

Persons with Disability in Syria: Challenges and Solutions

A work submitted in partial fulfilment of the requirements for the degree of Master's in International Cooperation and Humanitarian Aid.



Persons with Disability in Syria: Challenges and Solutions

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1.3 Contributions by others

This work is a product of two students for fulfilling the requirements for the degree of Master's in International Cooperation and Humanitarian Aid:

Zeina AlMoallem and Mohamad Miftah

1.4 Statement of parts of the thesis submitted to qualify for the award of another degree

None

1.5 Own publications included in this thesis

None



2 About this document

2.1 Categories

| Countries | Document Type | Subject | Institutions | Language | |
|-----------|-----------------------------|---|---|-------------------------|---------|
| Syria | Article Manual Report | Advocacy Awareness Conflicts Responsibility Disability Empowerment Health Human Rights | Humanitarian Assistance Humanitarian principles Millennium Development Goals Project Management Psychological impact Research Resilience Social Change Sustainability | ICRC Red Cross UN | English |

2.2 Author



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Zeina has a bachelor's degree in English Language and Literature from Damascus University in Syria.

She has worked in private elementary school for 5 years starting as an English teacher and then became supervisor of the English language department before starting her career with UNDP first as a Security Assistant and then as Operation Admin Assistant and lastly, as a Project Associate.



Mohamad Miftah (26 April 1980), Programme Analyst for the United Nation Volunteer programme in Syria.

Mohamad has a BA in English Language and Literature from Damascus University in Syria and an MSc in NGO and Development Management from University of East London in United Kingdom.

He has started his career with IOM as a Case Worker under the Canadian Resettlement Programme then became a Capacity Building Coordinator. After that, he moved to UNDP as NGO Capacity Building Associate. After achieving the master's degree, he returned to Syria to work with UNV as a Programme Analyst.

2.3 Executive Summary

The Syrian crisis an 8-year-old hideous crisis will not fade without leaving a strong impact, it has increased vulnerability and the prevalence of impairment, leaving a tremendous number of war-born injuries that are considered as a problem in both health and socio-economic sectors. The staggering levels of need persist for people across Syria as it remains a major protection crisis, with civilians exposed to multiple protection risks related to ongoing hostilities; the effects of new and protracted displacement; dire conditions in sites and collective shelters hosting IDPs; and the depletion of socioeconomic resources triggering harmful coping strategies (e.g. child labour and early marriages).

In support of national and local efforts, the humanitarian community will strive to contribute to the achievement of three key objectives in the 2018 Humanitarian Response Plan: i) save lives and alleviate the suffering of the most vulnerable people; ii) enhance the prevention, mitigation and response to protection needs; and iii) increase resilience, livelihoods and access to basic services.

The health situation in Syria continued to deteriorate. People most at risk include people living with chronic diseases and/or disabilities, those in need for mental health and psychosocial support, and survivors of trauma, including the war wounded.

To cover the emerging needs, the number of Non-Governmental Organizations NGOs, Faith Based Organizations FBOs and International NGOs has increased greatly in all aspects. The United Nations has widened its scope of partnership to benefit and use new fired up parties. Also, taking advantage of the Syrian community will and determination and the governmental and international attempts to promote the public weal makes today the best time to direct these actions into disability matters and blaze a trail for behavioral and thinking changes.

This starts with actual comprehending of disability, to have all engaged parties on the same understanding of disability approaches, models, standards, and needs. Afterwards, projects can be proposed to fill the materializing gaps.

The living status of Persons with Disability in Syria is dynamic and reluctant. To crack the deterioration of PWDs general situation, massive modification in the way people perceive disability must be made. Major challenges to be inspected in this process are weak national capacities, lack of resources, accessibility problems, low awareness and lack of livelihood support.

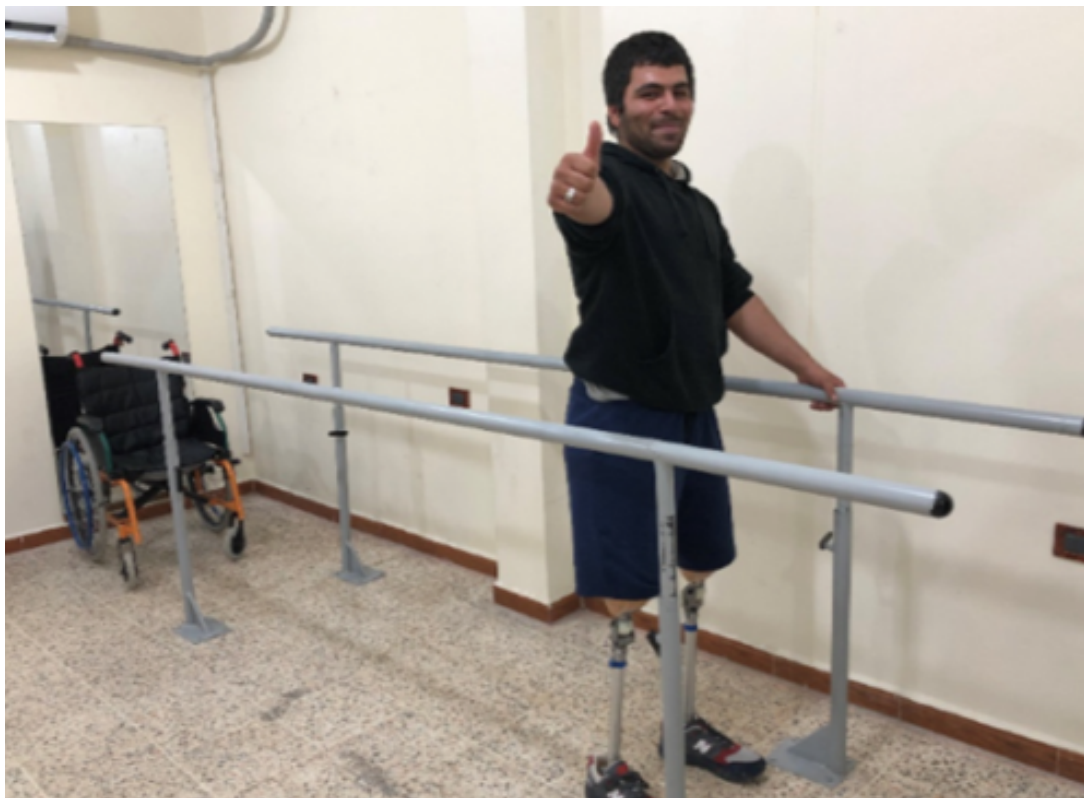
In order to have strong basis to rely on, one of the main aspects to work on is creating well taught new generations, techniques taught to students of physical rehabilitation and prosthesis are old and do not fit with the huge problems deriving by the consequence of the war, among which it must be considered not only the scarcity of professionals of the sector, but also for example the gravity of amputations received by patients, that very often are not well executed and brought a lot of difficulties in creating correct prosthesis. Inserting new curriculums and academic degrees into universities requires professionals and experts in the field, the UN and INGOs can utilize their partners and connections to bring best experts to reinforce national skills and build new ones, in addition this supports in finding new export for resources for mobility aids, assistive devices, modern medical technologies and accessibility materials.

The second biggest challenge is the society, in Syria communities' beliefs and opinions play a huge part in people's lives. Social stigmatization, disability discrimination remains a substantial issue to deal with. It is a necessity to raise awareness starting from Persons with Disability PWDs, their families, job owners, the society and ending with decision makers. Crossing over the old models and approaches of disability would be a titanic step towards

an inclusive society. Changing minds and thoughts is a key stone for witnessing the collective change towards disability.

The largest main topic to work on then would be accessibility; this can be the magic turn for PWDs situation in Syria, with the capacities and awareness raised, it is only a matter of having decision makers to modify and stimulate the national Syrian disability law #34 to have actions on the ground to promote for an accessible environment confirmed by CRPD. Achieving this would leave no excuse for over protective parents to allow their children with disability to be active, for business owners to claim or use inaccessibility as a pretense for not considering PWDs for employment, lastly, it will empower PWDs to have social activities and be an active member in their families and societies, it will allow them to be independent and be able to reach their basic rights. PWDs rights to be hired properly, PWDs should first know them, how to claim them, what is achieved on the ground, what does the Syrian government provide, and how to utilize it.

Syria now is ready to convey disability into another level, the next 5 years should be devoted for disability with the witnessed governmental shift to support the issue, UN, NGOs and INGOs readiness and PWDs expectations of a nudge to be freed from all current limitations, judgments and barriers they are confronting every day. Using the information collected in this study would aid change seekers into perceiving PWDs reality in Syria and plan accordingly to stop condoning PWDs issues and raise it to be number one priority in all actions.



First steps taken after having prosthetic devices - Qamishli

3 Background of the study

3.1 Statement of the Problem

The Syrian crisis has increased vulnerability and the prevalence of impairment, there is a tremendous number of war-born injuries that is considered as a problem in both health and socio-economic sectors. By the end of 2015, out of 113 assessed public hospitals under the

Ministry of Health MoH and Ministry of High Education MoHE, 42% were reported fully functioning, 32% were reported partially functioning, while 26% were reported non-functioning (WHO, 2015), this shows the deterioration of the national health centers and the quality of services provided which increases the pace of the transition from injury to impairment and disability.

By the end of May 2018, the mentioned results of the situation of hospitals are almost the same (Health Cluster, 2018) this shows the deep damage left by the crisis. Access to health hospitals and the ability to provide required services is only one challenge persons with disability face as a result of the crisis.

In this research, we will be exploring the status of persons with disability and the problems they encounter as an outcome of the Syrian crisis. Also, we will propose solutions and the steps the United Nations should take to respond to the new needs emerging in addition to the actions needed to enhance persons with disability wellbeing. Finally, we will tackle the Syrian adaptation to disability and the services and privileges provided by the Syrian government before and after crisis.

3.2 Research goal & Research questions

What are the challenges PWDs face in Syria before and after the crisis, and what are the first steps that should be taken to dissolve such challenges.

3.3 Significance of the Study

In order to start adhering to the needs of persons with disabilities PWDs in Syria, we will touch upon the old and new challenges they face in society either because of their health condition, social barriers or the crisis; this can be done by resuming the old researches done to have a clear definition of PWDs situation in Syria to be used as a baseline to pin point the challenges they face after the crisis.

The research will form a significant reference for stakeholders planning to work for persons with disability in Syria and would like to enrich their knowledge on PWDs hardship and what are the suggested solutions in the Syrian scenario. Also, it works as a great summary to take a glimpse of disability, its aspects and approaches.

3.4 Limitations of the Study

The study will be done in Syria and will explore the impact of the Syrian crisis on PWDs, that will limit its significance to the Syrian context and PWDs situations after the Syrian crisis in particular.

Persons with disabilities are over burdened by multiple layers of vulnerability which demands a comprehensive approach including a wide spectrum of services to enable them to actively participate and contribute to socioeconomic development and enjoy their basic human rights. This research will only tackle one layer of challenges which are caused or nourished by the crisis.

4 Introduction; Understanding disability; definition, types, approaches, models and laws.

4.1 What is disability

The term disability can be interchangeable with the term impairment or even handicap. In this chapter we will explore the difference and the impact of using these terms as synonyms. The definition of the terms will help pinpoint the purpose behind using each.



First term is impairment; it is any loss or abnormality of psychological or anatomical structure or function caused by injuries, illnesses or congenital; it's the problem an organ in our body deal with.

Second term is handicap; it is a disadvantage for a given individual that limits or prevents the fulfillment of a certain role that is considered as normal. In this matter, it is the environmental factor that doesn't allow to fulfill a normal life.

As for disability, it is the lack of ability to do any normal activity as a result from impairment. Basically, it's the functional limitation regarding particular activities.

An example to understand the terms better is a child born deaf, this has resulted in disabling him from hearing any sound materials in school. This child is prevented from attending school because of this problem.

Being deaf is the impairment, being unable to hear the information is the disability, being prevented from going to school is the handicap.

This can be solved by using some assistive devices to help the child hear and be able to perform daily activities; by overcoming the handicap the focus would be shifted from the functional limitation (the impairment) to the inaccessible environment.

Those definitions are as per the classification of Impairments, Disabilities, and Handicaps WHO 1980¹.

Looking deeper at disability; it could be an interaction between functional limitation and environmental barriers. In the disability discrimination act 1992 disability has been defined as:

A complete or part of losing the functions of a body organ or losing the organ itself, the malfunction or mis-adjustment or presence of a part in the body, an illness impacting the learning ability or thoughts process.²

Most people with disabilities live with a physical disability with a percentage of 83%, mental 11% behavioral disabilities, while lastly 4.8% of people with disabilities live with intellectual or development disabilities.³

The Americans with Disability Act ADA has lifted disability to be a legal term. It has defined a person with disability as someone with physical or mental impairment this impairment limits the person's activity. This definition does not only include people with current disability but also includes people who has a previous record of an impairment, even if this impairment has dissolved. Under the ADA it is illegal to discriminate a person based on the their linkage with persons with a disability.⁴

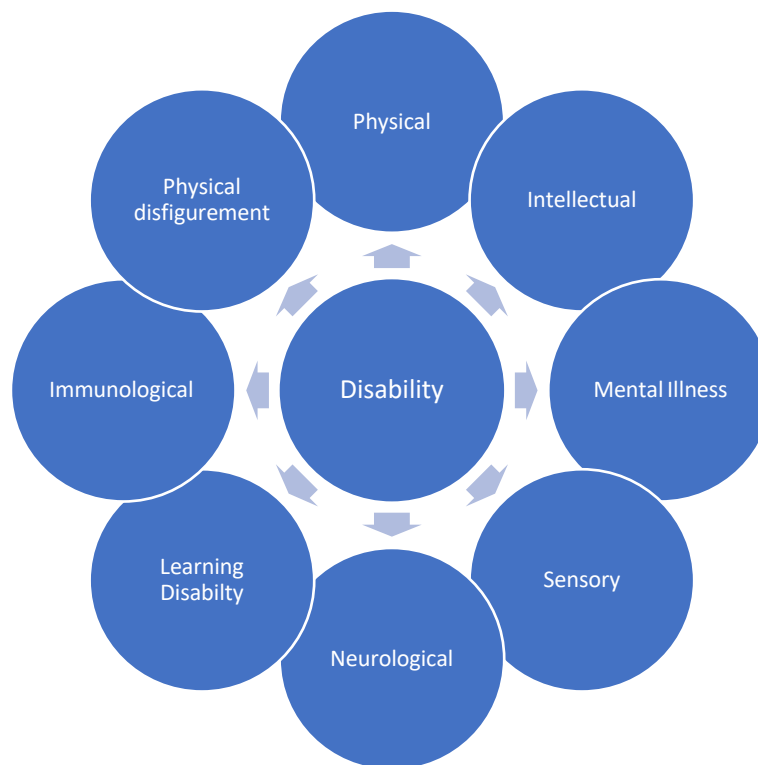
¹ <https://www.pediatrics.emory.edu/divisions/neonatology/dpc/Impairment%20MX.html>

² <https://www.and.org.au/pages/what-is-a-disability.html>

³ <https://www.and.org.au/pages/what-is-a-disability.html>

⁴ <https://adata.org/faq/what-definition-disability-under-ada>





Below we can see types of disability covered by Disability Discrimination Act DDA:

This classification tries to cover all kinds of disabilities that qualifies a person to be a person living with a disability.

4.2 Disability Models:

Disability like any other concept in life has been touched upon differently throughout last decades, its view, classification and thoughts have changed radically yet all still exist in our reality.

Conceptual models of disability can be used to assess, define disability, determine the needs and resources required to handle disability and lastly the impact of disability on functionality.

The oldest model started in the eighties; the medical model, this model describes what we consider now a disability as a physical impairment later to achieve inability in a functioning leading to a handicap. It restricts the reason behind disability to be from the person him\herself. Disability is defined as an illness that can be cured or healed by medicine (Dawodu Reppel, 2014).

As an attack to this model, the second approach rapidly raised also in the eighties; the social model, it reflects on the idea of disability existing from the person where it should rather be from the society who cannot provide an accessible environment for persons with disability (Dawodu Reppel, 2014).

The third model is the interface model which combines both medical and social models, it states that disability is a combination of medical diagnosis and the environmental factors.⁵

The fourth and modern approach is the Bio-Psycho-Social model, this model is similar to the interface model by having the same thought of the reasons behind disability being the combination between the different factors; medical, social and environmental. ⁶ It focuses on the individual ability and functioning where two factors have been added to the calculation being the personal and environmental factors; these made disability an impairment with activity limitation and participation restriction.

Under this model which is the latest came up the International Classification of Functioning, Disability and Health (ICF) to determine people's ability to function with their disability, ICF was approved in 2001 by The World Health Assembly.

The ICF is related to four main concepts; body functioning and structure, activities, participation and environmental factors. It uses specific scale to pinpoint each individual's functionality, the scale is divided under two parts the first regarding the disability itself and how it can be considered as a problem, while the second is related to the environment and its impact either as a barrier or a facilitator to the personal's disability. This leads us into two important matters performance and capacity. While performance is the personal activity that is doable for PWDs within their available environment, capacity is the extent of activities they are able to do in a standardized environment. ⁷ In conclusion, there are three levels for the human function in ICF: functioning at the level of the body, the whole person, and the whole person in a social context (WHO, 2002).

4.3 Disability Approaches:

Just like disability models the society have shifted their view and understanding towards disability per time, an unfortunate face is the present existence of old and outdated approaches among communities especially those that are conservative and small.

The most known approaches are nine;

- ❖ Moral or religious approach
- ❖ Medical approach
- ❖ Social approach
- ❖ Identity approach
- ❖ Human rights approach
- ❖ Cultural approach
- ❖ Economic approach
- ❖ Charity approach
- ❖ Limits approach

In this chapter I'll go in detail of the top three approaches with the updated approach that go in line with the Bio-Psycho social model.

⁵ http://nisonger.osu.edu/media/bb_pres/marks_11-12/handouts/Handout%205%20-%20Models%20of%20Disability%20%28Smeltzer%29.pdf

⁶ http://nisonger.osu.edu/media/bb_pres/marks_11-12/handouts/Handout%205%20-%20Models%20of%20Disability%20%28Smeltzer%29.pdf

⁷ https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf



The Moral or religious approach considers disability as a punishment from God for a sin either committed by the person of disability or their parents. Furthermore, disabilities can be deemed as a test from God, a test for faith and patience, an extension of this idea is reached when the person is not healed, this is interpreted as lack of faith (Letšosa Retief, 2018). Unfortunately, we can still encounter this way of thinking in our present days in Syria, where many families reflect upon their misfortunes, hardships, illness and disability as a curse or test from God. This has been touched upon in the Focused Group Discussion FGD made, this approach leads PWDs to accept their situation and assume that God is driving them into their best fortune, even miracles may happen and disabilities may vanish with strong and committed faith.

The Medical approach (disability as a disease) people who believe in this approach would easily approve the medical model. This approach sees disability as a negative problem that people need to be cured from, since not all disabilities can be cured, medical professionals will regard those who are not cured as failures and embarrassments. This approach is easily miscounted as most PWDs do not consider themselves as sick. (Letšosa Retief, 2018)

Another outdated yet existent approach is the charity approach (disability as victimhood) which sees disability as a misfortune and PWDs are victims that we should pity and help as we are able-bodied. This approach draws PWDs as dependent and in need of support for persons without disability (Letšosa Retief, 2018). During Focused Group Discussion FDG1 when the group was introduced to disability models and approaches, this approach has gained a positive reaction, participants had a clear explanation of why people apply this approach in life, people tend to go for the charity approach because of karma, adding that the Syrian society searches and claps for such actions, it is applauded and highlighted in society when people support PWDs out of sympathy. Additionally, it can be linked with the previous approach, people would help PWDs out of fear to gain God's love to spare them from such punishment.

The Social approach (disability as socially constructed), this approach copying the social model was created targeting to limit the medical approach. It regards disability as a reason because of the environment rather than the person him\herself, in this sense, what is required is rehabilitating the society and the environment rather than the person as stated by Barnes, Mercer & Shakespeare in *Sociology: Introductory readings*, 3rd edn. Nevertheless, Shakespeare and Watson in Giddens declared that this approach fails at covering the impairments people go through as it does not address any pain they suffer from.

The final and currently advocated for approach is Human Rights (disability as a human rights issue), although it might sound that this approach is close to the social one, however it expands from the initial idea of having the environment as the reason behind disability to cover the impairment PWDs live with, (Letšosa Retief, 2018) this approach does not comply with the medical or social disability models, hence it complies with the bio-psycho social model they both tackle disability perspective from the same point of view being human rights. The human rights approach touch upon different aspects related to PWDs like cultural, economic and social rights.

4.4 Disability and Laws:

4.4.1 *Convention on the Rights of Persons with Disability CRPD*

Disability has been a neglected issue since the beginning of time, new laws and regulation try to bind countries into addressing the issue and enhancing PWDs inclusion in all aspects of life. For instance, some of the international treaties declared prior CRPD are: Standard Rules on the Equalization of Opportunities for Persons with Disabilities - 1994 and world Programme of Action on Disabled Persons -1982, both are not leally binding and thus not



powerful enough to make actual change on the ground. Although human rights include PWDs, still it was needed to have a specialized binding convention on the rights of PWDs solely. Convention on the Rights of PWDs CRPD was adopted in 2006, this convention was the first to be open for signature by international organizations and have had the highest number of signatures and ratifications on its opening day. The convention entered force in 2008, to our present day it has 177 ratifications and 161 signatures. The convention was followed by an optional protocol to give the Committee on the Rights of Persons with Disabilities functions to receive any complain from individuals or groups about the violation of the convention from any state party also to give his committee the authority to conduct inquiry about a state party regarding its violation for the CRPD, the protocol has 92 ratification and signatures. Syria has ratified both the convention and its protocol.

There are 8 guiding principles for the CRPD; respect the dignity, individual autonomy, choice and independence, non-discrimination, inclusion in society and participation, acceptance of human diversity, equal opportunities and equality between genders, accessibility, and finally respect of children capacities and the rights of the child with disabilities. The Convention gives universal recognition to the dignity of persons with disabilities.⁸

The convention tries to present a new view and life quality for PWDs, they are no longer viewed as "objects" of charity, medical treatment or social protection; rather as "subjects" with rights. PWDs themselves have a huge role in claiming their rights and making decisions based on their free and informed consent and to be active member in society.

The CRPD is one of only two human rights treaties the second treaty is the Convention on the Rights of the Child. An additional feature of these two Conventions is its application during armed conflict and its relationship with International Humanitarian Law IHL, this is a clear requirement under Article 11 of the Convention (Priddy, 2019).

4.4.2 The Syrian Disability Law:

Syria has multiple laws and regulations regarding PWDs (MOSAL, 2008) such as:

- Disability law number 34 announced in 2007
- Labor rules for PWDs
- Medical privileges
- Prosthetics and orthotics devices act
- Health centers working under MOSAL

A registration system for PWDs has been created by Ministry of Social Affairs and Labor in Syria MoSAL; the system works by issuing disability IDs according to prior evaluation based on national standards driven from the international criteria for classification of disability. Subsequently, PWDs registered in MOSAL records are only those who hold the disability ID.

It is thought there is a significant number of PWDs who have not been registered into the system specially during the crisis. Reasons for this deficiency are lack of knowledge about the registration process and difficulties in access. During the crisis more reasons are added such as lost documents and fear of governmental registration.

Despite this, MOSAL record numbers represent a primary baseline for assessment of distribution at the governorate level. Till this moment, there is no accurate data base on the numbers of PWDs in Syria. However, almost all programmes developed by the different

⁸ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>



stakeholders' targets beneficiaries according to this existent data base, it is updated by responsible Non-Governmental Organizations NGOs and governmental directorates who work under MOSAL.

In 2009, the number of persons with disabilities in Syria was estimated to be 2 million, of which over 700,000 were children. Prevalence of disability is estimated to be 10% of the population. In 2012 it has been reported by MOSAL that 4,638 PWDs have registered in 59 social care centers (Thompson, 2017).

The attention given to PWDs by MOSAL is under the umbrella of the Syrian national disability law No. 34/2004. This law explains the terms and establish the central and sub councils for PWDs affairs. These affairs have the obligation and are responsible of drawing national policies and raising suggestions for two reasons; first to assure the services provided are of a good quality and second to clarify and state the set of services the Syrian government is committed to provide in support for PWDs. These services are categorized under six sectors (health, education, vocation, accessibility, communication and special services).

As clarified by Ayman Ghurrah UNDP PWDs rights specialist, head of disability board in Damascus governorate (living with Infantile paralysis) various efforts have been made by governors to activate disability national law. For one thing Damascus Governor have gained approval to make Damascus the first accessible governorate in Syria and started by drafting the needs of ramps and the number of schools, mosques and hospitals in need of rehabilitation. Conversely the data has been collected but the crisis began and stopped all the activities related to this process.

5 What are the challenges persons with disabilities inside Syria face before and after the crisis

5.1 Prior crisis

It is estimated that 15% of the world population are persons with disabilities, undoubtedly the prevalence of disability is higher in developing countries.⁹ In Syria, the average prevalence rate of disability is 30% doubling the global average percentage as a recent assessment in western Aleppo, Idleb and Ar-Raqqa governorates have declared (OCHA, 2019).

Generally, persons with disabilities experience more hardship than persons without disabilities such as less education, poorer health, and higher poverty rates. Along with multiple obstacles regarding their social inclusion like inaccessible physical environments, the unavailability of assistive devices and technologies, gaps in service delivery, and discriminatory prejudice and stigma in society.¹⁰ The National Study on Disabilities conducted by United Nations Children Fund UNICEF and World Health Organization WHO and United Nations Development Programme UNDP in 2017 provides some insights on people's perception of PWDs, their ability to be included in society, and the stigma, misinformation and judgmental attitudes that exist. For example, some of the most common perceptions in the Syrian society is that PWDs are viewed as a burden inside their families, PWDs are people who are unable to work or be independent, half of the respondents inside the study indicated that disability is an illness, it has also shown that both children and adults with disability spend a considerable time at home with only 13% percent of adults with

⁹ https://www.who.int/disabilities/world_report/2011/report/en/

¹⁰ <https://www.worldbank.org/en/topic/disability>



disability go to work while 1.4% go to community centers. "If you give people with disabilities the chance, the opportunity for a job, they can empower themselves without having to seek help from others" Iman, Secretary General of the Syrian Organization for Physically Handicapped.

A huge disappointment for parties working on PWDs inclusion is the lack of data; disability data was limited even prior the Syria crisis due to lack of research and negative social stigma (Thompson, 2017) resulting in further challenges to collect accurate data on impairment and disability specially in humanitarian emergencies (Skinner, 2014). Assessments show that most refugee camps have lack of data on refugees in general and no information at all on refugees with disability. This leads to invisibility of PWDs inside camps which minimize the developing of sufficient services (Oxford, 2007). A plan was set to conclude a national disability survey in a try to provide more accurate data on disability prevalence in 2012, yet it is not clear whether the survey was ever completed.¹¹

As per the Syrian national plan for disability; the reasons behind the lack of accurate data are the missing of statistical assessments, weakness of national disability classification, lack of experience in diagnosing disabilities and the social tradition of hiding members with disability due to the refusal of admitting or accepting the fact of having a person with disability in the family when seen as a smirch. (MOSAL, 2008)

The Syrian government had set priority to develop a comprehensive national plan including a needs assessment in addition to strengthening rehabilitation services and mainstreaming of inclusion policies. The process to implement the national plan for disability was progressing steadily. Nonetheless, the crisis impacted these efforts, and affected significantly the national capacities and resources allocated to support PWDs. By the same token, the United Nations had raised disability concerns to the level of human rights which was defined by the developing the United Nation's Convention on the Rights of Persons with Disabilities (CRPD) in 2006. The Syrian Government has ratified the CRPD in July 2009, and MOSAL has made significant progress on implementing the CRPD's recommendations through the national disability plan in Syria.

Moving into another challenge faced by PWDs; the world bank estimates that 20% of the poorest are PWDs, they take over the largest percentage of the poorest of the poor. Persons with disability have shown a strong link with poverty, it is being considered as one of the major negative economic consequences of disability. Disability's effect reaches all members of a family with members of persons with disability. It has been usually attained when an adult family member becomes disabled, other family members even if they are children might need to take the role of caregivers or may leave school in order to work and take care of the family financial needs; in both cases, there is a reduction in human capital of household members and it directly effects the strategies and options households have to escape poverty.

"Because disability and poverty are inextricably linked, poverty can never be eradicated until disabled people enjoy equal rights with non-disabled people" (Lee H. (1999) p.13. Discussion paper for Oxfam: disability as a development issue and how to integrate a disability perspective into the SCO. Oxford: Oxfam).

In addition, after the promulgation of the MDGs in 2001, the analysis of the poor and poverty occupied a huge part of the development research agenda; as a result, it has been recognized that disability and poverty have an interrelationship; disability increases the risk of poverty and poverty increases the risk of disability.¹²

¹¹ <http://syriatimes.sy/index.php/society/113-aamal-promotion-the-rights-and-dignity-of-the-disabled>

¹² http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0120-00112015000500014



Despite the Syrian law that mandates all employers to reserve at least 4% of their positions for PWDs they have surveyed that they still face significant barriers in getting jobs and livelihood opportunities where 33% of adults with disabilities would like to have more jobs available to them, out of the 764 adults with disabilities are unemployed, 58.9% of them would like to have a job (Paula Frederica Hunt, 2018).

“People are always ready to help PWDs, but not ready to help build and empower the person to be independent.” Maya Patsalides, UNDP Syria Strategic communications consultant (living with Guillain-Barre (gee-YAH-buh-RAY) syndrome).

FGD2 affirmed seeking a job for PWDs is not only for sustaining an income source but also for reaching self-sufficiency and independence. All 10 participants confirmed that having a job is a priority and a mean to be part of the society while also logically earn a living for their families. Furthermore, it was assured that the number one obstacle for PWDs in finding a job is the society stigmatization and the way their disability is perceived. Employment is an empowering tool for PWDs that is used to divert the society view.

It has been also shown that there is a high percentage of children with disability in Syria. One of the reasons there is an increase in having children with disability in pre-conflict Syria is intermarriage; it was estimated that intermarriage account for between 25% and 50% of child disability. Intermarrying is more common in rural areas and conservative communities. Other risk factors of child disability include a lack of peri and post-natal care, lack of health care education and knowledge leading to incidents at birth, accidents, inadequate diet and nutrition. Northern and Eastern regions of Syria risk factors suggest these regions will have the highest level of child disability prevalence (Said Foundation 2009).

Lastly, despite the tremendous efforts by the Syrian government, UN organizations and NGOs to solve or reduce the impediments mentioned, PWDs used to suffer to preserve their basic rights. Unfortunately, the Syrian crisis have demolished most of these efforts and heightened the hardship PWDs face specially during humanitarian situations, not to mention the increase of their numbers caused by the conflict.

To summarize, some of the most important challenges PWDs have dealt with in Syria prior the crisis are: Social stigmatization, lack of data, low national capacities and resources allocated, poverty, lack of job opportunities, lack of health and pre-natal care and awareness; intermarriage.

5.2 After crisis

Vulnerable groups including children, pregnant women, elderly, sick and persons with disabilities are usually insecure towards multiple forms of violence specially in humanitarian situations due to their special needs and status as they have greater difficulty in attaining assistance not to mention basic services such as food, water and health care.¹³ Besides, it is more likely that PWDs are separated from their families or assistive devices. Their exclusion compounds the already existing risks, such as sexual, social or economic exploitation.

In spite of the frequency and the familiarity of the vulnerabilities of PWDs, international humanitarian interventions still possess a gap in acquiring PWDs needs which makes accessing the much-needed support unapproachable (OCHA, 2019).

"These are major and complex challenges, and unfortunately they are not always present in mainstream humanitarian debates,"

¹³ <https://www.icrc.org/en/document/people-disabilities-emergencies>

"The increased number of humanitarian crises and natural disasters has a significant impact on the lives of persons with disabilities. But they are often excluded from initial humanitarian responses." said Catalina Devandas UN Special Rapporteur on the Rights of Persons with Disabilities.

Moreover, sometimes international interventions themselves face complications in accessing all areas due to arbitrary restrictions of movement and constrains on the delivery of humanitarian assistance, therefore, the needs continue to be severe. For example, the systematic removal of medical items from assistance destined for UN-declared besieged and hard-to-reach areas continued, with more than 600,000 medical items removed or prevented from being loaded on UN inter-agency convoys in Syria in the first eight months of 2017. These actions significantly affect fundamentally the survival and the wellbeing of individuals who are chronically ill, injured persons, and persons with disabilities that are being denied accessing their medical treatments (OCHA, 2017) .

According to Women Refugee Commission, displaced women, children and older persons face multiple discrimination depending on their age, gender, social status in addition to their disability both women and children with disability are often faced with domestic, physical and sexual abuse. They are neglected and forgotten. Even their family members might sometimes face blame or abuse specially mothers due to having children with disability. In Somalia, children with disability were tied up while people throw stones at them. (Oxford, 2007)

Moreover, lack of planning and including persons with disability when designing camps leave a huge impact on having inaccessible environment for refugees with disability including health institutes, distribution points, bathing and water places. A good example for dealing with such problems in a Jordanian camp for Iraqi refugees where special wheelchairs were distributed to fit the sandy ground of the camp. A bad example is in a Yemani camp with no fair distribution of food or aid as people with visual disability had their share of aid stolen in distribution points and received no assistance or support to have fair distribution (Oxford, 2007).

5.2.1 National Capacities

Around 20 million PWDs around the world are affected by crises, the number is more than double the population of Sweden. Most PWDs cannot flee independently, mostly they will need strength and assistance which their families probably are unable to provide. Being unable to flee from a disaster often ends with a high risk of abuse and death.¹⁴ An example of this is the slaughter of persons with disabilities at a psychiatric hospital during the Rwandan genocide; 750 mentally disabled persons were killed inside a hospital by Hutu soldiers in 1994.¹⁵

30,000 people each month are estimated to be injured by the Syrian conflict, most of them will suffer sustainable disabilities. 30% of trauma cases are estimated to end with permanent disabilities. Permanent disabilities demand a lifelong rehabilitation treatment (Thompson, 2017).

After 5 years of crisis there has been an increase in numbers of injuries, deterioration of health system and immature discharge from hospitals in addition to deficiency of skilled human resources specialized in physical rehabilitation; all these factors have contributed in

¹⁴ <https://medium.com/humanitarian-dispatches/five-reasons-why-disability-matters-in-a-crisis-53875e4e6bac>

¹⁵ <https://www.nytimes.com/1994/10/10/world/aid-workers-in-rwanda-report-750-slain-at-a-mental-hospital.html>



higher and rapid transition from injury to impairment to disability as it has been reported as number one priority since 2015 (OCHA, 2015).

These figures lead us to the first and most abnormal challenge service providers and PWDs in Syria face being the rapid increase in the number of persons of disabilities; hence, an escalation of the needs in terms of technologies and national capacities which Syria lack even prior the crisis.

Syria suffers from human capital flight known as brain drain which is the migration of national experts. Prior the crisis the Syrian government was working to enhance the national capacities due to the lack of individuals with advanced training or with a specific technical expertise, when the crisis emerged the lack of national technical capacities has only enlarged with immigration. This has doubled the effect of the rapid increasement after the crisis in both the number of PWDs and their requirements.



Photo taken during physiotherapy session of a child with disability in Lattakia governorate

5.2.2 Mental Health

One in five Syrians is predicted to have moderate mental health issues while one in every thirty Syrians is at risk of having severe or acute mental health needs¹⁶.

An adhesive shadow to any crisis is mental health and psychosocial wellbeing deterioration. Mental health is an important aspect of public health, especially in a post-disaster situation, it also plays a role in recovery efforts as stated by the global platform for disaster risk management for health; it also points out the measures for risk reduction, emergency response and recovery for socially isolated groups.

Similarly, an international study conducted by Handicap International with 484 PWDs participants in the surveys of the study; it was found that 27% of persons with disabilities have experienced psychological, physical or sexual abuse with having more than half of the respondents from internally displaced people reporting experiencing different kinds of abuse. 38% of persons with disabilities reported increased psychological stress and lack of self-confidence following a disaster or crisis. Also, it was noticed that both female with disabilities and female caring for children with disabilities face higher rates of experiencing physical, sexual or psychological abuse. In these situations, word of mouth has a strong impact on spreading fear between females, knowing the kind of abuse others have experienced makes them even more dependent to seek help or safety. Gender based

¹⁶ <https://www.who.int/emergencies/response-plans/2017/syria/en/>

Violence GBV after crisis and especially inside shelters composes a real challenge in regards of protection (Handicap International , 2015).

5.2.3 Prevalence of impairments & disability and lack of resources



FGD2

It is only logical for the prevalence of impairment and disability to peak during conflicts as it is estimated that there are 3-5 cases of injury for every death case from armed conflict.¹⁷ In Syria, the latest documented death toll was 190,000, which makes the number of estimated injured people 570,000 to almost 1,000,000 cases.¹⁸

Disability is observed in the areas with relentless conflict like (Ar-Raqqa, Aleppo, Homs, Hama, Deir-ez-Zor and rural Damascus). During the first 5 years of the Syrian conflict number of PWDs have increased up to 27%, reaching up to 1.5 million PWDs while in 2018 they have reached up to 2.9 million as per the Syria Humanitarian needs overview (2018). (OCHA, 2017)

Health services during conflicts confront enormous obligations, injuries resulting from the crisis always take the priority linked with its great demand leaving fewer resources for PWDs that is not caused by hostilities. In addition, 45% of PWDs are living with permanent disabilities such as amputation, spinal cord injury and brain injury. In 2018, a survey was done among PWDs in Syria, where over 60% stated that their disability condition has exacerbated because of the crisis, highlighting some common reasons like the lack of accessibility to health centers and inability to meet their basic needs. (OCHA, 2019)

There are four factors limiting the identifying and quantifying of PWDs: Understanding of disability and sharing the same view by all stakeholders, in particular the shift from the medical to the social model. Personal perceptions effect in data collection associated with stigmatization. Ununified disability definition by all responsible parties. Extinguishing the link between structure and entities by the conflict data collection (Paula Frederica Hunt, 2018).

The resulting tremendous number of war-born injuries and impairments is an ongoing health and a latent socioeconomic problem.

The ongoing health problem is a life-threatening situation either through the direct severe trauma or secondary complication resulting from poor primary health care and insufficient rehabilitation.

National services for the rehabilitation and support of PWDs in Syria are in no position to cope with the consequences of the conflict.

¹⁷ <http://www.sphereproject.org/blog/supporting-people-with-disabilities-in-emergencies/>

¹⁸ <https://www.who.int/features/2014/syria-health-tragedy/en/>

5.2.4 Socioeconomic problems

According to the National Disability Strategy (2011): Work doesn't only affect the economic status of a person but also their mental wellbeing and social status. It raises their independency and living quality which as a result affects their self-identity image.¹⁹

The latent socioeconomic problem will result from the fact that non-rehabilitated persons with disabilities are fully dependent on family members and care givers in conducting activities of daily life. This factor will further exclude a bigger portion of society from social and economic life and will gradually present its negative impact on early socioeconomic recovery and development.

There is no official assessment has been conducted so far to capture and assess the status of PWDs inside Syria.

Adding the effect of the ongoing crisis on increased vulnerability and prevalence of impairment, Syria struggled and keep struggling with number of challenges for transitioning for the inclusion of PWDs.

In camps, it is even harder for PWDs to have any chance of employment, they usually have to deal with a huge social attitude let along the legal barriers made specially for outlanders and refugees. (Oxford, 2007)

Many people are unable to work due to injury or the need to care for others, hence, access to livelihood opportunities is limited. In households with injured males, which are considered mostly the breadwinner of the households, women often fulfill the role of caretaker, thus limiting the availability of a travel companion when accessing care. (OCHA, 2019) During the discussions in FGD3 all participants with prosthetic devices have stated that they have become more active since having the device and are more independent doing daily activities. All 5 women said they participate in house chores normally. 7 out of 10 go out of the house on a daily basis though only 4 for work. 6 are war injured while 2 of the women have narrated losing children and/or their partner during the war. 2 of them only have continued their studies beyond high school. One women have participated in a vocational training for sewing, although she was one of the best students during the training, coming from a conservative community, her family did not support the idea a female working, she is currently unemployed and living with a spinal cord injury, she is working on her independency through physical therapy sessions and has the ambitious to work but her family's views and fears from the society's reaction towards her disability are stopping her from moving forward.

In FGD1 it was majorly noted that persons with hearing disability face the most rejection by business owners to be employed, one example was a female with a hearing disability, Rahaf Youssef. Rahaf is a 25 year old women from Tartous governorate, she has continued her education beyond high school and worked on having an active social life, compared with the efforts made to be independent and empowered, all job opportunities if any offered to her are with low income that is a painter or waiter, Rahaf likes photography and wants to work in the administrative field in the privet sector, such job she believes will never be offered to her regardless of the educational certificates she holds thereupon due to her hearing disability.

¹⁹ <https://www.and.org.au/pages/what-is-a-disability.html>



Rahaf Youssef from FGD2 during “Ten” Bootcamp for PWDs inclusion conducted by UNDP and Peace Lens

A huge debate was initiated when the modern approach was explained to this group of PWDs, the society was blamed for being the major reason behind the bad situation PWDs live with in Syria, while other blamed PWDs themselves on treating themselves as less of value than persons without disability and resting back their rights without fighting for a high-quality life.

5.2.5 Society and marginalization

Disability is part of human diversity, and it is part of a personal character or identity. It could be a severe disability that affects a personal life completely, or sometimes it might have a minimal effect on a personal’s behavior. Disability sources differ from diseases, incidents, wars, or congenital. Its existence also differs from permanent to temporary, hidden or shown.
20

Almost every family Syria had been touched by disability with a close or relatively close member of the family, it was considered by many interlocutors as an issue with which everyone in Syria can relate to and can be inspired and compelled to act upon. Yet the way people view PWDs and the wide spread judgmental attitude in the society is a strong challenge to knock out.

Even when it comes to self-perception many PWDs call their disability as an illness or a circumstance of life and they find no shame in disability although they have gone through bullying, mocking and lack of respect from others specifically children with disability. An example to glorify the judgmental attitude is represented in the answers of teachers of children with disability in FGD made by UN agencies; teachers have stated that children with disabilities are slower learners and have comprehension and mental problems and they are under the level of children without disabilities regardless of the disability type or severity (Paula Frederica Hunt, 2018).

During FGD1, it has been stated that the Syrian society has contradicted views towards disability; indeed some families are ashamed from having children with disabilities to an extent where families might lock in their disabled children, so no one can see them and stigmatize the whole family because of that disability, another view would be fear for the safety of their wellbeing, parents might limit children participation in activities due to their

²⁰ <https://www.and.org.au/pages/what-is-a-disability.html>

over protective attitude and fear of any harm or decrease in their wellbeing status specially those not born with their disability.



Haneen a 10-year-old girl from Der Ezzor using her first prosthetic device

6 What is the solution for disability challenges in Syria?

What is it exactly the goal that we are aiming for? Do we want disability to disappear? Does a perfect world get resembled without disability? Is disability a problem to solve?

UNDP Syria Disability Inclusion Unit uses these questions during their disability awareness sessions, it always opens up a negotiable discussion, it is a dilemma to decide whether the world should have disability or not. The problem shouldn't be disability, we cannot demolish disability, but we can accept and comprehend disability into our lives and the way we think, disability would be de facto a part of human diversity.

Customized solutions and efforts can be made to each challenge mentioned in the previous chapter. An example to solve the Syrian disability challenges is announced by the comprehensive national plan of the Syrian Government for disability developed by MOSAL in 2008.

- The national plan objectives are (MOSAL, 2008):
- Raising awareness regarding disability importance and impact;
- Facilitating PWDs data collection and analyzing the results;
- Supporting rehabilitation and medical services for PWDs;
- Enforcing Community Based Rehabilitation CBR;
- Following up with the latest technologies;
- Amending existent laws regarding PWDs and working on its implementation and measuring its impact;
- Enhancing service providers and decision makers capacities;
- Supporting early diagnosis and specialized rehabilitation;

- Creating a network of partnerships from a variety of sectors;
- Limiting the negative preference of PWDs;
- Building an accessible environment to ensure PWDs inclusion.

Going in detail in each of the objectives might reach out in covering almost all the recent challenges rose during the crisis in Syria; these laws have existed years prior the crisis, and still we have not seen any full activation on the ground.

For Syria, to update the laws and have it activated and running smoothly is almost impossible with the current economic and security situation. At this point, it is a critical time for disability halo in Syria, the government is making tremendous efforts to support ex-military men who became persons with disability during their service under the Syrian army in the last crisis. The presidential office through the first lady personally is making efforts towards enhancing national capacities and existent technologies in Syria to enhance the services delivered specially inside military hospitals and disability centers that is devoted only for military personnel. One case showing such interest is when the first computer-aided design & computer-aided manufacturing CAD CAM device has been delivered to Syria in 2019 for a national prosthetic military center in Hama, the center has been visited by the first Lady to launch the activation of the device ²¹, at the same time, UNDP Syria was procuring another CAD CAM device for the rehabilitation, orthotics and prosthetic center in Damascus working under the MOH that accepts cases from civilians as well, the timing of this was precious as it is important that the best and newest technology arrives first in military centers and hospitals and later on for civilians. It is also known that the best prosthetic and rehabilitation services are being delivered through specialized military hospital in this case like Hamish hospital that does not accept civilians' cases.



CAD CAM device inside Rehabilitation and Orthotics and Prosthetic center in Damascus

With all of this being said, advantages should be taken from the stage disability is reaching in Syria, with efforts from governmental, international parties and the masses encouragement towards understanding and dealing with disability, it is crucial to use this time and benefit from all these angles to raise awareness of disability, accept its existence and develop best

²¹ <https://sana.sy/en/?p=166132>

ways for PWDs to boost their accessibility to information, services, knowledge, and livelihood.

6.1 Mainstreaming disability

Mainstreaming could be the solution for the different challenges mentioned, it should be done on the various layers to have disability successfully entering all aspects of life from the beginning. One of the most effecting and humongous challenge for PWDs is accessibility which mainstreaming should take as an entering point.

6.1.1 Accessibility to buildings:

It is worthy to add that Syria is reaching a development stage after its crisis; hence, the country will be going through a tremendous reconstruction work in many areas, this pave the way to include universal design UD in the reconstruction work, that would assure having disability accessibility raised and checked in all new built areas including hospitals, schools, offices, streets, public parks, restaurants and residential buildings. It is estimated that applying UD to new building is cheaper than modifying an existing building. For a house between 150 and 200 m², the cost for applying UD as a plan of the construction work is around 1700 USD while modifying the house would cost around 14,000 USD²². Taking advantage of the reconstruction phase of Syria will not only make a considerable number of areas accessible but also it is cheaper.

6.1.2 Accessibility to information:

Schools, universities and media should consider all kinds of disabilities when delivering information or news. Having sign language interpreters during lectures, lessons, news and in media materials would allow people with hearing and/or speaking disability to actively participate and understand all messages spread. Also, adding translation to visual materials and educational curriculums would also participate positively in PWDs inclusion.

PWDs should be able to know what to do and where to go when in need of medical, educational, employment and legal support. PWDs centers should have all information clear and translated into sign and braille language to allow PWDs to access all information required to help them be a productive member in society. To illustrate, in Syria to be eligible for PWDs privileges provided by the government PWDs should have their disability ID that is issued from the disability unit inside a center in each governorate, as mentioned by the Ayman Ghurra UNDP PWDs rights specialist, head of disability board in Damascus governorate (living with infantile paralysis); reaching the center is not easy for all PWDs, the information though is simple and clear, having the ID issued could be a long process moving between different departments and being interviewed from different panels to ensure the legibility of the disability national standards. This shows that there is a good mechanism of having an ID to categorize PWDs to gain the support provided easily, nevertheless, gaining that ID is a different story. An accessible center could be made for disability unit where all necessary documents and procedures are done in one building, this requires the approval of half the members of the disability board to continue with transferring the request into the different stages for activation.

6.1.3 Accessibility to services:

The upcoming years disability would be attaining its peak in Syria, this could be a chance to mainstream disability in all basic services such as health services in hospitals and medical centers, education in schools and universities, legal rights in courts, police stations and

²² https://www.branz.co.nz/cms_display.php?sn=215&st=1&pg=16845

governmental institutes, livelihood support in offices, workshops, stores and factories, and social services in hotels, restaurants, gyms and parks.

Governmental support will be provided with the presidential office attention, as mentioned previously efforts are made specially for ex-military men who became disabled during their military service, a new legislative decree has been issued from Syrian President in 2019 launching a new ID card for disabled soldiers, this comes under the tremendous project implemented by Syria Trust for Development that is being under the direct supervision of the First Lady, the project is called "Jarh AlWatan"²³ that includes enhancing capacities, fetching new technologies and qualifying centers and hospitals to provide rehabilitation services in a higher quality. So far, these services are only delivered to persons who are under this project consequently eliminating civilians PWDs. On the other hand, this could the breakthrough organizations and related parties can step from to learn and digest the changes in a try to have the same level of services or at least to better the quality of services provided for civilians PWDs.

6.1.4 Accessibility to Livelihood:

Livelihood should be touched upon after developing educational and health sectors for PWDs so they can be equipped properly to enter the job market. Privat sector and governmental institutes are both bind by the Syrian law to employ PWDs in a percentage no less than 4%, if PWDs have the opportunity to be skilled and educated as all Syrian citizens job opportunities automatically be available when they are accessible to all that is mentioned above.



A child with disability using a wheelchair to allow her to continue her education in Hasakeh governorate

6.2 Steps forward

To start with mainstreaming stage, it requires legal documents and laws to backbone such actions. The CRPD and the Syrian National law No. 34/2004 can act as binding documents to follow the start of the mainstreaming process.

²³ <https://www.syriatrust.sy/en/affiliate/8>

The first step to be taken is towards national service providers capacities, to really implement the laws and be able to mainstream appropriately, to take advantage of the positive shift happening towards disability in Syria we need skills, brains and capacities to train in all fields medical, social, legal and educational so they can be pioneers of the empowering changes coming to Syria. United Nations can play a great role in using its relationships with donors to utilize international skills to enhance the national capacities Syria has, new academic degrees should be developed into universities to create young generations in the field of rehabilitation and disability. Also, the emerging funds the UN is getting out of the Syrian context should have greater amount to be fixed to highlight the importance of dealing with PWDs and raising awareness to the public. Raising awareness would be the second point to tackle in order for PWDs to move and ask for their rights and be able to benefit from all the is provided to them, in addition on having higher disability sensitive population where disability won't have to be hidden or be a source of shame. Third step is inserting monitoring layers into national institutes to make sure the laws are being reviewed and updated in line with the dynamic needs, while also assuring that benefits and privileges PWDs are bound for are being provided and accessible in all related institutes.

7 Conclusion

An optimal stage to reach is for Syria to conquer fear towards widening the scope of PWDs, and that happens only when the capacities and the country's power can absorb and deal with a wider range of disabilities. Cases of pre mature born babies exist in all countries; furthermore, spinal cord injuries as a percentage are higher in developed countries like Norway and USA in comparison to developing countries, why is it higher in developing countries though logically they should have higher quality medical services and facilities? Children usually die in developing countries when pre born due to the lack of awareness and available services for such cases, while in developed and well prepared countries infants might be born in their 6th month of pregnancy and still survive thus bearing spinal cord injury, surely such survival cases are rehabilitated to be included in the society and be able to practice their rights fully. This confirms that as a revolution, PWDs are higher in line with higher medical technologies. Syria bear a high percentage of disabilities, not because of the widened range of disability standards rather than the increase in the prevalence due to war injuries and impartments. In addition, disability prevention measures do not aim to decrease the number of PWDs it rather aims into having the appropriate measures to provide needed services which as a result increases their number due to the higher rates of survival for PWDs. As a first step, what is required is to absorb PWDs and be able to process them properly to meet their human rights; this start from proper registration, affluence of medical services and social inclusion movements to end with accessibility changes and awareness raising campaigns.

What has been collected during this research will be shared with UNDP Syria Disability Inclusion Unit to utilize while planning future projects and enrich the department's sources of the current situation of PWDs in Syria. The gathering of all these sources and percentages mentioned can be useful as a start for need assessments and projects justification.

8 Annexes

8.1 List of Acronyms

ADA The Americans with Disability Act

CAD CAM Computer-aided design & computer-aided manufacturing

CBR Community Based Rehabilitation



CRPD Convention on the Rights of Persons with Disability
DDA Disability Discrimination Act
FDG Focused Group Discussion
GBV Gender based Violence
ICF the International Classification of Functioning, Disability and Health
IHL International Humanitarian Law
MoH Ministry of Health
MoHE Ministry of High Education
MoSAL Ministry of Social Affairs and Labor in Syria
NGOs Non-Governmental Organizations
PWDs Persons with Disability
UD Universal design
UN United Nations
UNDP United Nations Development Programme
UNICEF The United Nations Children's Fund
WHO World Health Organization

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8.4 Research design and methodology

8.4.1.1 Focus group discussions (FGDS)

Methodology:

- 1- Story telling: Encouraging participants to tell the story of a PWD friend/family member or themselves who has successfully found a job and of one that tried but was unsuccessful.
- 2- Regular open-ended questions: to solicit specific insights about their experiences with social stigma and medical challenges, experience with disability ID card.

Questions:

- 1- Looking back at the past six months to one year, do any of you know about a PWD/ themselves that **has been successful** in finding a job or a livelihood activity, why is it important for PWDs to have a job and have any obtained academic degrees?

For those saying YES: Please tell us how it happened.

For those that may need some help for the story to flow:

What kind of job/livelihood opportunity is it?

Did that person get help from anyone during the application and lead up period?

Did that person face any unexpected resistance or problems during the process?

How did that person feel about this success?

Is the person still working in that job?

2 – For persons with physical disability (users of a lower prosthetic device), what are the major changes they have felt since the start of using the prosthetic device.

3-For persons with physical disability (users of a lower prosthetic device), tell us how many times do they go out of the house, are they active socially, or doing house chores, going out for grocery shopping..

4- FDG1: During a session about disability models and approaches were asked about their opinions, for person without disability which one have they used and which they prefer using now, for PWDs which have seen more commonly in the community and what are the advantages of each and which one do they prefer. Also, how disability is seen from the perspective of PWDs, their families and the Syrian society.

5- What are the **main barriers or difficulties** to overcome **stigma, discrimination, culture, social norms** follow up questions: please explain further what do you mean by.... Can you give an example of how this is manifested in your community?



FGD1:

10 PWDs - 10 people without disability

10 different Syrian governorates

During UNDP Syria “Ten” Inclusion bootcamp project

FGD2:

10 Persons with physical disability (users of prosthetic devices)

Damascus

FDG3:

10 PWDs - 6 persons with physical disability (users of prosthetic devices) 4 live with severe disability

Aleppo

8.4.1.2 Key informants interviews (KII)

Ayman Ghurra, UNDP PWDs rights specialist, head of disability board in Damascus governorate (living with Infantile paralysis)

