Disability and Data Collection Inside Syria

Over 9 years of conflict, infrastructure degradation and on-going displacement in Syria has exposed millions to physical injury and trauma, while also compounding risks for persons with pre-existing 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), 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 from carrying out one or more core human functions. The functions are listed in the table below.

HNAP has prioritized the inclusion of data on persons with disabilities for all relevant household surveys. This has resulted in an exponential increase related to the prevalence of persons with disabilities, as compared to figures reported prior to 2018, and to the extent to which the presence of a disability impacts standard socio-economic indicators (employment, income, access to services, etc.)

Despite the increase in data related to disability, all figures related to household assessments are subject to a standard margin of error. This is influenced in part by the inherent sampling, and interviewing, of distinct households within a given region as well as the multifaceted complexities related to the Syrian context. HNAP continuously seeks to improve and adapt to the situation on the ground, as well as the needs of our partners, to whom it provides current and relevant findings. 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.

Disability is defined as reporting a lot of difficulty or cannot do at all in any of the below listed categories:

- **Mobility**: difficulty walking or climbing stairs
- **Vision**: difficulties seeing, even with glasses
- **Self-Care**: difficulties with things like washing all over or dressing
- **Hearing**: difficulties hearing, even with hearing aid
- **Cognition**: difficulties remembering or concentrating
- **Communication**: difficulties communicating, i.e. understanding or being understood, in usual language

Methodology

In June 2020, HNAP conducted a nationwide demographic household survey across all 14 governorates in Syria. Fieldwork was carried out by experienced HNAP field teams who were trained on coded surveys by data collection experts. The survey collected data on key demographic and socio-economic indicators, represented at the country, governorate and sub-district level - also according to central and southern Syria, north-west Syria and north-east Syria.²

In order to calculate the sample, HNAP’s May 2020 population baseline of 4,329,982 households was used as a reference population. A stratified sample of 31,304 households was drawn, representative of the Syrian population at the sub-district level, with a 10 percent margin of error and a 95 percent confidence interval. The identified sample size at sub-district level was then allocated equally among all sub-districts and proportionally across the locations to ensure maximum heterogeneity. For data analysis, weights were calculated in reference to HNAP’s May 2020 population baseline figures and considering the average household size throughout the country.

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 entire population who left Syria.

¹Disability is defined through a spectrum of functional difficulties, according to The Washington Group on Disability Statistics and endorsed by Humanity & Inclusion.

² The boundaries and names shown and the designations used on this report do not imply official endorsement or acceptance by HNAP.

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ADDITIONAL RESOURCES
Portal: [www.hnap.info](http://www.hnap.info)
25% of persons above the age of 12 have a disability

- North-west: 29% of persons (12+) have a disability
- North-east: 27% of persons (12+) have a disability
- Central & South: 23% of persons (12+) have a disability

Prevalence of Persons with Disabilities, by Governorate (% of Individuals)

Age and Sex of Persons with Disabilities (% of Individuals)

- >54 years: 77% Males, 74% Females
- 40-54 years: 34% Males, 34% Females
- 25-39 years: 13% Males, 15% Females
- 12-24 years: 23% of females over the age of 12 have a disability, 12% of males over the age of 12 have a disability

Type of Reported Difficulty (% of total population)

<table>
<thead>
<tr>
<th>Type of Reported Difficulty</th>
<th>Mobility</th>
<th>Vision</th>
<th>Self-Care</th>
<th>Hearing</th>
<th>Cognition</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>12%</td>
<td>10%</td>
<td>6%</td>
<td>5%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Males</td>
<td>14%</td>
<td>12%</td>
<td>7%</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>13%</td>
<td>11%</td>
<td>7%</td>
<td>5%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Females with a disability are almost 6 times more likely to be widowed than females without a disability. A total of 23 percent of females with a disability are widowed, as compared to only 5 percent of men with a disability and 5 percent of females without a disability.

Both disability and female head of household status are associated with lower rates of income sufficiency. Only 29 percent of households with at least one member with a disability and 26 percent of female-headed households report sufficient income to meet their needs. It can therefore be assumed that over 360,000 widowed females with a disability currently face increased barriers to sufficient income, undermining household resilience and increasing economic vulnerability for themselves and other household members.
**Income and Expenditures**

**Average Monthly Income from all Sources in HHs with >1 Members with Disabilities**

126,247 SYP approx. $57 USD

Compared to HHs with one member with disabilities: 121,812 SYP ($55 USD); and HHs with no member with disabilities: 119,369 SYP ($54 USD)

**Top 3 Expenditures of HHs with >1 Members with Disabilities (% of total expenditures)**

- **50%** Food (72% of average monthly income)
- **6%** Other (9% of average monthly income)
- **6%** Hygiene items (8% of average monthly income)

**Income Sufficiency**

- **32%** of HHs have sufficient income
- **27%** of HHs have sufficient income
- **23%** of HHs have sufficient income

**Work Rate for Individuals with Disabilities (17+)**

82 percent of working-aged males without a disability have engaged in some form of paid work in the last 3 months, as compared to only 25 percent of females. These figures grow increasingly stark for persons with disabilities, and significantly compounds the risks facing already vulnerable households. While 72 percent of males with disabilities are employed, only 13 percent of females with disabilities are currently engaged in the labour force - they are less than half as likely to achieve employment compared to females without a disability. 94 percent of employed males with disabilities own their own business, while females with disabilities are most likely to be employed with regular income (30 percent).

**Employment**

**Forms of Paid Work (of those who have worked in the past 3 months) for Individuals with Disabilities**

- **50%** own business
- **31%** employee/worker with regular income
- **20%** daily wage work

**Average Monthly Health Care/Medical Expenditures by Presence of Member(s) with Disabilities (SYP)**

- **6,393** SYP ($3 USD) No HH members with disability
- **8,084** SYP ($4 USD) 1 HH member with disabilit(ies)
- **10,371** SYP ($5 USD) >1 HH members with disabilities

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1. Despite mass fluctuations in the SYP value across regions and throughout the month of data collection, HNAP determined the exchange rate of 2,200 SYP: 1 USD the best estimate. The figure is based on daily exchange monitoring and a trimmed mean methodology, which limits the influence of extreme values to establish a more "conservative value" and absorbs the variation of the rates throughout June. Please note these figures are an estimate and not verified through external sources; the figures should not be extrapolated beyond the month of June.

2. Please note that this figure takes into account income from all sources; therefore, higher than average income rates of HHs with member(s) with disabilities might be explained by higher rates of remittances (see next page- under 'assistance received' section). Furthermore, this figure does not consider potential increased cost burdens.

3. Amount based on the average monthly reported expenditure based on the last three months prior to data collection.
### Vulnerability

**Vulnerability of HHs with 1 or More Members with Disabilities (% of HHs)**

<table>
<thead>
<tr>
<th></th>
<th>HHs with no member with disabilities</th>
<th>HHs with 1 member with disabilities</th>
<th>HHs with &gt;1 member with disabilities</th>
<th>HHs with HoH with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not vulnerable</td>
<td>78%</td>
<td>11%</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>12%</td>
<td>30%</td>
<td>10%</td>
<td>-</td>
</tr>
<tr>
<td>Extremely Vulnerable</td>
<td>10%</td>
<td>59%</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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### Access to Services

**Access to Services for HHs with Member(s) with Disabilities (% of HHs with access)**

Only 62 percent of households with at least one member with disabilities have access to health services, as compared to 67 percent of households without a member with disabilities. This disparity suggests that while proximity to health care services may remain constant for both household types, dependency on healthcare services may affect household income and mobility, which in turn diminishes access for households most dependent on health services. Indeed, households with members with disabilities spend an average of 38 percent more on health care and 28 percent more on fuel monthly compared to households with no members with disabilities.

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### Priority Needs

**Infrastructure Needs for HHs with Member(s) with Disabilities**

<table>
<thead>
<tr>
<th>Service</th>
<th>Primary Need</th>
<th>Top 3 Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td>61%</td>
<td>60%</td>
</tr>
<tr>
<td>Health Facilities</td>
<td>36%</td>
<td>31%</td>
</tr>
<tr>
<td>Public Transport</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Bakeries</td>
<td>26%</td>
<td>10%</td>
</tr>
<tr>
<td>Water Supply</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Telecom Networks</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Disability Services</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Roads</td>
<td>17%</td>
<td>3%</td>
</tr>
<tr>
<td>Schools</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>Markets</td>
<td>1%</td>
<td>8%</td>
</tr>
<tr>
<td>Septic Mgmt</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Irrigation System</td>
<td>1%</td>
<td>5%</td>
</tr>
<tr>
<td>Religious Center</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

**Top 4 Priority Humanitarian Needs for HHs with Member(s) with Disabilities**

- Food: 44%
- Livelihoods: 23%
- Disability Assistance: 6%
- Multi-purpose Cash (Unconditional): 60%
- Rent: 8%
- In-kind Assistance: 30%
- Vouchers: 8%

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*Vulnerability has been calculated as a composite indicator, taking into account indicators attributed to increasing HH risk to external factors. The indicators are presented in the table, ‘Criteria Breakdown of Vulnerable Households’ in HNAP’s Summer 2020 Demographic Report, which cumulatively make up the eligibility criteria. Of note, the presence of persons with disabilities does contribute to overall vulnerability scores, however other factors such as displacement and HH composition further contribute to aggregated scores. HHs were scored as vulnerable based on the level to which they reflected the indicators in the eligibility criteria. Scores were weighted, summed and ranked accordingly. For more information on the weights and the process by which weights were assigned, please contact HNAP at hnap-syria@un.org.