from abroad, absent member trends further evidence increased barriers to durable solutions as households with members with disabilities are disproportionately required to separate in order to meet basic needs.

Education rates

64%
of children (aged 6-17) with disabilities are in education compared to 77% of children without disabilities

Children aged 6-17 with disabilities are less likely to attend school, both in person and remotely, than children without disabilities. Differences in attendance are most significant in NWS, where 74 percent of those without disabilities are in education, compared to only 52 percent of children with disabilities. In CSS there is a 14 percentage point disparity between those without (83 percent are in education) and those with disabilities (69 percent). Differences are less significant in NES (2 percentage points) and NS (<1 percent difference). However in both NES and NS, overall enrollment is below two-thirds of the total school-aged population, indicating a worrying trend for all children, but especially the nearly 170,000 children with disabilities outside of education in those regions.

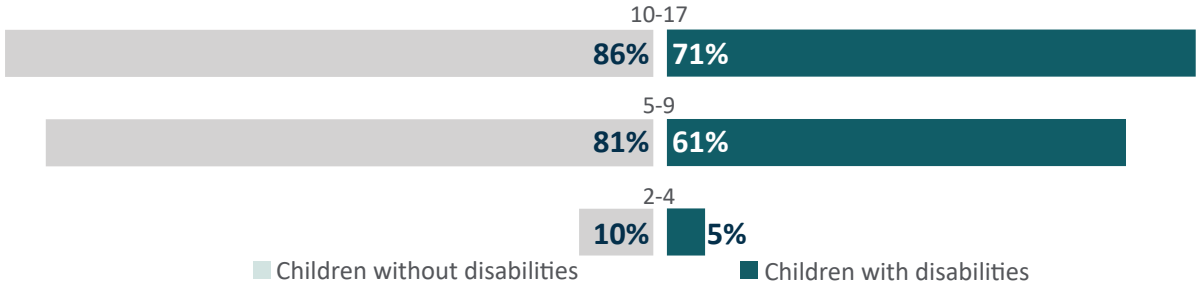
Interestingly, households with members with disabilities are moderately less likely to prioritize education as one of their top-three needs. Only 5 percent of households with members and children with disabilities present report education as a need, compared to 13 percent of households without members with disabilities. Even households with children with disabilities are no more likely to report education as one of their top needs- 7 percent of households with and without children with disabilities report education as a priority need. This suggests that more vulnerable households are increasingly likely to prioritize essential survival items, like safety, food and shelter over longer-term resources. Limited prioritization of education services can ultimately hinder the skill level of young people, undermining future household and regional economic growth potential.



ATTENDANCE BY AGE GROUP

22 percent of children aged 10-17, 19 percent of children aged 5-9 years and 12 percent of young children between ages 2-4 have disabilities. The prevalence of children with disabilities not only influences their household's socio-economic conditions, but the presence of disabilities further undermines access to education. Across all age groups children with disabilities are less likely to attend school, compared to their peers who do not have disabilities. Less than 3 out of 4 children aged 10-17 are attending school (71 percent), while only 61 percent of children aged 5-9 are attending primary education and only 5 percent of those aged 2-4 with disabilities are attending some form non-compulsory nursery or childcare. Gaps in education are particularly worrying for the 39 percent of primary-aged children with disabilities, without basic schooling, they will likely face barriers to secondary education which could negatively impact both themselves and their households' future economic security and resilience.

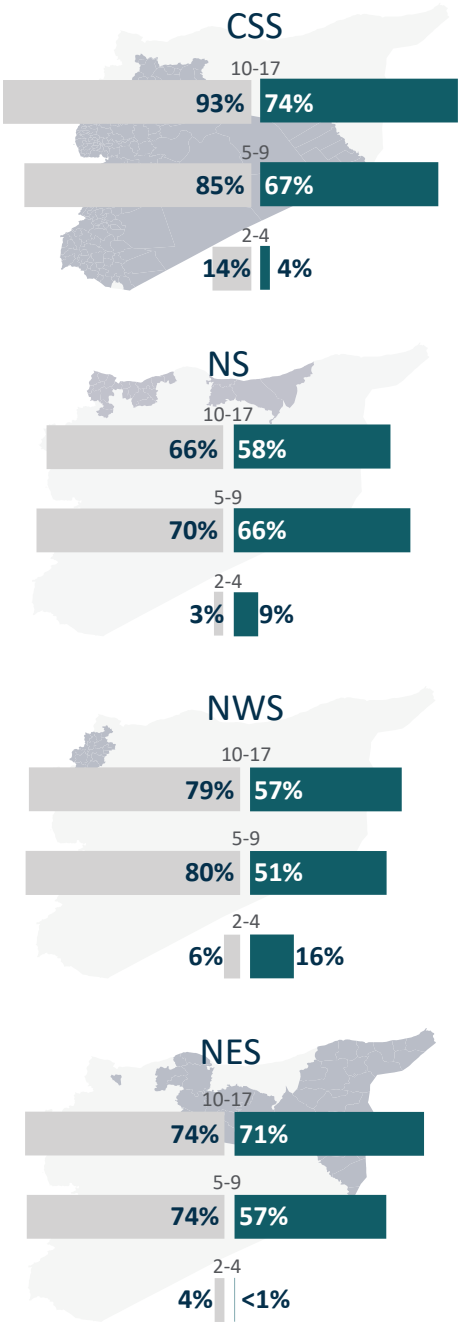
Rate of attendance by presence of disabilities and age group



Consistent with overall attendance findings, NWS continues to demonstrate the highest difference in attendance between children with and without disabilities. Interestingly, however, 16 percent of children aged 2-4 with disabilities are currently enrolled in child care or education services, compared to only 6 percent of children without disabilities. A similar trend was also detected in NS where 9 percent of children with disabilities are enrolled in education compared to only 3 percent of their peers who do not have disabilities. Findings could therefore suggest that some form of expanded learning programs are made available to young children with higher needs, or alternatively that their respective households maintain a degree of vulnerability making them eligible for additional care.

Lower attendance rates of children with disabilities may be moderately correlated to the rate of income sufficiency.[14] For households with children with disabilities 11 percent have sufficient income, compared to 18 percent of those without children with disabilities. In NS only 13 percent of households with children with disabilities have sufficient income, compared to 38 percent of households without children with disabilities. Similarly in NES 14 percent with children with disabilities have sufficient income (compared to 27 percent of those without children with disabilities) and 7 percent in CSS (compared to 14 percent of children without members with disabilities). In NWS, unlike other regions, there is minimal difference in income sufficiency. 18 percent of households with children with disabilities in NWS have sufficient income, compared to 19 percent of those without children with disabilities.

Current education systems across Syria are over-burdened and under-resourced, especially with regards to education services ability to accommodate children with disabilities. Societal barriers further limit access to education for children with disabilities. Over a third (35 percent) of households with children with disabilities report sentiments of insecurity in their day-to-day life, compared to 19 percent of households without members with disabilities.[15] Attitudinal differences and survival strategies can further limit access to education.



[14] Income sufficiency is self-reported by households who feel they have sufficient income to meet their household needs.
[15] Additional specifics related to safety are available on page 27.

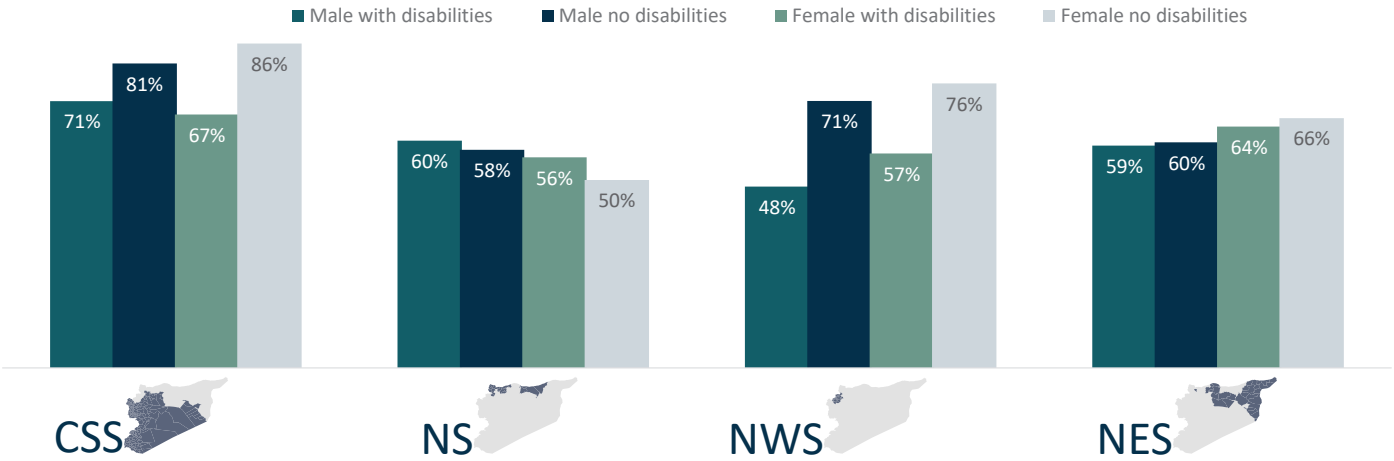
ATTENDANCE BY SEX

While children with disabilities are generally less likely to attend education, there was no significant difference between attendance rates of males and females (aged 6-17) with disabilities. 64 percent of females and males with disabilities are attending some form of education. Regionally males with disabilities have the lowest attendance rate in NWS- with less than half (48 percent in attendance)- followed by NES (59 percent), NS (60 percent) and the highest rate in CSS (71 percent). Similarly, females with disabilities reported the lowest attendance rates in NS and NWS (56 percent), followed by NES (64 percent) and CSS (67 percent).

64% of female children (6-17) are in education, compared to **79%** of females without disabilities

64% of male children (6-17) are in education, compared to **75%** of males without disabilities

Rate of attendance by presence of disabilities and sex group



ATTENDANCE BY DIFFICULTY TYPE

Education attendance rates vary depending on the type of difficulty children have. Males and females (6-17) are more likely to attend school if they have difficulties related to vision, behavior control, accepting change or anxiety. However, attendance varies moderately depending on the level of education. For example three-quarters (75 percent) of females aged 15-17 with behavior difficulties are currently attending school, compared to only 62 percent of females aged 12-14.

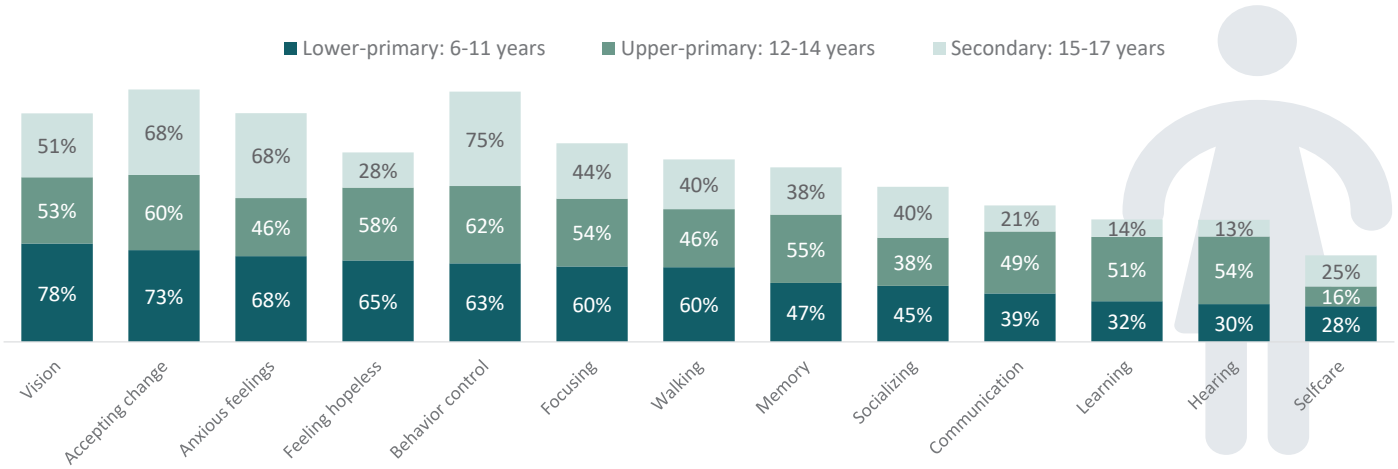
Attendance rates for females with communication, learning, hearing and self-care difficulties are extremely low. Only 28 percent of females (6-11), 16 percent (12-14) and 25 percent) of those aged 15-17 with self-care difficulties are currently in education. Although national attendance rates decline significantly for those aged 15 and above, for females (15-17) only 13 percent with hearing difficulties, 14 percent with learning difficulties and 28 percent with depressive symptoms are in education.

Males aged 6-11 are most impacted by learning, socializing and hearing difficulties, with only 37 and 40 percent (for both hearing and socializing) of boys with these difficulties in education, respectively. Attendance for boys aged 15-17 is lower for those with self-care (15 percent), memory (18 percent) and learning (21 percent) difficulties. The difficulty rates with lowest attendance by sex and region are presented below, while a breakdown of attendance by sex and age is available on the next page.

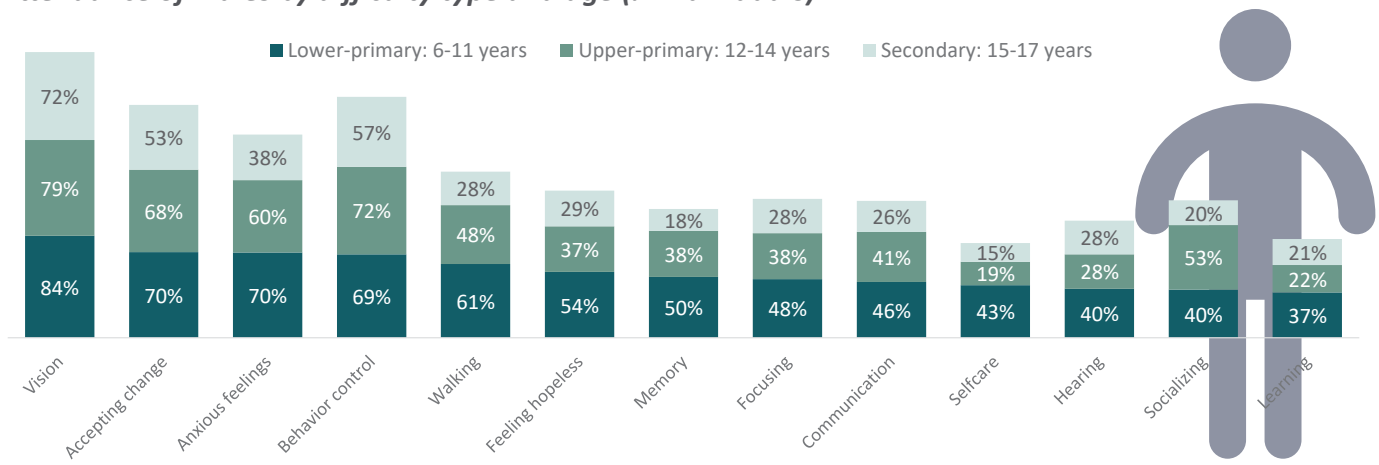
Lowest attendance by difficulty type, sex and region (% individuals 6-17)

CSS		NS		NWS		NES	
MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
40% learning	**26%** self-care	**-** hearing	**8%** focus	**2%** memory	**-** memory	**1%** hearing	**6%** hearing
42% self-care	**42%** hearing	**7%** communication	**10%** learning	**5%** focusing	**3%** learning	**7%** communication	**9%** learning
43% hearing	**46%** communication	**22%** focus	**15%** walking	**7%** learning	**14%** walking	**10%** self-care	**9%** communication

Attendance of females by difficulty type and age (% individuals)



Attendance of males by difficulty type and age (% individuals)

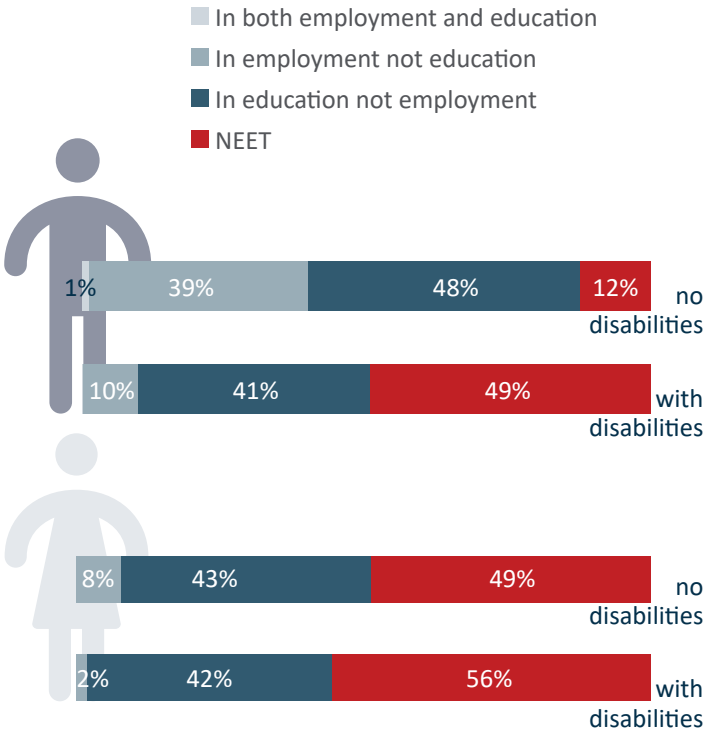


YOUTH NOT IN EDUCATION, OR EMPLOYMENT

Youth not in education, employment or training (NEET) is a commonly used indicator to measure the active, or economic engagement of young adults (15-23). In general, males are more active, or are more likely to be engaged in either education, employment, or both than females. Findings are consistent with general employment rates across Syria where males with disabilities are over six times more likely to be in employment than females with disabilities: 74 percent of males (18-64) are in employment, compared to 12 percent of females with disabilities.

NEET rates increase moderately for females with disabilities, compared to those without, 56 and 49 percent respectively. For males however, the presence of disabilities drastically increases the rate of those not in education or employment from 12 to 49 percent respectively. Findings underline that persons with disabilities are less likely to engage in training or income-generating activities compared to those without disabilities. Lower rates of engagement in education, training and employment for individuals with disabilities hinders economic growth potential. Indeed, 49 percent of households with members with disabilities report lack of skills as an inhibiting factor to securing sufficient income, compared to 41 percent of households without members with disabilities.[16]

NEET rate by sex and disabilities (% of individuals)



[16] Additional specifics related to income sufficiency are available on page 21.

Individual employment

41%

of adults (aged 18-64) with disabilities are in employment compared to 54% of adults without disabilities

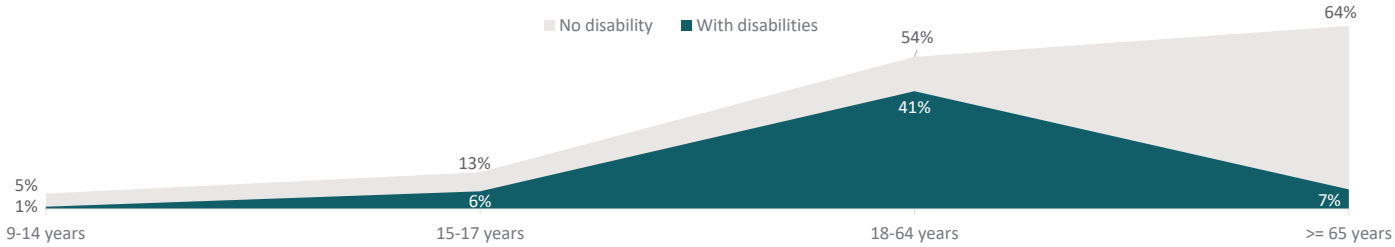
The presence of disabilities negatively impacts the rate of employment, especially for females. Females inside Syria are far less likely than their male counterparts to be in employment. Only a quarter (27 percent) of females without disabilities compared to 85 percent of adult males aged 18-64 without disabilities. Comparatively, about three-quarters of adult males with disabilities are in employment (74 percent), while only 12 percent of adult females with disabilities are in employment.

Similar trends are evident across all age groups, confirming increased barriers to employment for males and especially for females (regardless of age) with disabilities. Senior males (aged 65 and above) without disabilities comprise less than 1 percent of the total population, however 64 percent of them are currently in employment, compared to only 13 percent of males with disabilities. Variance in employment by age, sex and presence of disabilities evidence how each of these three factors interacts to limit access to employment, thereby undermining equal access to financial resources, potentially increasing individual and household vulnerabilities to economic shocks.

Employment rate by age, sex and disabilities (% of individuals)

	FEMALES		MALES	
	NO DISABILITIES	WITH DISABILITIES	NO DISABILITIES	WITH DISABILITIES
9-14 years	<1%	<1%	3%	1%
15-17 years	2%	1%	23%	10%
18-64 years	27%	12%	85%	74%
≥65 years	-	<1%	64%	13%

Employment rate by age and disabilities (% of individuals)



Regional variations in employment levels for persons with disabilities were detected. For example, older males (≥65 years) in NES and NS with disabilities were far more likely to be in employment than the national average (25 and 20 percent, respectively). Higher than average youth (aged 15-17) employment was also reported in NS where nearly a third (29 percent) of males with disabilities were in employment. Concurrently, 7 percent of young females with disabilities were in employment in NWS. Elevated rates of employment for these age groups is concerning and could be indicative of increased coping strategies employed by these individuals and their respective households to secure increased income to meet their basic needs.

Conversely, increased barriers to accessing employment for persons with disabilities is evidenced where rates of employment for working-age (18-64) individuals dip significantly below national or regional averages. In NS only half (50 percent) of working-aged males with disabilities are in employment, compared to 74 percent of the national average for males with disabilities and the regional average of 89 percent employment for males without disabilities. Rates of employment are also low in NWS, where 62 percent of males with disabilities are in employment, compared to 82 percent of males without disabilities.

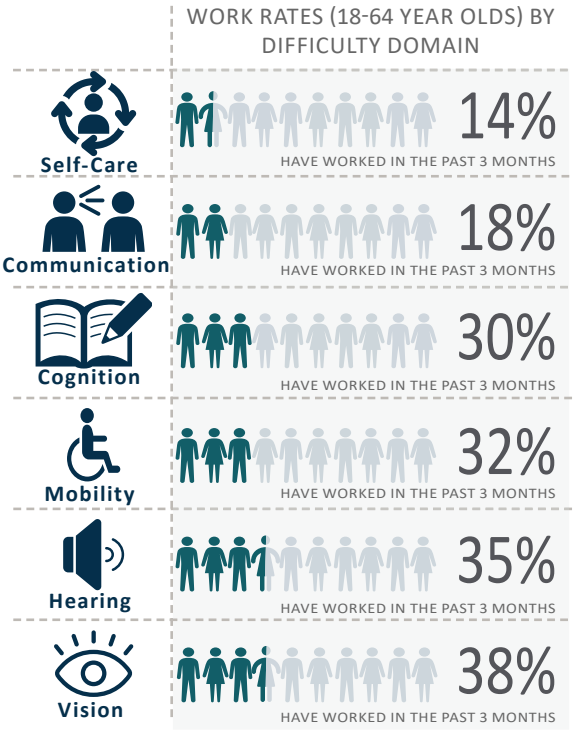
Employment rates are improved in NES, where 81 percent with disabilities are in employment, compared to 89 percent of those without disabilities. While this is the highest rate of male employment for all four regions, there is a significant disparity for females with and without disabilities - only 12 and 27 percent respectively are in employment.

EMPLOYMENT BY DIFFICULTY TYPE[17]

Although individuals with disabilities can face multiple functional difficulties, the chart to the right demonstrates the employment rate of working age (18-64) individuals by difficulty domain. Individuals with difficulties, like vision (38 percent employment), hearing (35 percent) and mobility (32 percent) are more likely to be in employment than those with psychological or learning difficulties. Only 14 percent of individuals with self-care difficulties are in employment, followed by 18 percent with communication and 30 percent with cognitive difficulties.

Limitations to employment for individuals with disabilities not only depend on the difficulty type, but also to what extent employment opportunities are capable of making disability-specific accommodation. Inclusive programming can mitigate the potential economic risk of disability presence and facilitate equal access to employment and income opportunities. Lack of inclusive employment opportunities may explain, in-part, the regional variance of employment by difficulty-type.

In NES nearly half (45 percent) of those with vision impairments are currently employed, compared to only 18 percent in NS. Similarly, in NWS 45 percent of those with communication difficulties are employed, while only 12 percent of those in CSS are employed.



Work rates (18-64 year olds) by difficulty domain and region

	CSS	NS	NWS	NES
Vision	39%	18%	29%	45%
Hearing	36%	22%	27%	43%
Mobility	33%	16%	27%	37%
Cognition	32%	6%	22%	33%
Selfcare	15%	4%	22%	11%
Communication	12%	25%	45%	21%

INDIVIDUAL EMPLOYMENT TYPE

For those who are engaged in income generation, over half (54 percent) of working age (18-64) males with disabilities who are in employment own their own business and 64 percent of females with disabilities are regular employees. Employment types for males with disabilities remain relatively consistent across all regions, whereas the greatest proportion of females with disabilities who are in employment in NS (49 percent) and NWS (68 percent) are predominately engaged in daily wage work.

Increased dependence on daily labor not only hinders access to regular income and employment, but revenues from this industry remain chronically low. Females with disabilities earn a median monthly wage of about 60,000 SYP and males with disabilities about 100,000 SYP from daily wage labor.[18]

Work rates for individuals with disabilities(aged 18-64)

	CSS		NS		NWS		NES	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Own business	45%	2%	26%	1%	26%	2%	37%	1%
Regular employment	22%	10%	14%	3%	12%	2%	28%	3%
Daily wage (some days)	10%	2%	10%	3%	23%	7%	16%	1%
Not in employment	23%	86%	50%	93%	39%	89%	19%	95%

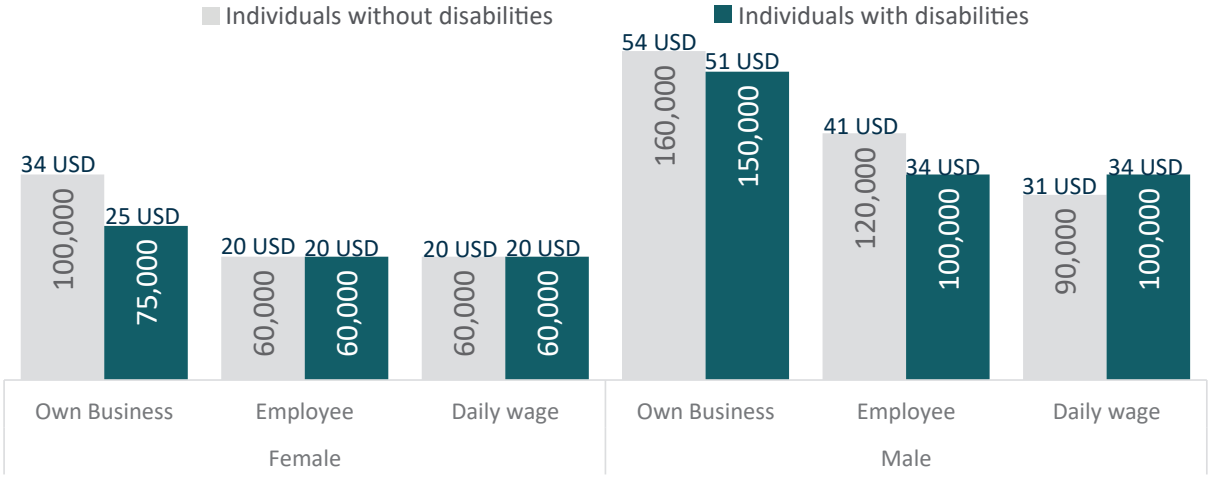
[17] Given the limited presence of individuals below the age of 15 and above the age of 64 in employment, the following section presence the types of labor engagement solely for those in employment and between the ages of 15-64 unless otherwise specified.
[18] The median is the central tendency for both monthly household income and monthly household expenditure, due to outliers in the dataset.

INDIVIDUAL INCOME

The median monthly income of individuals with disabilities is about 6 percent less than individuals without disabilities, regardless of sector and sex of individual. The median wage further highlights chronic disparities between males and females engaged in employment. Although females are only slightly less likely than their male counterparts to have disabilities (27 as compared to 28 percent for males), females with disabilities earn on average 40-50 percent less than their male counterparts. This is attributable in-part to the differences in employment type; males are more likely to engage in their own business, an enterprise with some of the highest reported earnings.[19] Median salary rates indicate that in order to secure the same monthly income, females would be required to work an additional 2 weeks to secure the same amount.

Findings further suggest that when a household is dependent on an individual with disabilities to supply household income, they will likely face a critical shortage in financial capital, which can undermine household resilience to poverty. The section below demonstrates the rate of poverty for individuals across Syria, based on rates of income against the average rate of the Survival Minimum Expenditure Basket, or SMEB.[20]

Median monthly income by sex, employment type and presence of disabilities[21]



SURVIVAL MINIMUM EXPENDITURE BASKET

ABOUT SMEB

The Survival Minimum Expenditure Basket (SMEB) refers to the minimum amount required to afford basic and essential survival goods. The SMEB for January 2021 was set at 322,411 SYP. Given severe market fluctuations, income rate was not converted to USD. When income falls below or critically below the SMEB, it is an indication of severe deprivation.

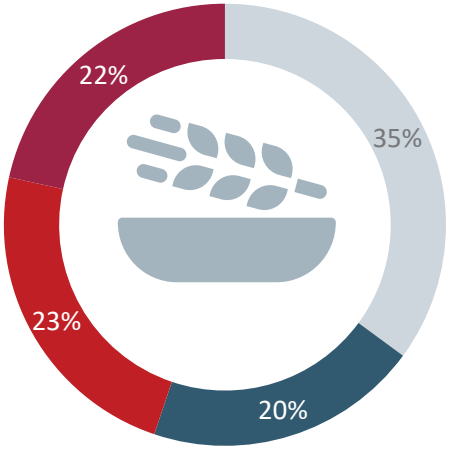
SMEB employs the following thresholds:

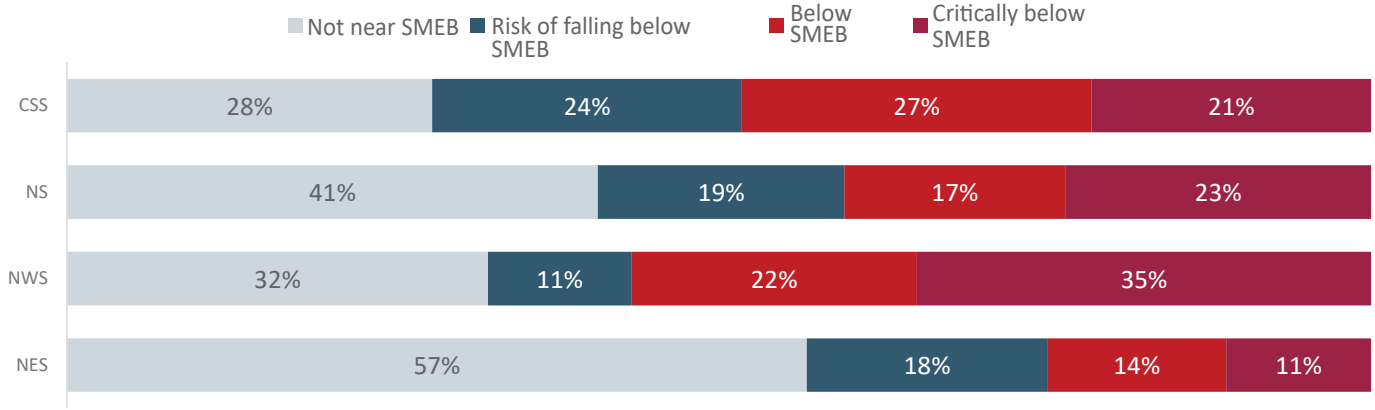
At risk of falling below SMEB: living in households with income per capita between 1,767 and 2,208 SYP, per person per day (25 percent over the SMEB)

Below SMEB: living between 1,325 SYP and 1,767 SYP, per person per day.

Critically below SMEB: living below 1,325 SYP, per person per day (25 percent below the SMEB).

SMEB rates of individuals with disabilities





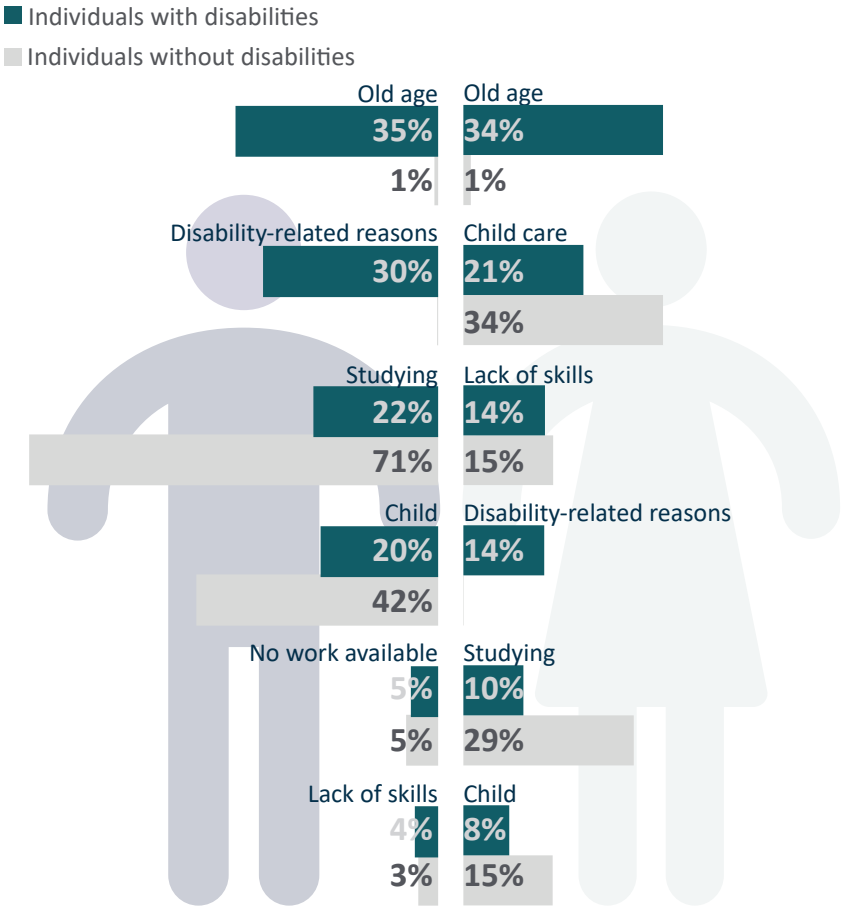
[19] "Spring 2021 Report Series: Socio-economic Overview", HNAP 2021.
[20] The SMEB was calculated by REACH through market assessments for the regions of NES and NWS for an average household of six members during January 2021.
[21] Please note that all monetary data is collected in Syrian Pounds (SYP) and subsequently converted to USD for reporting purposes. Despite mass fluctuations in the SYP value across regions and throughout the month of data collection, HNAP determined the exchange rate of 2,950 SYP : 1 USD the best estimate. Please note, these figures are an estimate and not verified through external sources; the figures should not be extrapolated beyond the month of January 2021

REASONS FOR NOT WORKING

The primary reason for both males and females being out-of-employment is old age, 35 and 34 percent respectively. However, similar to rates of employment, the subsequent reasons for being out of work varies greatly by sex. Females who are out-of-employment and have disabilities are significantly more likely than their male counterparts to cite child care (21 percent) and lack of skills (14 percent) as reasons for not being in employment.

Although the on-going economic crisis, has decreased the availability of employment opportunities and undermined the value of local wages, such limitations particularly impact persons with disabilities. Nearly a third of males (30 percent) and 14 percent of females with disabilities cite barriers related to their functional difficulties as barriers to securing sufficient employment or income. The significant rate of persons reporting disability-related barriers signifies the disproportionate economic vulnerability that impacts persons and households with members with disabilities.

Top reasons for not being in-employment, by sex and disability (aged 18-64)



Top reasons for not being in-employment for individuals with disabilities, by sex and region

CSS		NS		NWS		NES	
MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
38% old age	**35%** old age	**46%** old age	**43%** old age	**31%** old age	**34%** child care	**41%** child	**34%** old age
31% disability	**20%** child care	**18%** disability	**17%** child care	**31%** disability	**29%** old age	**36%** student	**20%** student
20% student	**15%** disability	**17%** student	**15%** not allowed to	**22%** lack of skills	**17%** lack of skills	**30%** disability	**18%** child

There is moderate variance for reasons of not in employment by region. For example the highest proportion (34 percent) of females with disabilities out of employment in NWS cite child care as the most important reason. Meanwhile 41 percent of males with disabilities in NES cite their young age as the reason, compared to old age for every sex across all other regions. Variance by sex and region demonstrates the necessity of context-specific programming to facilitate increased employment of persons with disabilities.

Household livelihoods

Primary livelihood activities of HHs with members with disabilities by region

CSS

29% *Private sector*

23% *Public sector*

14% *Daily labor*

NS

22% *Public sector*

21% *Daily labor*

19% *Private sector*

NWS

39% *Daily labor*

18% *Private sector*

11% *Trading commodities*

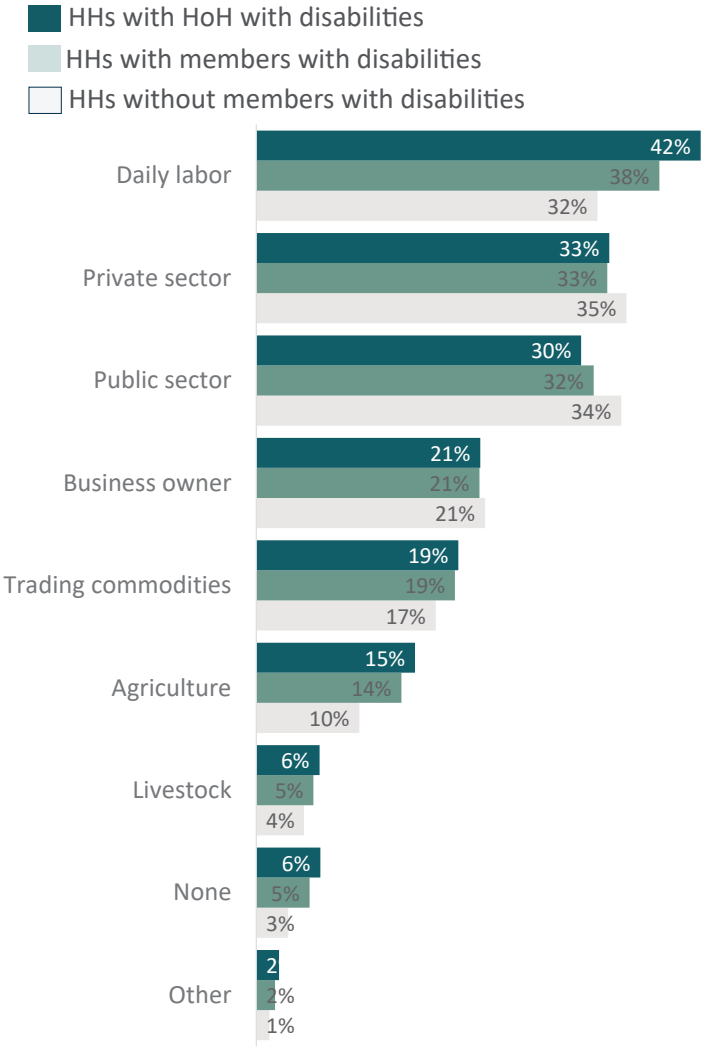
NES

33% *Public sector*

17% *Daily labor*

14% *Private sector*

Top aggregated livelihood activities



Daily labor is the one of the top household livelihood activities for 38 percent of households with members with disabilities and 42 percent of households headed by a member with disabilities. This is followed by private sector employment (33 percent) and work in the public sector (32 percent of those with a member with disabilities).

Daily labor corresponds to a lower household income and this is why households with daily labor will be more likely to have to supplement their insufficient income through alternate coping strategies. The high prevalence of daily labor as one of the top activities further suggests that households with members with disabilities may need to diversify their income through increased dependence on irregular or daily labor.

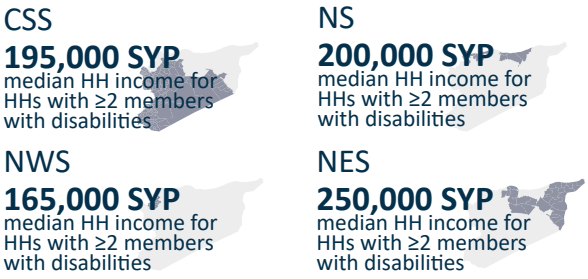
Increased financial vulnerability coupled with rising barriers to accessing livelihoods for more vulnerable households is evidenced in the primary livelihood activities of households headed by females with disabilities. While 20 percent of households headed by females without disabilities do not engage in any livelihood activities, only 15 percent of households headed by females with disabilities report the same. Of note, households headed by females with disabilities are 64 percent more likely to engage in daily labor (24 percent) than households headed by a female without disabilities (14 percent). Increased livelihood engagement, particularly in less formal sectors is likely correlated to low rates of income sufficiency and may explain increased engagement in informal sectors and negative coping strategies.[22]

[22] Only 11% of households with multiple members with disabilities report earning sufficient income. Additional specifics related to income sufficiency are available on page 21.

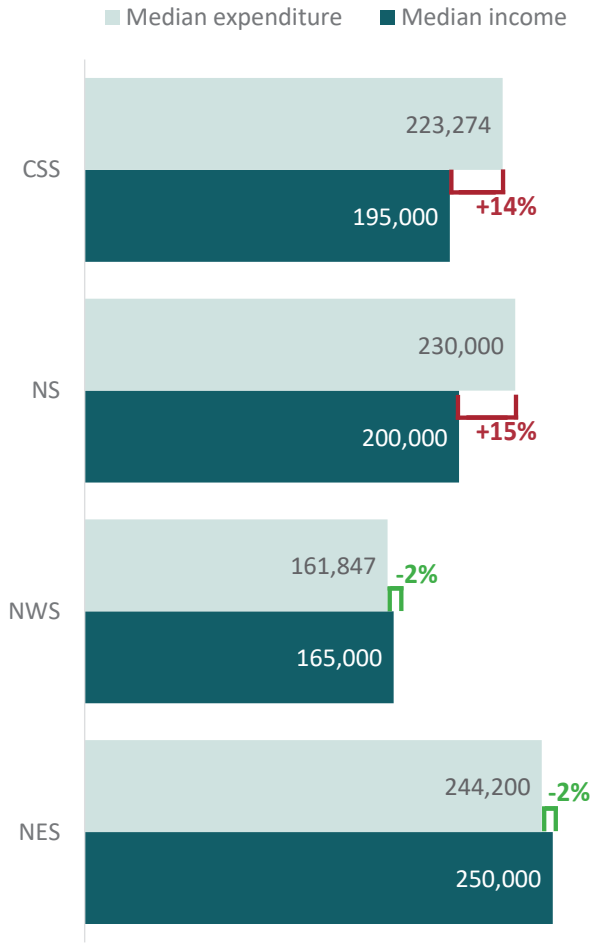
HOUSEHOLD INCOME

Households which have at least one member with disabilities have a slightly higher median income than households without a member with disabilities in all regions except in NWS, where they earn 18 percent less. Despite the moderately increased income for households with members with disabilities, this does not inherently translate into increased economic resilience. In fact, households with two or members with disabilities spend an average of 12 percent more than their income. Meanwhile, households without members with disabilities spend 9 percent less than their monthly income, increasing their savings capacity.

Increased expenditures for households with members with disabilities are essential to ensure households with members with disabilities can adequately cope with disability-associated needs. Households with members with disabilities are more likely to report higher median expenditure in all surveyed domains, especially on debt, non-food items, health, education, fuel and COVID-19 related expenses.



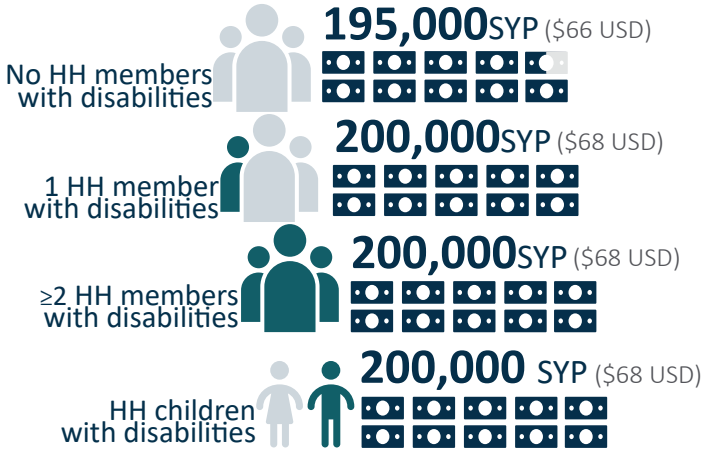
Median monthly income and expenditure



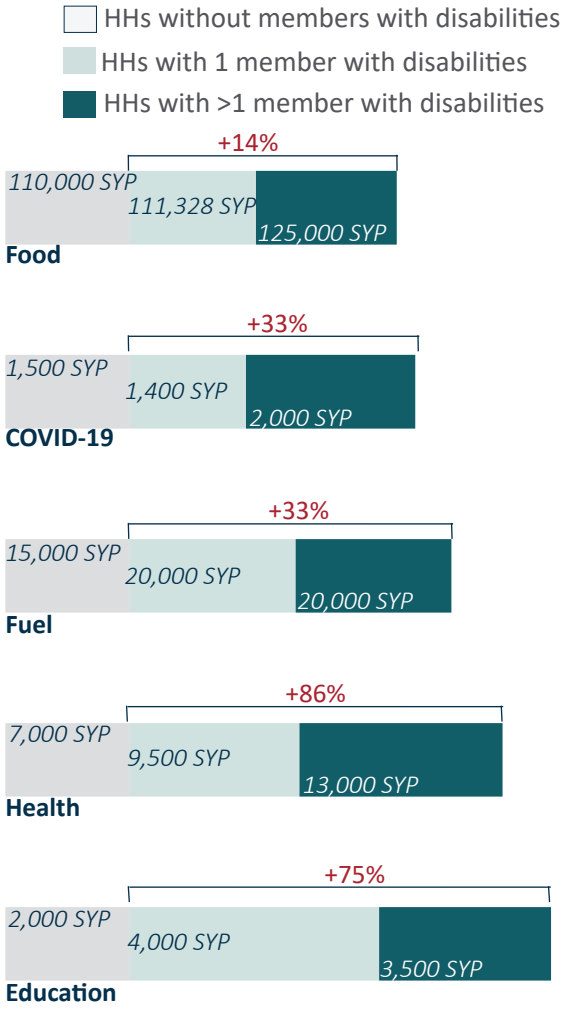
EXPENDITURES FOR HHS WITH DISABILITIES

Households with members with disabilities spend a median rate of 12,000 SYP a month on lending and 4,000 SYP on non-food items, compared to no median expenditure for households without members with disabilities. Although investment in assets like health or education may benefit returnee HHs in the future, excessive debt spending risks undermining a household's long-term resilience to economic shocks.

Median monthly income (from all sources)



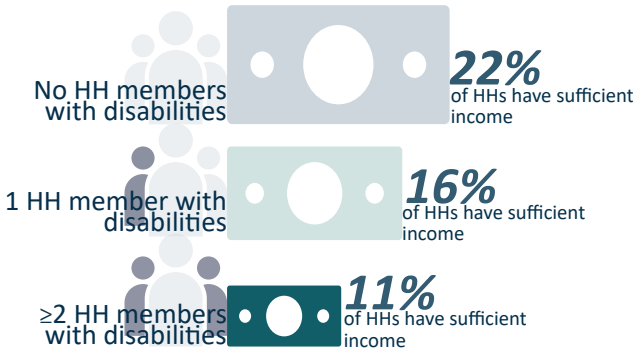
Most significant difference in median monthly expenditures for HHs with members disabilities



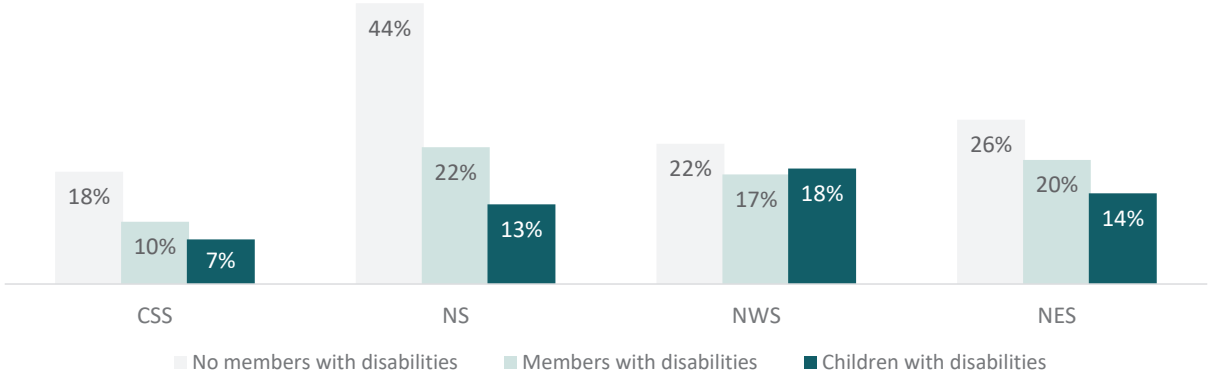
HOUSEHOLD INCOME SUFFICIENCY

Consistent with income rates of individuals with disabilities, households with multiple members with disabilities are half as likely to have sufficient income than households without members with disabilities. 16 percent of households with a member with disabilities report having sufficient income, compared to 11 percent of households with multiple members with disabilities, or a household with at least one child with disabilities.

Despite households with members with disabilities having marginally larger families and a moderately higher median income (from all sources) than households without members with disabilities, the cost burden to meet basic needs is significantly higher. Variance in income sufficiency is particularly noticeable in NS; households with at least one member with disabilities are 66 and 75 percent less likely to have sufficient income if they have a member or child with disabilities, respectively.



Income sufficient HHs, by presence of members with disabilities



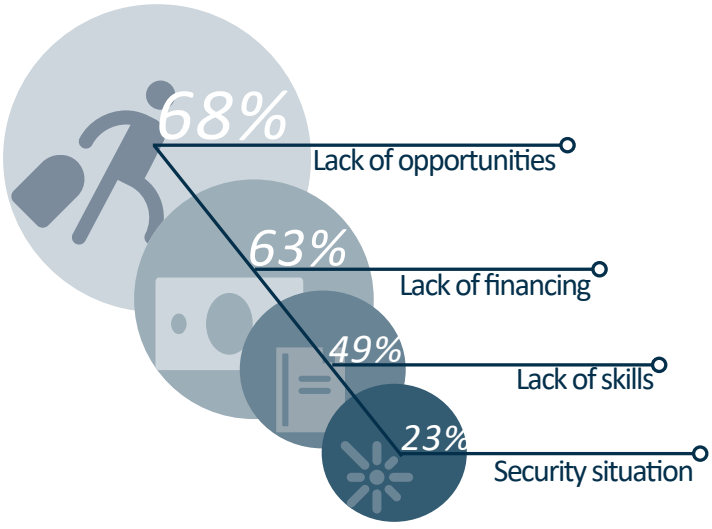
REASONS FOR NOT BEING IN EMPLOYMENT OR DIVERSIFYING INCOME SOURCES

When asked what the greatest barriers to achieving sufficient income or employment, nearly 70 percent of income insufficient households with at least one member with disabilities cited lack of opportunities. With minimal variance between households with or without members with disabilities (63 percent), findings evidence the widespread impact of the economic downturn. Lack of employment opportunities were most severe in NS (74 percent) and NES (85 percent), followed by 65 percent in CSS and 61 percent in NWS.

63 percent of households with members with disabilities also cited the lack of financing as a key barrier, compared to 57 percent of households without members with disabilities. Meanwhile the most significant difference between households with and without members with disabilities was lack of relevant skills. 49 percent of households with members with disabilities cite it as a key reason why they were unable to secure sufficient income, compared to only 41 percent of households without members with disabilities. Lack of skills were most prevalent in NWS (58 percent) and NES (56 percent), where over half of regional households cite it as a key inhibiting factor.

Findings are consistent with lower education enrollment rates for children with disabilities. This suggests that where education services lack the ability to sufficiently include children with disabilities, the impact will have a knock-on effect, ultimately undermining future income sufficiency for households with members with disabilities.

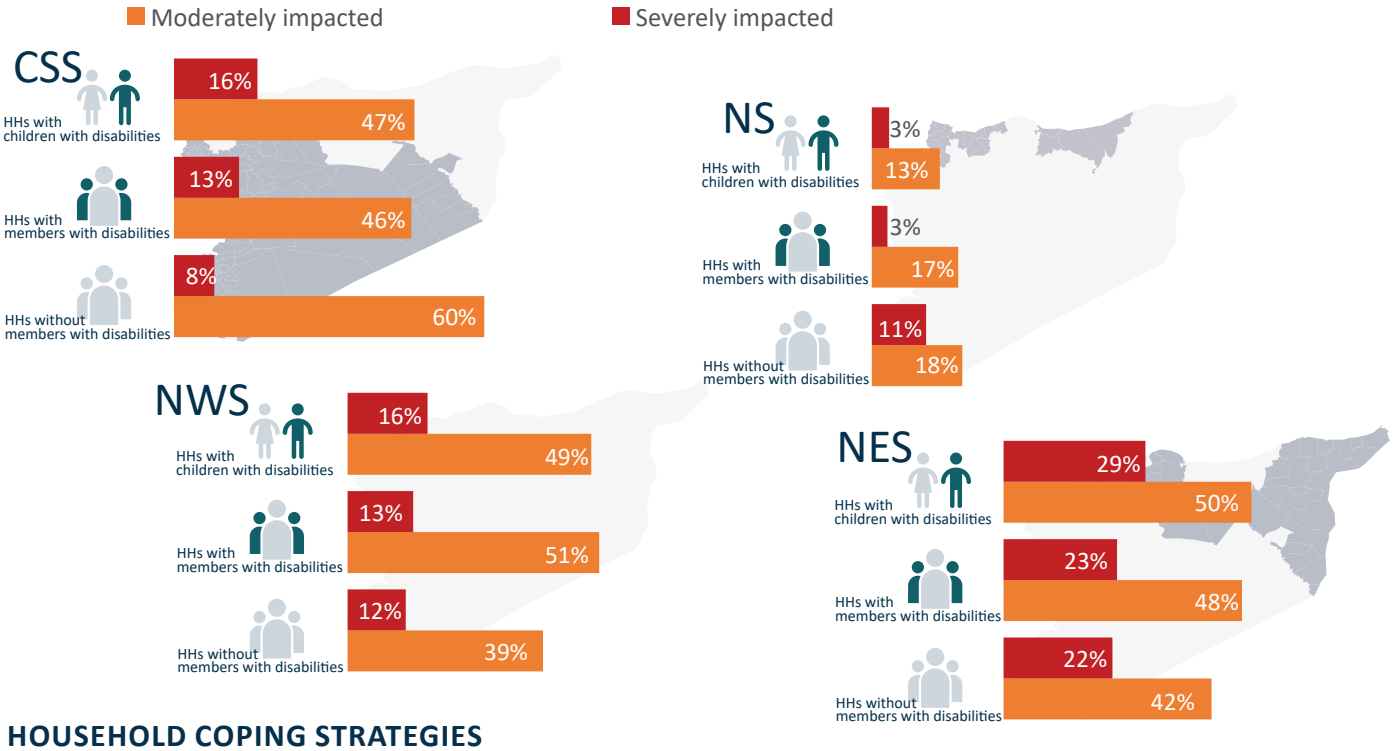
Top reasons households lack sufficient income/ employment opportunities for HHs with members with disabilities



COVID-19 AND INCOME INSUFFICIENCY

Economic vulnerability of households with members with disabilities is further evidenced by the impact of external shocks on household income sufficiency. In all regions except NS, income insufficiency for households with members with disabilities was more likely to have been severely impacted by COVID-19. The impact of COVID-19 was particularly severe for households with children with disabilities. In CSS, income sufficiency for households with children with disabilities (16 percent) was more than twice as likely to be severely impacted by COVID-19 than households without any members with disabilities (8 percent). In NES 29 percent of households with children with disabilities reported their income to be severely impacted by COVID-19, followed by 16 percent in NWS and only 3 percent in NS.

Impact of COVID-19 on income sufficiency (% of HHs reporting insufficient income)



HOUSEHOLD COPING STRATEGIES

Households who reported that their income was insufficient to meet their needs were subsequently asked about ways in which they were compensating for income gaps. These coping strategies are sub-divided into 3 categories: stress, crisis and emergency. Engagement in these strategies indicates the extent to which a household may be depleting savings, increase dependence on external entities and undermine a households' current situation and future productivity.

Households with multiple members with disabilities demonstrate moderately increased dependence on all coping strategies, except borrowing money or buying on credit (68 percent of households with multiple members with disabilities compared to 73 percent of households without a member with disabilities). The most significant variance between households with and without members with disabilities was dependence on remittances from abroad, 35 percent of households without members with disabilities receive remittances, compared to over half (55 percent) of those with multiple members with disabilities.

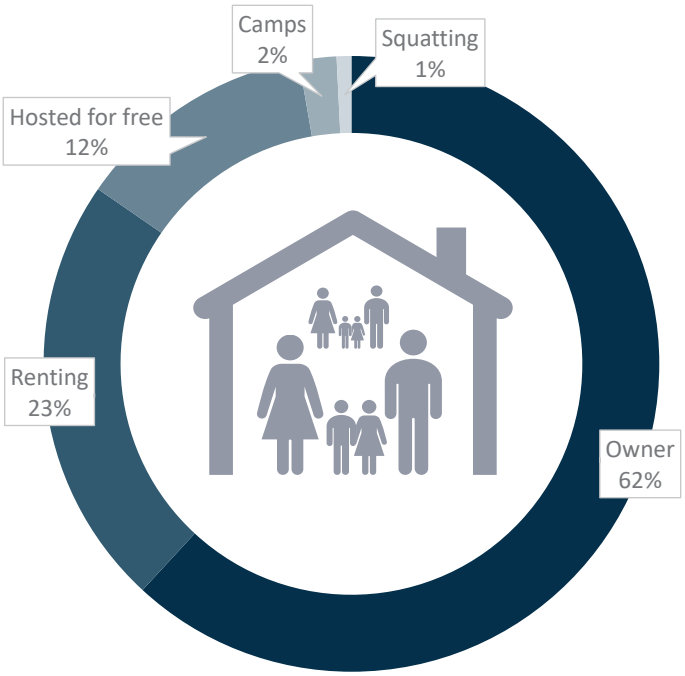
Consistent with reports of absent members, 39 percent of households with multiple members with disabilities reported at least one absent member (compared to 16 percent of households without a member with disabilities), the majority of whom displaced abroad.

HH coping mechanisms by presence of members with disabilities

	CSS			NS			NWS			NES		
	No members with disabilities	>1 members with disabilities	Children with disabilities	No members with disabilities	>1 members with disabilities	Children with disabilities	No members with disabilities	>1 members with disabilities	Children with disabilities	No members with disabilities	>1 members with disabilities	Children with disabilities
Savings	31%	33%	36%	49%	31%	34%	32%	29%	31%	50%	54%	49%
Debt/buying on credit	76%	68%	74%	59%	62%	73%	67%	51%	51%	72%	85%	87%
Assistance from locals	11%	15%	19%	27%	20%	20%	16%	24%	22%	14%	12%	13%
Remittances from abroad	39%	58%	47%	21%	42%	30%	19%	39%	18%	38%	64%	63%
Selling HH assets/goods	24%	24%	31%	14%	10%	17%	21%	22%	33%	19%	14%	20%
Selling productive assets	6%	10%	12%	2%	1%	3%	9%	7%	9%	5%	11%	12%
Selling house or land	4%	5%	4%	2%	1%	1%	3%	1%	1%	0%	1%	1%
Children working	2%	3%	6%	3%	5%	10%	1%	2%	3%	5%	8%	7%

Shelter conditions

OCCUPANCY STATUS



62 percent of households with at least 1 member with disabilities own the property in which they live, 23 percent are renting and 12 percent are hosted for free. Being hosted for free is most commonly cited in NWS, where a third (33 percent) of all households with members with disabilities are being hosted, followed by 15 percent in NS and 9 percent in NES and CSS.

Nationally, there were no significant changes in reports of shelter sharing (4 percent of all households are currently sharing). However, in NS 11 percent of households with multiple members with disabilities were sharing their current shelter, compared to 6 percent of households with no members with disabilities. Similarly, in NWS 9 percent of households with multiple members with disabilities are sharing, compared to 5 percent of those without members with disabilities.

SETTLEMENT TYPE

Nearly all households with members with disabilities (93 percent) reside in residential, or non-camp areas. Settlement type is distinct from shelter, and instead refers to the area where shelters are located. Although the majority of households with members with disabilities are currently living in residential or community areas, they may face concurrent risks related to their shelter type.

The high rate of households residing in residential areas is primarily attributed to the lack of camp options for populations in CSS regions. 6 percent of households with members with disabilities reside in informal camps, while 1 percent were in planned camps. The highest rate of households with members of disabilities residing in camps is reported in NWS (34 percent), followed by 16 percent in NS and 5 percent in NES. Findings evidence the essential nature of inclusive humanitarian shelter programming in these regions to ensure camps are capable of meeting the diverse needs of persons with disabilities.

Settlement type of households with at least 1 member with disabilities

CSS

100%
Residential areas

NS

84%
Residential areas

14%
Informal camp

2%
Planned camp

NWS

66%
Residential areas

33%
Informal camp

1%
Planned camp

NES

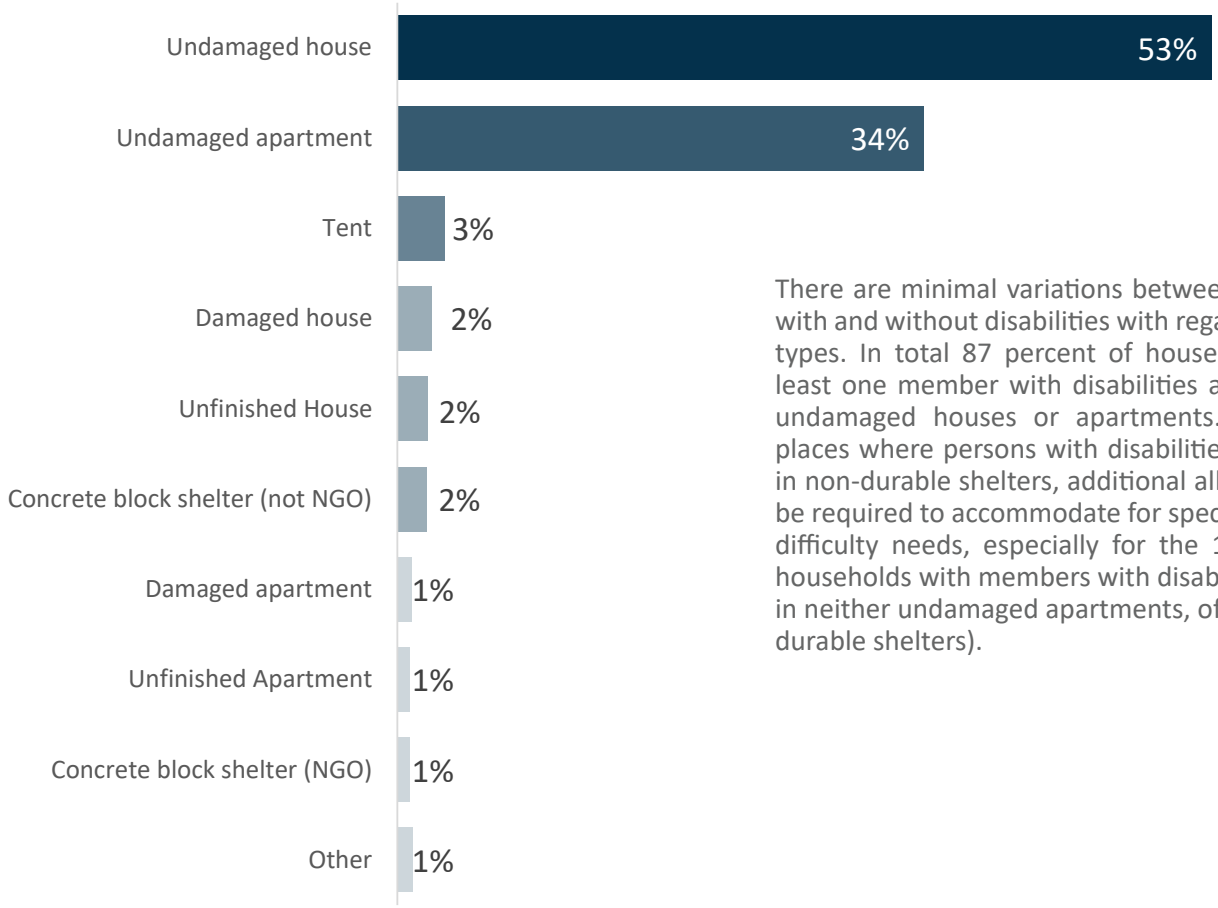
95%
Residential areas

3%
Informal camp

2%
Planned camp

SHELTER TYPE

Shelter type of households with at least 1 member with disabilities



There are minimal variations between households with and without disabilities with regards to shelter types. In total 87 percent of households with at least one member with disabilities are residing in undamaged houses or apartments. However in places where persons with disabilities are residing in non-durable shelters, additional allowances may be required to accommodate for specific functional difficulty needs, especially for the 13 percent of households with members with disabilities residing in neither undamaged apartments, of houses (non-durable shelters).

Top shelter types of HHs with at least 1 member with disabilities

CSS

49% *Undamaged house*

46% *Undamaged apartment*

2% *Damaged house*

NS

67% *Undamaged house*

10% *Tent*

6% *Undamaged apartment*

NWS

40% *Undamaged house*

17% *Undamaged apartment*

13% *Concrete block (not NGO)*

NES

73% *Undamaged house*

12% *Undamaged apartment*

4% *Tent*

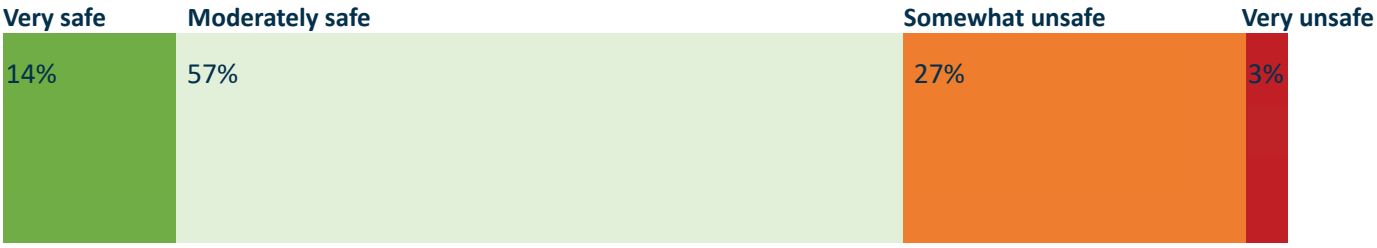
The highest rate of households with members with disabilities residing in non-durable shelters is 43 percent in NWS, where a total of 13 percent reside in self-sourced concrete blocks, 12 percent in tents and the remaining in other forms of non-durable shelters, like unfinished buildings, or makeshift shelters. CSS has the lowest rate (5 percent) of households with disabilities residing in non-durable shelters, followed by over a quarter (23 percent) in NS and 15 percent in NES.

Although durable housing by no means implies that the shelter is accessible for individuals with disabilities, accessibility is likely worse in non-durable shelters. The potential for physical barriers in these shelters may limit individual mobility and subsequent access to essential services outside the place of residence.

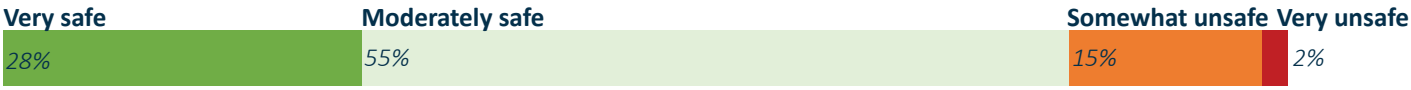
Safety and priority needs

PERCEPTIONS OF SAFETY

Perceptions of safety of HHs with >1 members with disabilities



Perceptions of safety of HHs with no members with disabilities



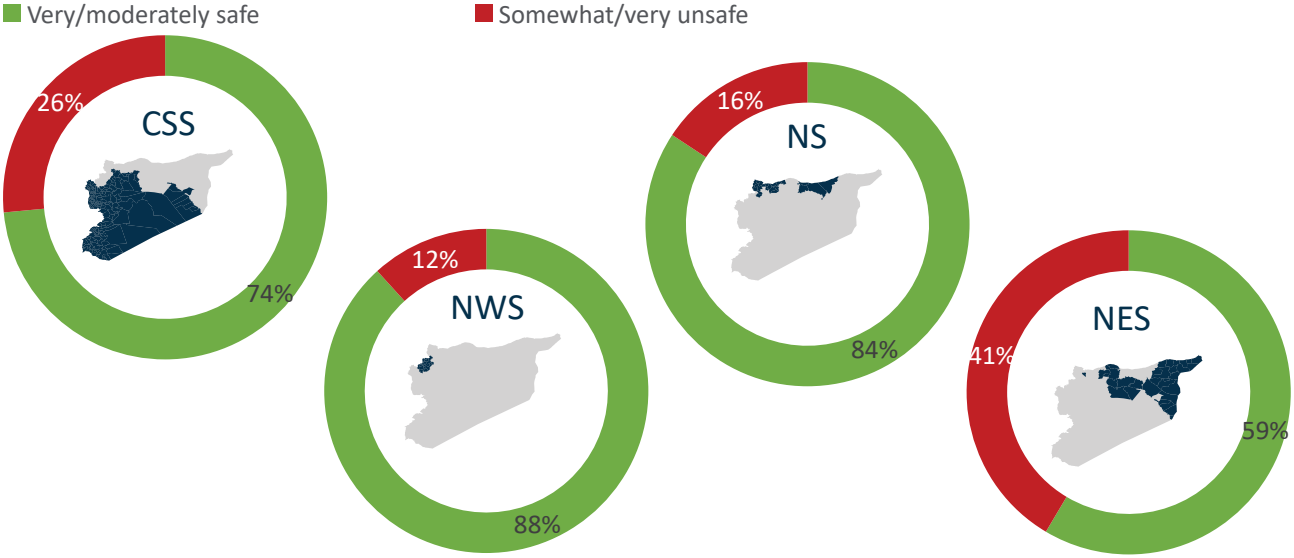
14 percent of households with multiple members with disabilities feel very safe in their current location, compared to 19 percent of households with one member with disabilities and over a quarter (28 percent) of households with multiple members with disabilities. Households in NS have the highest difference in perceptions of safety between households with and without members with disabilities: 60 percent of those without members with disabilities feel very safe, followed by 47 percent of those with 1 member with disabilities and just a third (33 percent) of households with multiple members with disabilities.

Perceptions of safety are even more dire for households with children with disabilities. More than a third (35 percent) of households with children with disabilities report feeling somewhat or very unsafe, compared to 19 percent of households without children with disabilities.

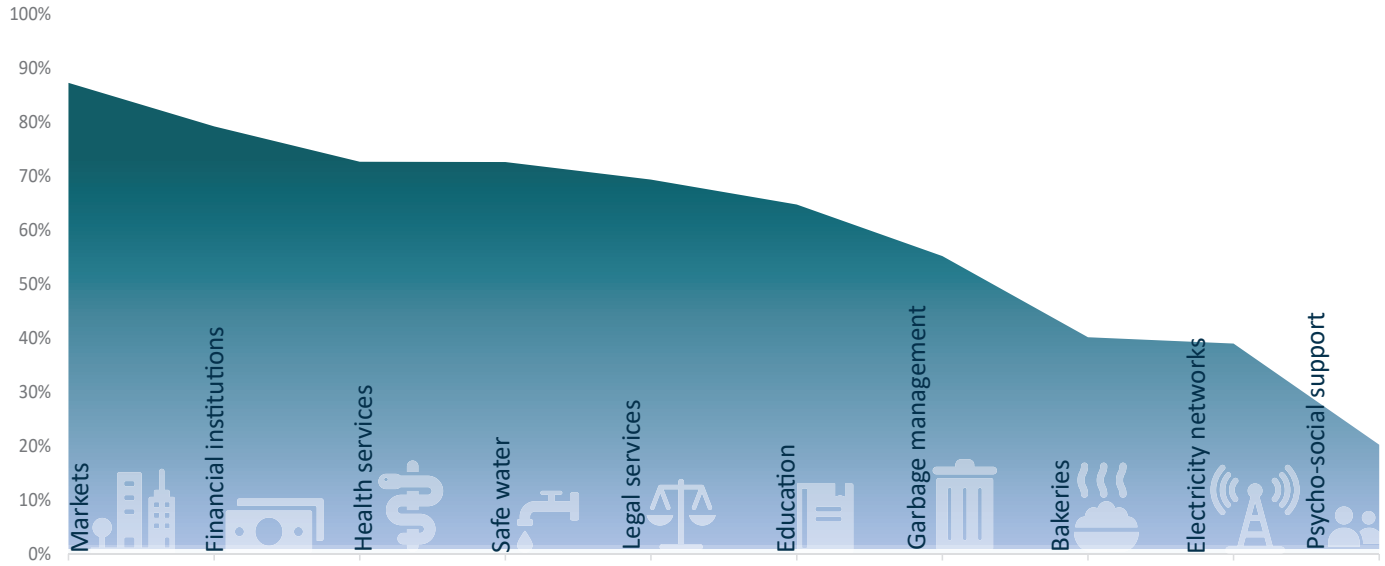
Perceptions of insecurity for households with children with disabilities are most significant in NES (48 percent feel somewhat or very unsafe), followed by CSS (37 percent), 19 percent in NS and 16 percent in NWS.

Insecurity for households with members with disabilities exemplifies the necessity for inclusive programming, that not only addresses the needs of individuals with disabilities, but also engages the wider community. Stigma, bullying and exclusion undermines feelings of safety and can play a key role in limiting education and employment engagement for individuals and households with members with disabilities. High rates of insecurity for households with members with disabilities clearly necessitates humanitarian engagement that not only addresses physical, but also attitudinal barriers which undermines appropriate inclusion.

Perceptions of safety of HHs with >1 members with disabilities



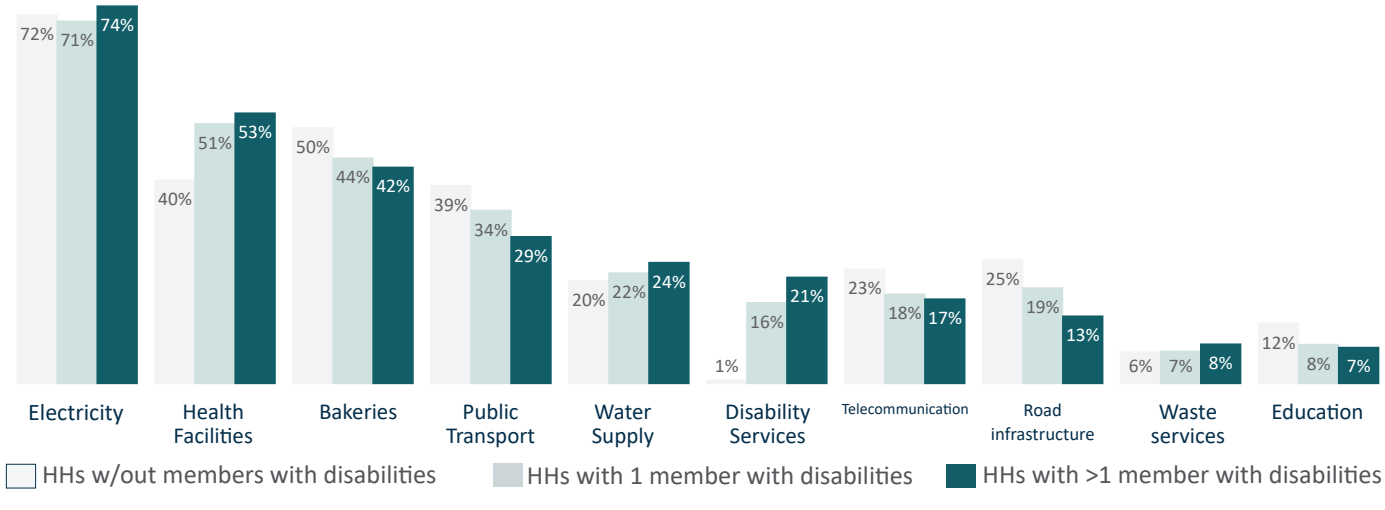
Access to services for HHs with at least 1 member with disabilities



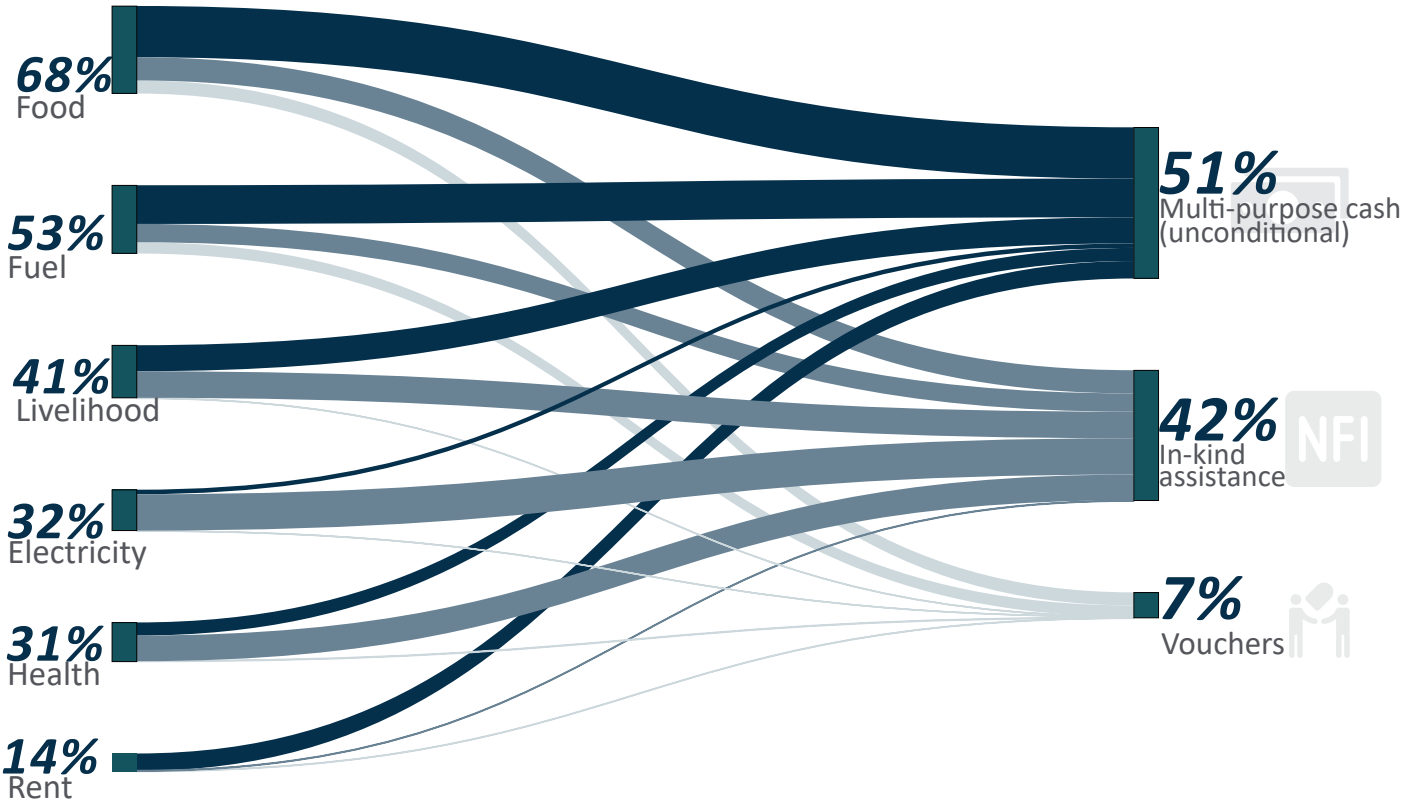
Although access to services and key infrastructure entities is more often determined by physical presence of resources, rather than household characteristics, there is some variance depending on the number of household members with disabilities. For example, only 72 percent of households without members with disabilities have access to financial services compared to 79 percent of households with members with disabilities. Findings are consistent with household expenditure reports, in which households with members with disabilities spend a median rate of 12,000 SYP a month on debt or lending, compared to nothing for households without members with disabilities.

Interestingly, 74 percent of households with multiple members with disabilities report access to electricity networks, or infrastructure, while only 39 percent of households with members with disabilities demonstrate access to that service. The findings therefore suggest that although such tangible infrastructure services may be available, they should not inherently be considered accessible for more vulnerable households. For example, even though road infrastructure remains a stationary infrastructure unit, a quarter of households without members with disabilities report access to roads, compared to only 13 percent of households with multiple members with disabilities. Likewise households with multiple members with disabilities are 26 percent less likely to have access to public transport than households without members with disabilities. Critical gaps in road and transportation access could indicate increased prevalence of persons with disabilities in rural or hard-to-reach areas. However, findings suggest that existing transportation mechanisms are not disability-accessible. Disparity in road or transportation access can compound existing vulnerabilities and even hinder access to other essential infrastructure points or services.

Access to infrastructure for HHs with members with disabilities



Aggregated (top 3) priority needs with affiliated preferred modality for HHs with members with disabilities

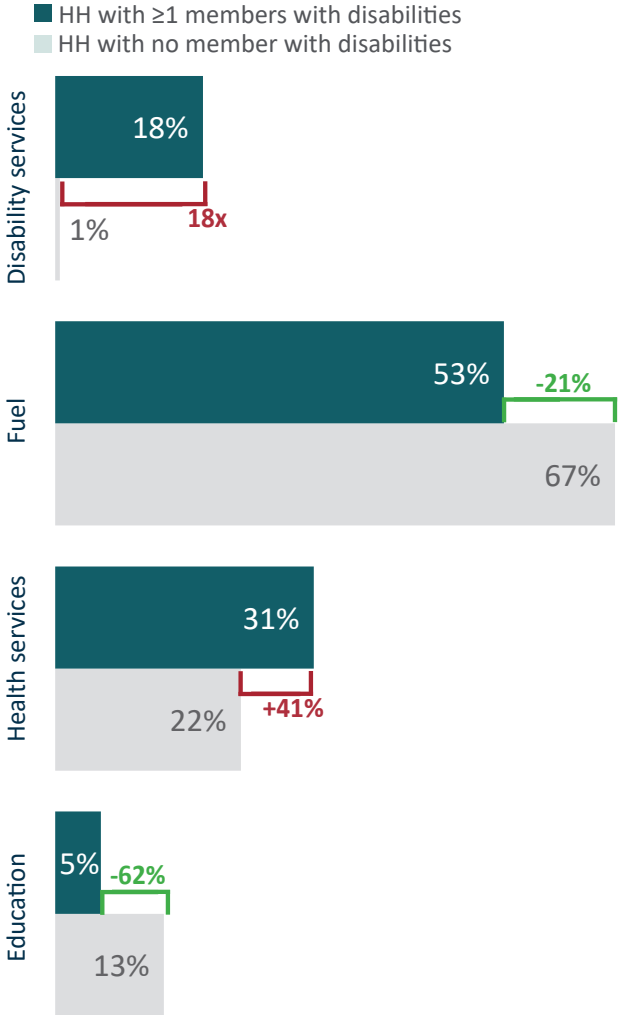


Households with members with disabilities face disproportionate societal and economic barriers. Across Syria, households are struggling to survive the economic downturn and subsequent shortages of fuel and other essential items. The protracted crisis has resulted in a situation where household survival is taking precedence over other longer-term investments, like education. Concurrently, the decade-long conflict has made the presence of households with disabilities a commonly occurring phenomena. Indeed, the majority of individuals are likely a part of a household with a member with disabilities. As such, it is essential to investigate the distinct priority needs and preferred modality of assistance needed to support inclusive programming.

Households with at least one member with disabilities most frequently report food, fuel and livelihood assistance. While the majority (51 percent) prefer to receive these goods through cash, a significant 42 percent prefer in-kind assistance. In-kind provision is indicative of resource shortages or barriers to accessing said resources. Although there is a general shortage in tangible goods throughout Syria due to the deterioration of the economy, evidence suggests that these shortages disproportionately impact households with members with disabilities. Such barriers to accessing goods, undermine the provision of cash assistance and should therefore be taken into consideration when humanitarian services are provided to households with members with disabilities.

Consistent with expenditure ratios, and regardless of increased expenditure on health services, households with members with disabilities are 39 percent more likely to cite the need for health services, compared to households without disabilities. Of note, 61 percent of households prefer to receive this need through in-kind modalities, suggesting heightened barriers to accessing health resources.

Aggregated (top 3) priority needs with most significant difference between HHs with and without members with disabilities



Conclusion

Persons with disabilities are some of the most at-risk in times of emergency. They are frequently excluded or underrepresented in activities such as data collection, program design and implementation, and therefore their needs and subsequent inclusion in essential response mechanisms remains limited. Disability-related vulnerabilities increase household exposure to shocks, uniquely impacting IDPs, returnees and resident population groups 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. This further contributes to the cycle of vulnerability and poverty, threatening regional economic stability. The presence of disabilities is not only impacted by the on-going conflict, but also for those with pre-existing disabilities, individual and household vulnerabilities have been compounded through limited access to essential services due to physical, financial, institutional and attitudinal barriers.

The results of this survey have shown that the specificities surrounding the sex and age of persons with disabilities intrinsically relates to the prevalence of disabilities amongst the Syrian population. Variance in disability prevalence by sex and region is significant as distinct socio-economic conditions interact with disabilities to compound individual vulnerability. Findings further confirm that the majority of the population is impacted directly, or indirectly by disabilities as 67 percent of households have at least one member with disabilities. Analyzing the types and prevalence of individuals with disabilities is vital to informing an inclusive humanitarian response.

Disparities in economic resilience was particularly evident in the rates of income sufficiency, where households with multiple members with disabilities were half as likely to report sufficient income compared to those without members with disabilities. Critical income gaps impact household priorities, frequently resulting in prioritization of immediate survival needs, like health care, safety or food, compared to longer-term investments, like education.

To cope with unique social and economic vulnerabilities, households with members with disabilities consistently demonstrated unique coping strategies to meet their basic needs. Increased dependence on others in the community or remittances from abroad suggests that households with members 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.

The evidence in this research highlights the importance and need for tailoring support for persons with disabilities. This includes consultation and active participation of individuals with disabilities in informing the humanitarian response. Individual exposure and vulnerability to the on-going crisis is intrinsically related to their sex, age and disability status. 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. It is therefore necessary to address the intersectional ways in which persons with disabilities have been disproportionately impacted in order to develop sustainable community-wide responses.

ACKNOWLEDGMENTS

In order to support the humanitarian community in responding to the needs of the mobile Syrian population, HNAP produces regular updates and thematic reports. None of this would be possible without the hard work of our implementin partners, who collect data - often in very difficult circumstances. Their efforts are deeply appreciated. HNAP would also lik to thank Humanity & Inclusion for continued technical support and guidance.

DISCLAIMER

The contents of this report are based on data collected by field staff using a questionnaire. HNAP endeavours to ensure that the information provided is accurate and current, 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.

ADDITIONAL RESOURCES

PORTAL: www.hnap.info CONTACT: hnap-syria@un.org

ANNEX 1

THE DEFINITION OF DISABILITY AND DISABILITY RELATED DATA COLLECTION AND ANALYSES

This note has been adapted from the Syria Protection Cluster (Turkey Hub), Inclusion Technical Working Group's position statement on the definition of disability and disability related data collection and analyses; which can be downloaded from https://www.humanitarianresponse.info/en/operations/stima/inclusion-technical-working-group

It is encouraged to read this annex in conjunction with Chapter 4 (on data and information management) and respective annexes of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019)[i] as well as Chapter 6 (on managing data and information for protection outcomes) of the ICRC Professional Standards for Protection Work Carried Out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence (2018). Useful considerations are also put forward in: Humanity & Inclusion (2018).[ii] Disability Data in Humanitarian Action.[iii]

DEFINITION OF DISABILITY

HNAP, as also recommended by the Syria Protection Cluster (Turkey) through its Inclusion Technical Working Group,[iv] uses the United Nations Convention on the Rights of Persons with Disabilities (CRPD) definition of disability. In line with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, the definition outlines the following:

'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.[v]

- The definition communicates that persons with a disability have the same rights as everyone else in society and that duty bearers have a role to play in upholding these rights.[vi]
- The definition also explicitly recognizes that disability is an experience of persons who face attitudinal, environmental, and/or institutional barriers to participation in society, accessing services, moving around, etc. Therefore, a person is not defined as 'with disabilities' based on an impairment of a body structure and/or function alone, but due to the interplay between an impairment and barriers (which are the result of unintentional and intentional human actions). Barriers lead to exclusion, making it likely that persons with disabilities will face more or worse threats and vulnerabilities than others affected by a crisis.[vii]
- Therefore, the Washington Group short set and the UNICEF Module on Child Functioning identifies those at risk of exclusion based on functional difficulty at the individual level in one or more functional domains.[viii]

DATA AND STRENGTHENING INCLUSION OF PERSONS WITH DISABILITY

The IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action states that the CRPD should be incorporated in all humanitarian interventions. To do so, the IASC Guidelines state that 'humanitarian actors should examine and evaluate current practices, processes, and outcomes to ensure that the human rights of persons with disabilities are protected and promoted as required by international law.'

To build a foundation for evidence-based action on disability inclusion, HNAP works to obtain, analyze, and understand data on persons with disabilities and identify barriers. As per the IASC guidelines, data is disaggregated by sex, age, and diversity and analyzed utilizing key indicators for humanitarian service access and individual and household vulnerability.

This data and information aim to make visible the presence and focus on needs of persons with disabilities, improve the understanding of the different ways in which persons with disabilities experience a crisis, and to monitor their access to assistance.

[i] https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines
[ii] https://www.icrc.org/en/publication/0999-professional-standards-protection-work-carried-out-humanitarian-and-human-rights
[iii] https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action
[iv] https://www.humanitarianresponse.info/en/document/definition-disability-and-disability-related-data-collection-and-analyses
[v] United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (2006); accessible via: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html; see also: https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines
[vi] The IASC has emphasized the relevance of international law in humanitarian crises, in particular international humanitarian law (IHL), international human rights law (IHRL), and international refugee law. These bodies of law provide a legal framework that grounds humanitarian action in internationally agreed principles and standards and affirms the rights of all individuals affected by crises. This explicitly includes the UNCRPD – practical guidance in this regard is offered in the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019).
[vii] Barriers are factors in a person's environment that hamper participation and create disability. For persons with disabilities, they limit access to and inclusion in society. Barriers may be attitudinal, environmental or institutional.
- Attitudinal barriers are negative attitudes that may be rooted in cultural or religious beliefs, hatred, unequal distribution of power, discrimination, prejudice, ignorance, stigma and bias, among other reasons. Family members or people in the close network of persons with disabilities may also face 'discrimination by association'. Attitudinal barriers are at the root of discrimination and exclusion.
- Environmental barriers include physical obstacles in the natural or built environment that "prevent access and affect opportunities for participation", and inaccessible communication systems. The latter do not allow persons with disabilities to access information or knowledge and thereby restrict their opportunities to participate. Lack of services or problems with service delivery are also environmental barriers.
- Institutional barriers include laws, policies, strategies or institutionalized practices that discriminate against persons with disabilities or prevent them from participating in society.

Barriers may be classified as a threat if they are put in place intentionally. They are described as a vulnerability if their occurrence is inadvertent. In both cases, barriers lead to exclusion, making it likely that persons with disabilities will face more or worse threats and vulnerabilities than others affected by a crisis.
[viii] The Washington Group on Disability Statistics was established in 2001 under the UN Statistical Commission to support improved identification of persons with disabilities. The Washington Group Questions were developed to generate reliable and comparable data on persons with disabilities during national level data collection exercises. For the Short Set of Questions, see: https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/ See also: Nora Groce, et. al. (2018) "Which one to use? The Washington Group Questions of Model Disability Survey"; Working Paper Series 31, University College London.

TOWARDS STANDARDIZED DATA COLLECTION

The data collection framework recommended by HNAP and the Syria Protection Cluster (Turkey) for those aged 18 and above is the Washington Group Short Set of Questions on Functioning (WGSS). The WGSS is a set of six short questions and is the tool which is most widely used and tested in humanitarian settings.

The data collection framework recommended by HNAP for those aged 2 – 17 years is the UNICEF Module on Child Functioning, as this tool has been widely tested and is considered the most effective tool in identifying children at risk of exclusion based on functional difficulties.

Of note: Arabic translations of both tools are available upon request

THE WASHINGTON GROUP SHORT SET OF QUESTIONS ON FUNCTIONING (WGSS) AND THE UNICEF MODULE ON CHILD FUNCTIONING

Following the CRPD's and IASC's definition of disability, the tools recognize that disability occurs when a person with an impairment experiences barriers when carrying out one or more core human functions in their environment. Therefore, the questions don't ask 'do you have an impairment?' (or, 'do you have a disability?').

Rather, the tools seek to determine whether the person experiences difficulty at the activity level (e.g., when an individual is carrying out a core and/or daily function such as walking or communicating with others). Thus, in line with the CRPD, in the tools, the type of impairment or health condition is not the defining factor in determining disability. The questions are function-based and seek to capture difficulty across core functional domains.

The Washington Group Short Set includes six questions related to:

- Vision
- Hearing
- Mobility
- Cognition (remembering or concentrating)
- Self-care (such as washing and dressing)
- Communication

The UNICEF Module on Child Functioning includes a range of up to 16 questions for children aged 2-4 years and a range of up to 24 questions for children aged 5-17 years (number of questions depends on skip patterns in the question sets). Based on the age of the child, care givers are interviewed, not the child.

Questions for children aged 2-4 years relate to:

- Vision
- Hearing
- Mobility
- Fine motor skills
- Expressive and receptive communication
- Learning
- Playing
- Behavior

Questions for children aged 5-17 years relate to:

- Vision
- Hearing
- Mobility
- Self-care
- Expressive and receptive communication
- Learning
- Remembering
- Concentrating
- Accepting change
- Controlling behavior
- Making friends
- Feelings of anxiety
- Feelings of depression

USE AND INTERPRETATION OF DATA GENERATED BY THE QUESTION SETS

It is to be noted that the tools measure a risk of limited participation in society only, including in relation to accessing humanitarian assistance and services. The tools therefore cannot be used as a replacement for clinical diagnoses or to determine service needs related to impairments or illnesses at the individual level (such as the need for physical rehabilitation or assistive devices).

The use of the tools, when used in conjunction with sex and age disaggregation, assists organizations and clusters to understand in more detail how the intersectionality of gender, age and disability impacts on barriers to service access.

Making sense of disability prevalence percentages

Surveys and assessments across Syria have highlighted a high prevalence of disability in the population, especially when compared with estimated global averages or the 15 per cent rule of thumb as proposed by the IASC guidance in the absence of any data.

When interpreting these high percentages, humanitarian staff are encouraged to keep in mind the abovementioned definition used by the CRPD and IASC on disability, as well as the intersectionality between age, gender, and disability (e.g. older people often experience more functional difficulties in activities of daily living and experience further barriers). The CRPD and IASC definition of disability (as well as the tools mentioned) is based on the human rights model of disability and is proven to be much more relevant than outdated models of disability e.g. the medical model of disability. Percentages of persons reporting disabilities are higher when using the IASC definition of disability rather than the medical model of disability which is due to a focus on difficulties in functioning as a result of impairments and barriers in the former and solely on impairments in the latter.

For humanitarian organizations in all sectors, percentages on disability prevalence using the IASC definition are crucial to be taken into account, given the humanitarian imperative of assisting those who are least able to cope with the crisis and in situations of the highest vulnerability. Data on prevalence of disability is an essential component of understanding the specific situations of segments within the affected population and should lead to decisions and adjustments that improve the quality and impact of humanitarian programming for all affected by the crisis in Syria.

MAKING SENSE OF DISABILITY PREVALENCE PERCENTAGES

Surveys and assessments across Syria have highlighted a high prevalence of disability in the population, especially when compared with estimated global averages or the 15 per cent rule of thumb as proposed by the IASC guidance in the absence of any data.

When interpreting these high percentages, humanitarian staff are encouraged to keep in mind the abovementioned definition used by the CRPD and IASC on disability, as well as the intersectionality between age, gender, and disability (e.g. older people often experience more functional difficulties in activities of daily living and experience further barriers). The CRPD and IASC definition of disability (as well as the tools mentioned) is based on the human rights model of disability and is proven to be much more relevant than outdated models of disability e.g. the medical model of disability. Percentages of persons reporting disabilities are higher when using the IASC definition of disability rather than the medical model of disability which is due to a focus on difficulties in functioning as a result of impairments and barriers in the former and solely on impairments in the latter.

For humanitarian organizations in all sectors, percentages on disability prevalence using the IASC definition are crucial to be taken into account, given the humanitarian imperative of assisting those who are least able to cope with the crisis and in situations of the highest vulnerability. Data on prevalence of disability is an essential component of understanding the specific situations of segments within the affected population and should lead to decisions and adjustments that improve the quality and impact of humanitarian programming for all affected by the crisis in Syria.

CONCLUSION

The definition of disability and its links with the WGSS and the UNICEF Module on Child Functioning, as well as with the humanitarian principles, lie at the basis of the recommendation of HNAP, the Syria Protection Cluster (Turkey), and Humanity and Inclusion, in line with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, to use the WGSS and the UNICEF Module on Child Functioning for the purposes of data collection exercises and analyses by all humanitarian organizations and other entities in Syria. The WGSS and the UNICEF Module on Child Functioning are the ideal tool to identify persons who experience functional difficulties and thus are at risk of exclusion from humanitarian services in humanitarian settings and should be integrated across all clusters and organizations.

For further information on the application of these tools, please contact:

HNAP: hnap-syria@un.org

Humanity & Inclusion: rehab.dis.specialist@sr.hi.org

Syria Protection Cluster (Turkey Hub): zeilstra@unhcr.org

ANNEX 2

WASHINGTON GROUP SHORT SET OF QUESTIONS ON FUNCTIONING

'THE NEXT QUESTIONS ASK ABOUT DIFFICULTIES YOU MAY HAVE DOING CERTAIN ACTIVITIES BECAUSE OF A HEALTH PROBLEM'	
[DO/DOES] [YOU/HE/SHE] HAVE DIFFICULTY SEEING, EVEN IF WEARING GLASSES? WOULD YOU SAY.... NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty .... 3 Cannot do at all 4
[DOES/DO] [YOU/HE/SHE] HAVE DIFFICULTY HEARING, EVEN IF USING A HEARING AID(S)? WOULD YOU SAY ... NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ....1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all.....4
[DO/DOES] [YOU/HE/SHE] HAVE DIFFICULTY WALKING OR CLIMBING STEPS? WOULD YOU SAY... NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all.....4
[DO/DOES] [YOU/HE/SHE] HAVE DIFFICULTY REMEMBERING OR CONCENTRATING? WOULD YOU SAY ... NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all.....4
[DO/DOES] [YOU/HE/SHE] HAVE DIFFICULTY WITH SELF-CARE, SUCH AS WASHING ALL OVER OR DRESSING? WOULD YOU SAY ... NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4
USING [YOUR/HIS/HER] USUAL LANGUAGE, [DO/DOES] [YOU/HE/SHE] HAVE DIFFICULTY WITH COMMUNICATING, FOR EXAMPLE UNDERSTANDING OR BEING UNDERSTOOD? WOULD YOU SAY ... NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4

ANNEX 3
THE UNICEF MODULE ON CHILD FUNCTIONING (2-4 YEARS)

CF1. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (*name*) WEAR GLASSES OR CONTACT LENSES?	Yes ..... 1 No 2	 2⇨CF3
CF2. WHEN WEARING HIS/HER GLASSES OR CONTACT LENSES, DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CF4 2⇨CF4 3⇨CF4 4⇨CF4
CF3. DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF4. DOES (*name*) USE A HEARING AID?	Yes ..... 1 No 2	 2⇨CF6
CF5. WHEN USING HIS/HER HEARING AID, DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CF7 2⇨CF7 3⇨CF7 4⇨CF7
CF6. DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF7. DOES (*name*) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes ..... 1 No 2	 2⇨CF12
CF8. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE]. WOULD YOU SAY (*name*) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	 3⇨CF10 4⇨CF10
CF9. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH		

OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE]. WOULD YOU SAY (*name*) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF10. WITH HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE]. WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	 3⇨CF14 4⇨CF14
CF11. WITH HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE]. WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CF14 2⇨CF14 3⇨CF14 4⇨CF14
CF12. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE]. WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	 3⇨CF14 4⇨CF14
CF13. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE]. WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF14. DOES (*name*) HAVE DIFFICULTY WITH SELF-CARE SUCH AS FEEDING OR DRESSING HIM/HERSELF? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	

CF15. WHEN (*name*) SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OF THIS HOUSEHOLD? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF16. WHEN (*name*) SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF17. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY LEARNING THINGS? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF18. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY REMEMBERING THINGS? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF19. DOES (*name*) HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT HE/SHE ENJOYS DOING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF20. DOES (*name*) HAVE DIFFICULTY ACCEPTING CHANGES IN HIS/HER ROUTINE? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF21. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY CONTROLLING HIS/HER BEHAVIOUR? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CF22. DOES (*name*) HAVE DIFFICULTY MAKING FRIENDS?	No difficulty ..... 1 Some difficulty 2	

WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	A lot of difficulty ..... 3 Cannot do at all 4	
CF23. HOW OFTEN DOES (*name*) SEEM VERY NERVOUS, IRRITABLE OR WORRIED? WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?	Daily..... 1 Weekly..... 2 Monthly..... 3 A few times a year..... 4 Never..... 5	
CF24. HOW OFTEN DOES (*name*) SEEM VERY SAD OR HOPELESS? WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?	Daily..... 1 Weekly..... 2 Monthly..... 3 A few times a year..... 4 Never..... 5	