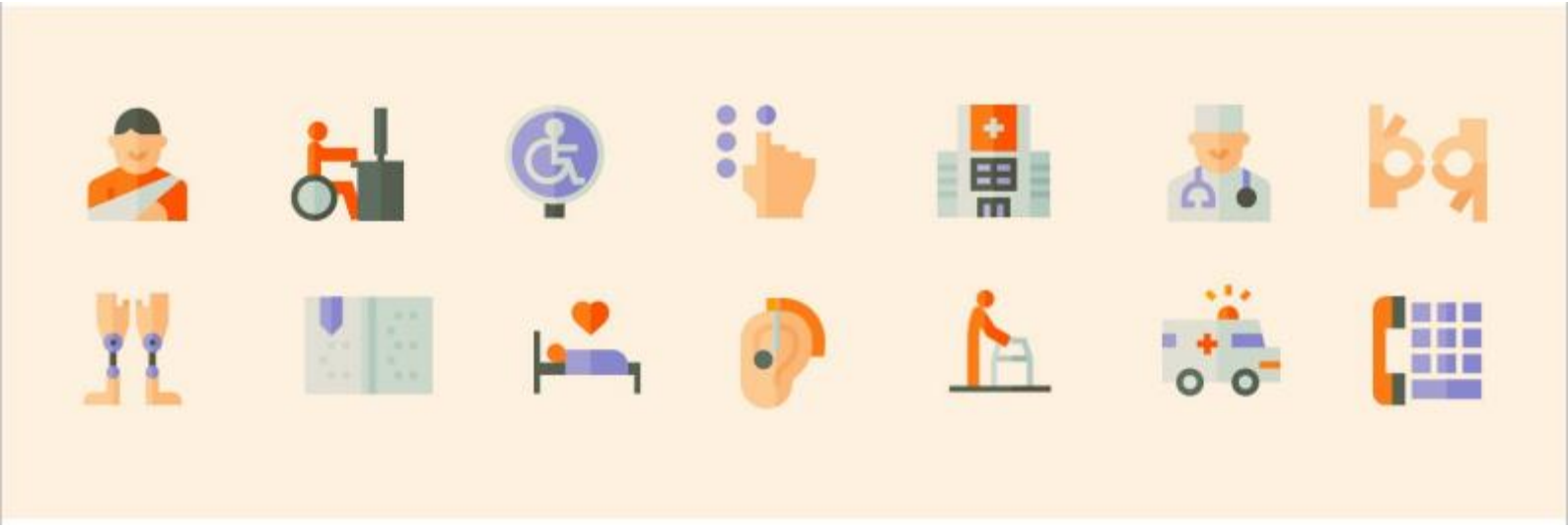

ASSESSMENT

of special needs of persons with disabilities in the context of coronavirus epidemic with a focus on women with disabilities (taking into account gender-based violence) through the example of Turkestan oblast and Shymkent city (pilot region)

2020

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This report continues from the study conducted in 2019 and supported by the UK Government Programme Funding on Evaluation of Social and Gender-Specific Needs of Persons with Disabilities in Kazakhstan with a Focus on Women with Disabilities Exposed to Violence.

ASSESSMENT

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2020

Acronyms

CoV – coronavirus
MSD – musculoskeletal disorders
PPE – personal protective equipment
UNFPA – United Nations Population Fund

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This report results from the rapid assessment of needs of persons with various disabilities in the context of coronavirus epidemic with a focus on women with disabilities (with due regard to gender-based violence) through the example of Turkestan oblast and Shymkent city (pilot region).

UNFPA provides technical assistance to the National Commission for Women and Family Demographic Policy under the President of the Republic of Kazakhstan in order to support and improve position of persons with disabilities in Kazakhstan. As part of this effort and taking into account the state of emergency announced by the Government as a measure to prevent and protect from coronavirus and given a special vulnerability of persons with disabilities in such a situation the rapid assessment of needs of persons with disabilities in the context of coronavirus epidemic was conducted under the technical and financial support of UNFPA in order to produce data on the position of persons with disabilities during the emergency to the Government of Kazakhstan for the effective response and meeting special needs. The assessment was conducted by means of telephone interviews with the sample used in the study of 2019 among respondents with various disabilities in Turkestan oblast and Shymkent to identify their needs in a situation of gender-based violence.

INTRODUCTION

In Kazakhstan, 3.7% (674,200) people have a status of persons with disabilities, of them 44% are women. Regions with the highest disability rate include Karaganda oblast (4.7%), Turkestan oblast (4.15%) and East-Kazakhstan (4.1%). 18.4% of all persons with disabilities live in Turkestan oblast.

Along with other countries, Kazakhstan faces the coronavirus challenge. Due to the fact that the World Health Organization has declared the new coronavirus infection COVID-19 a pandemic and in order to protect life and health of people, a special state of emergency was announced in Kazakhstan on 16 March. As the situation with COVID-19 in Nur-Sultan and Almaty was aggravating and to prevent transmission of coronavirus in other cities of Kazakhstan, the State Commission decided to introduce a lockdown in Almaty and Nur-Sultan from 19 March. Later on, lockdown was introduced in all regions of the country.

In such situation, persons with disabilities become more vulnerable in terms of proper access to information, supplies and services for the prevention and protection from coronavirus infection.

To prevent spread of coronavirus infection and in accordance with the 'hearing state' principle declared by the President it is necessary to turn support to this population group and understand and meet their special needs in access to supplies, services and information about prevention of coronavirus infection.

Moreover, the pandemic exacerbates gender inequality and increases the risks of gender-based violence, that is why protection and empowerment of women and girls, particularly women and girls with disabilities should be prioritized by the government.

Taking into account the above-said, the United Nations Population Fund (UNFPA) jointly with the National Commission for Women and Family and Demographic Policy under the President of the Republic of Kazakhstan initiated a rapid assessment of needs of persons with disabilities amid coronavirus epidemic, and the results of the assessment will be presented to the central government and local authorities to inform appropriate rapid response to the needs of persons with disabilities in the context of an emergency.

Aims and objective of the assessment

The aim is to assess and identify needs of persons with various disabilities in the context of coronavirus epidemic.

According to the objectives the study is intended to explore:

- knowledge about preventive measures and availability of information in adapted formats for persons with various disabilities (visual and hearing disabilities) and channels how such knowledge is obtained;
- knowledge and access to channels to communicate about the disease and counselling;
- availability and opportunity to receive /buy personal protective equipment (PPE) for the protection from coronavirus infection (sanitary and hygienic supplies and disinfectants);
- affordability and availability of PPE during lockdown /self-isolation;
- whether relationship in families of persons with disabilities have changed during lockdown /self-isolation and whether women with disabilities are exposed to violence (abuse);
- awareness about measures introduced by the government to contain spread of infection and protect persons with disabilities during the emergency in the country;
- what support persons with disabilities may need during the emergency and restrictive measures.

Methodology

Along with mass surveys through structured interviews, one of the most significant study methods is an in-depth interview which can be conducted as telephone interview based on a questionnaire. This method can identify needs and motives behind respondents' behaviors, mechanisms to inform decision-making, expectations, needs, etc.

A questionnaire was **developed for the study** to identify special needs of persons with disabilities to cover prevention and protection from coronavirus infection and gender-based violence.

Methods of primary data collection

Qualitative and quantitative methods adapted to telephone interviewing of respondents (women and men) were used for data collection.

Questionnaires for in-depth interviews contain questions to explore:

- access to information about coronavirus, prevention and protection from infection – availability of information in adapted formats for persons with various disabilities (hearing and visual disabilities) and information channels;
- access to health services – knowledge and access to channels to communicate about the disease and counselling;
- access to coronavirus protection – capability to get/buy sanitary and hygienic products and disinfectants;
- access to food – affordability and accessibility during lockdown /self-isolation;
- problems of gender inequality and domestic violence in families of persons with disabilities during lockdown /self-isolation;
- how high is the risk for women with disabilities to be exposed to violence;
- whether women with disabilities are exposed to violence (abuse);
- what extent instruments to counteract violence are effective and adequate and what needs to be done;
- necessary services to provide information and coronavirus protection products and food, possible channels to receive /buy and get such products delivered.

Selection of survey sites

Shymkent city and Turkestan Oblast – Turkestan city and three rayons (Sairam, Saryagash and Shardara) are selected for the study. The survey covered urban and rural women and men with disabilities. The survey was conducted among respondents surveyed in 2019 in the course of assessment of needs of persons with disabilities in the situation of gender-based violence in Turkestan oblast and Shymkent city.

Distribution of respondents by type of disability

The in-depth questionnaire-based interviewing involved 76 women and men with disabilities aged 18+, of them 20 had visual disabilities, 18 – hearing disabilities, 20 – with musculoskeletal disorders (MSDs), 18 – disabilities caused by systemic diseases. 29 men (38%) and 47 women (62%) were interviewed.

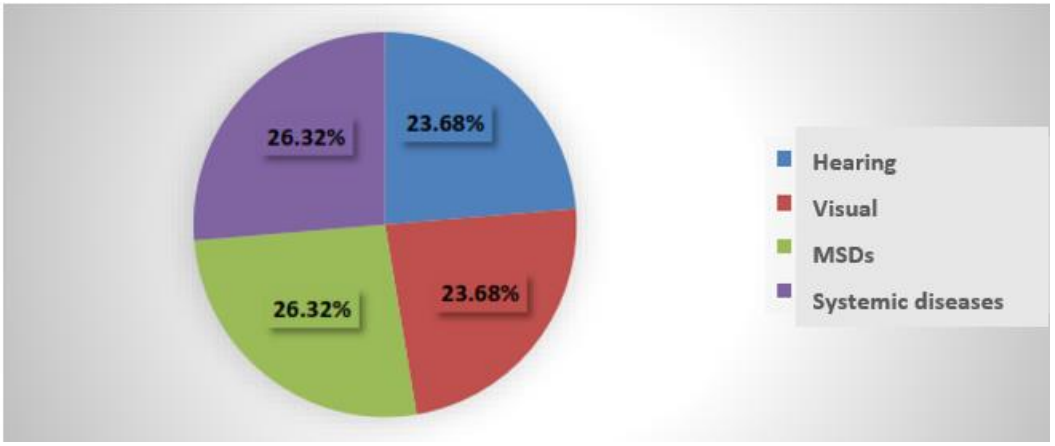
Sign language interpreters were involved into interviews and survey to help persons with hearing disabilities.

OUTCOMES OF THE ASSESSMENT

1. Sociodemographic characteristics of persons with disabilities

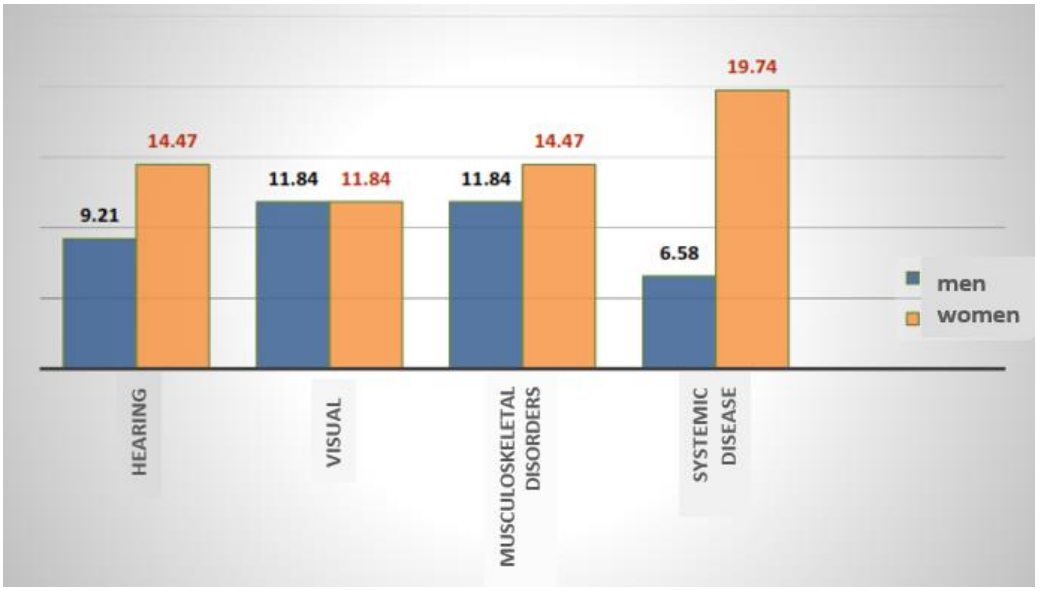
The in-depth telephone interviewing involved 76 women and men with disabilities aged 18+, of them 18 had visual disabilities, 18 – hearing disabilities, 20 – with musculoskeletal disorders, 20 – disabilities caused systemic diseases. 29 men (38%) and 47 women (62%) were interviewed. 40.7% were urban residents and 59.2% – rural ones.

Figure 1. Distribution of respondents by type of disability (%)



Distribution of the sample reflects an even representativeness of persons with various disabilities. The proportion of respondents with disabilities caused by systemic diseases is 26.3% of all respondents; 23.7% are respondents with visual disabilities, 26.3% - musculoskeletal disorders, and 23.7% - hearing disabilities.

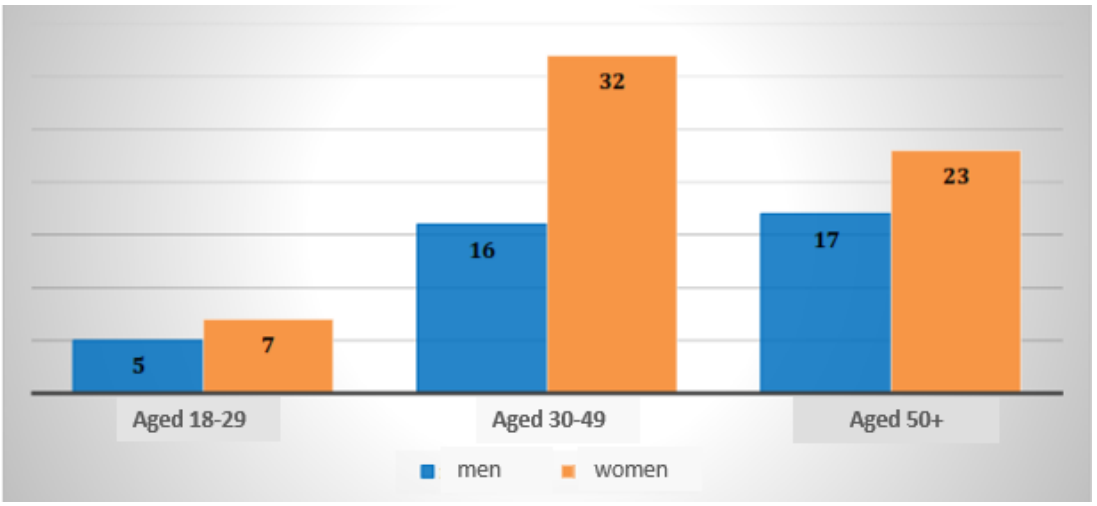
Figure 2. Distribution of respondents by type of disability and by gender (% of all respondents)



62% respondents were women, and 38% – men.

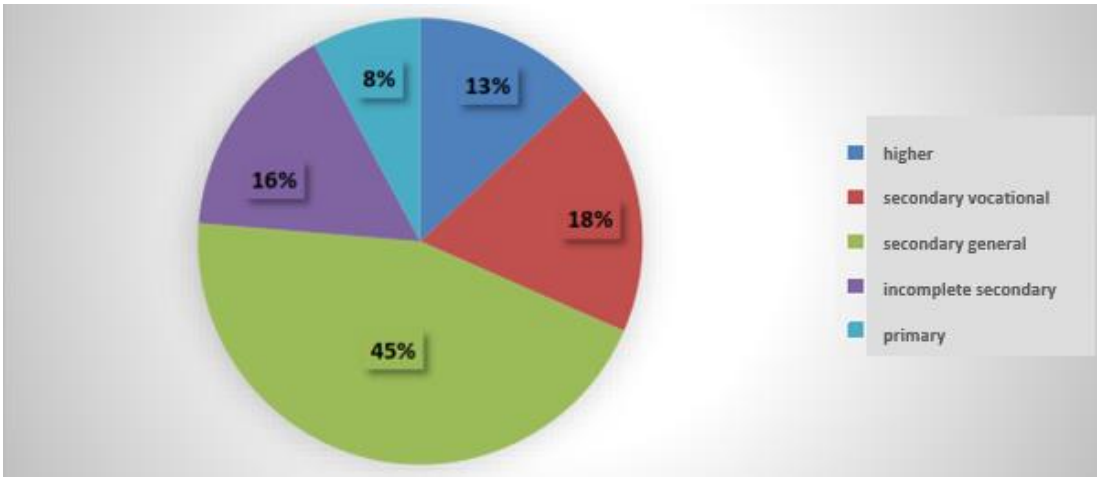
The proportion of women with disabilities caused systemic diseases was 19.7% (15) of all respondents; 11/8% - women with visual disabilities (9); 15.7% - women with MSDs (12); and 14.5% - women with hearing disabilities (11). The proportion of men with disabilities caused by systemic diseases was 6.6% (5) of all respondents; 11.8% - men with visual disabilities (9); 10.5% - men with MSDs (8); and 9.2% - men with hearing disabilities (7).

Figure 3. Distribution of respondents by age (%)



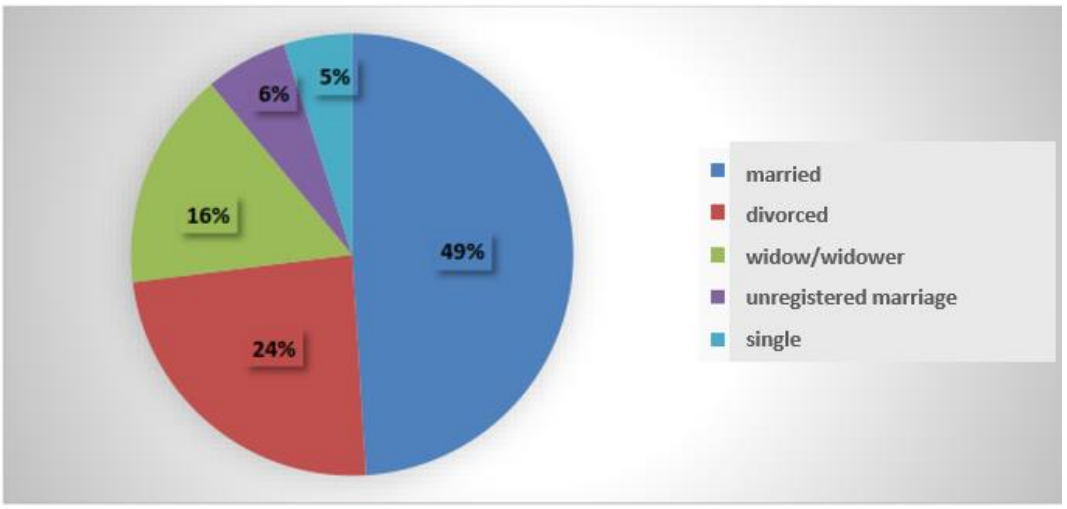
The majority of respondents are women aged 30-49 (63% of total sample); men aged 18-29 are 6%.

Figure 4. Distribution of respondents by education (%)



Of all respondents, 45% had general education, 18% – secondary vocational education, 16% – incomplete secondary education, 8% – higher education, and 13% – primary education.

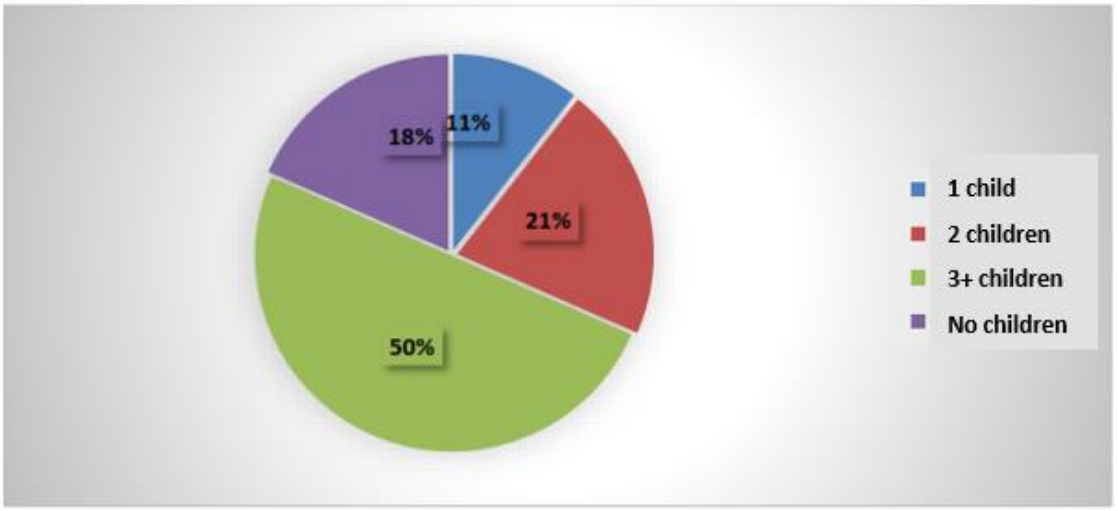
Figure 5. Distribution of respondents by marital status (%)



49% respondents are married, 24% – divorced and the majority in this group is women. The reasons for divorce include: disability, gender-based violence, absence of adequate living conditions, economic insecurity, low income. Among all respondents 5% are single persons (unmarried), 6% live together but not officially married, 16% – widows/widowers.

During the lockdown and emergency, the financial and economic standing worsens first and foremost among single women – widows and divorced women with disabilities who live on welfare benefits, allowances and pensions. Many of them have loan debts which they repay on their own from allowances and pensions, or banks enforce recovery from welfare benefits.

Figure 6. Distribution of respondents by number of children in a family (%)

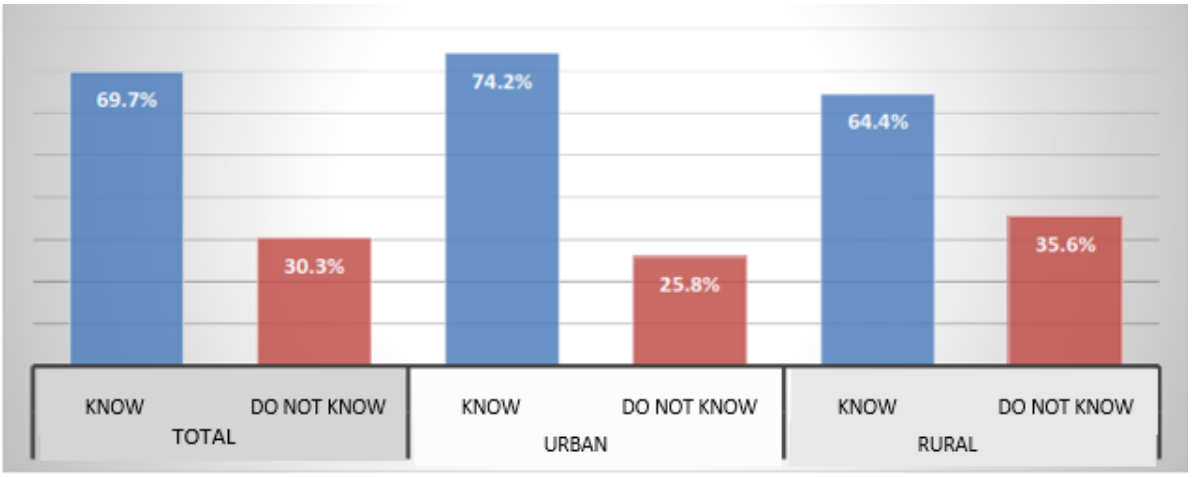


50% of all respondents have three or more children, 21% - two children, 11% – one child, 18% do not have any children. Respondents with many children live mostly in rural areas and can hardly secure food and PPE for coronavirus protection for the whole family.

I. Access to information and awareness about CoV, prevention and protection from infection (availability of information in adapted formats for persons with various disabilities (hearing, visual, MSDs) and communication channels).

To understand a level of awareness about CoV, respondents were asked: “Do you know what a CoV infection is and its symptoms?”.

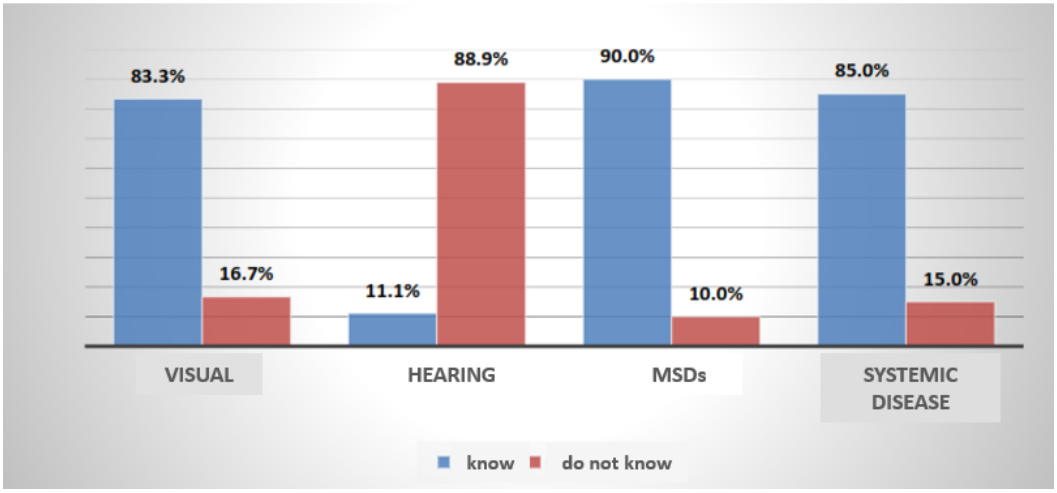
Figure 7. Awareness of respondents about CoV by geographical location (urban vs. rural, %)



Proportion of respondents who are ignorant of CoV infection is 30.3% which is quite a low awareness level of persons with disabilities. Rural residents appeared to be less aware about CoV infection than urban ones (urban respondents aware about CoV infection are by 10% more than rural

residents) – every fourth urban resident and every third rural resident do not have adequate knowledge about CoV infection.

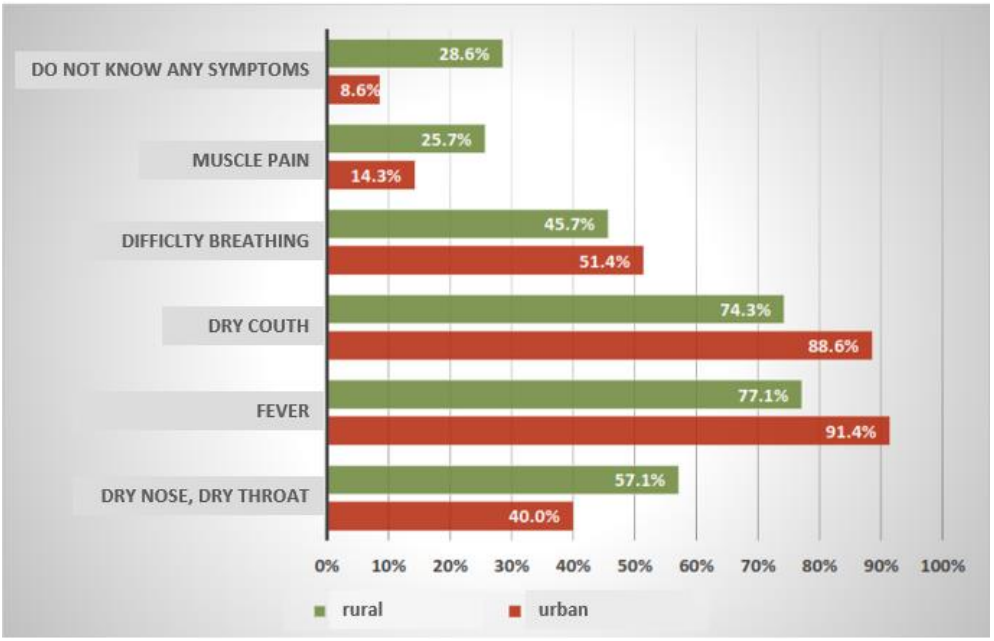
Figure 8. Awareness of respondents about CoV infection by type of disability (%)



Persons with hearing disabilities are most vulnerable in terms of access to information about CoV infection. If the proportion of persons with other disabilities who are not aware about CoV infection does not exceed 16.7% (10% persons with MSDs, 15% with disabilities caused by systemic disease, and 16.7% – visually impaired or blind), then the majority of hearing-impaired or deaf respondents (88,9%) are almost unaware at all. Only every tenth respondent with hearing disabilities is aware about CoV infection. This reaffirms findings of previous studies exploring the needs of persons with disabilities and particular vulnerability of persons with hearing disabilities concerning access to information (including information on reproductive health, family planning, etc.). This reflects the lack of information in mass and social media in adapted formats or supported by sign language interpreters.

To understand how well respondents knew symptoms of CoV disease they were asked to outline key symptoms which include dry nose and throat; fever; dry couth; difficulty breathing; muscle pain.

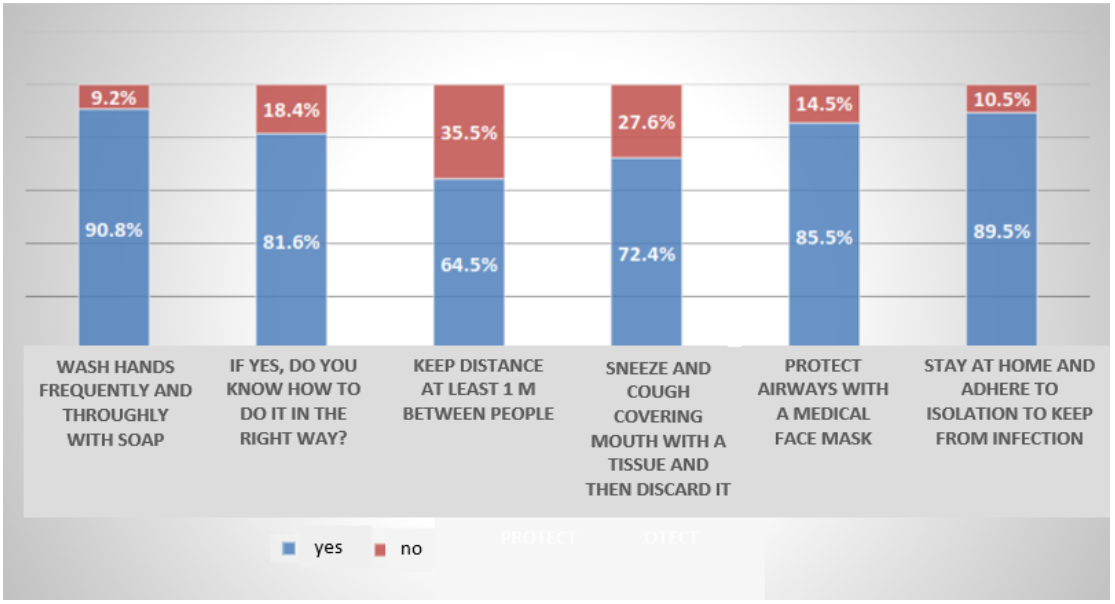
Figure 9. Awareness of respondents about CoV symptoms, by urban and rural residents (%)



Rural residents appeared to be least aware of the key CoV symptoms than urban residents. 28.6% rural persons with disabilities heard about CoV but could not name any symptom. The number of rural respondents unaware of CoV symptoms is three times more than urban ones. Usually respondents name such symptoms as dry couth and fever. Almost half of residents knew such CoV symptoms as dry throat and difficulty breathing.

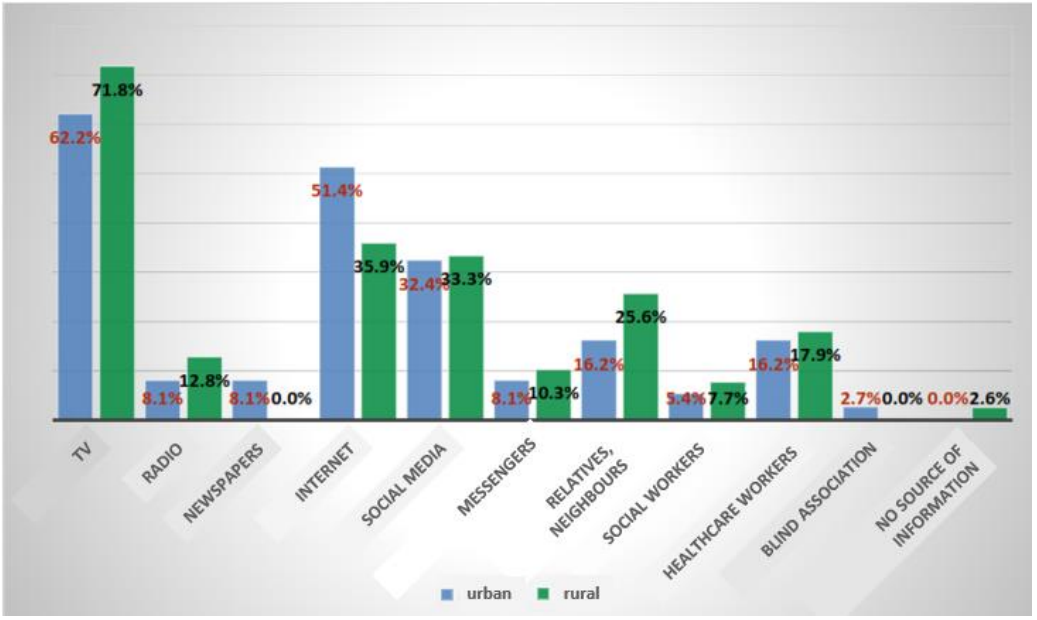
To understand the knowledge about main CoV prevention and protection the respondents were asked: "Do you know any protection and prevention measures against CoV infection?".

Figure 10. Awareness of respondents about main CoV prevention and protection measures (%)



Respondents are best informed about such prevention measures as 'wash hands thoroughly and frequently' and 'self-isolation' – 90.8% and 89.5% respectively. 64.5% respondents know how important it is to keep social distancing to avoid infection. Persons with group-1-disabilities know almost nothing about distancing due to their seclusion and limited contacts with the social networks.

Figure 11. Sources of information about CoV for urban and rural respondents (%)



The main source of information for the surveyed respondents is TV: 71.8% rural and 62.2% urban residents receive information from TV. Not all rural persons with disabilities have internet access or mobile phone connected to internet. Overall, they receive information from TV.

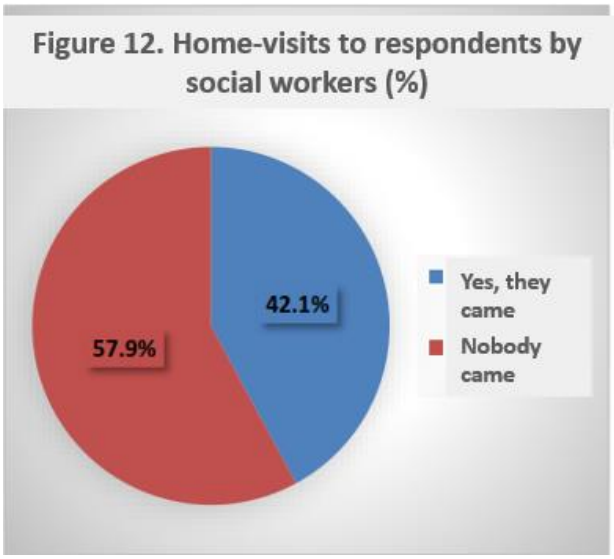
To assess to what extent information in mass media is understandable for persons with disabilities, they were asked: “Can you understand everything from formal information about CoV?”. 25.8% respondents reported that they could understand some. Negative responses were reported by respondents with hearing disabilities (hearing-impaired and deaf). As far as many channels do not provide sign-interpretation, persons with hearing disabilities cannot perceive information from mass media.

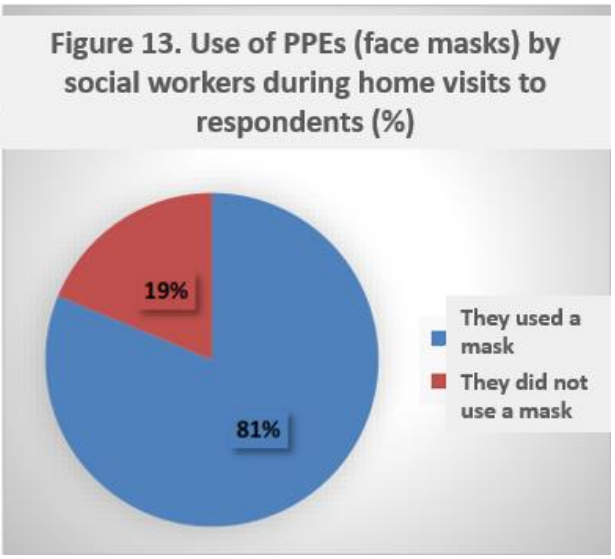
The second important source of information for respondents is internet and social media. Urban respondents use internet 1.5 times more often than rural persons. It is peculiar to rural persons that the third important information channel for them is relatives and neighbors.

For persons with hearing disabilities TB is not the most popular communication channel because TV news or videos with information about CoV do not provide sign interpretation.

2.5% rural respondents reported that they had not have any sources of information. Deaf and Blind Associations, especial rural ones, do not promote awareness of their target groups on such important issues as CoV prevention and protection.

Respondents report that they receive information from social workers least of all, as they seldom make home visits to persons with disabilities and consequently very rarely promote awareness about such important issues as protection from coronavirus. This is indirectly reflected in the following charts where respondents were asked: “If a social or healthcare worker came to you, did he/she wear a mask?”.



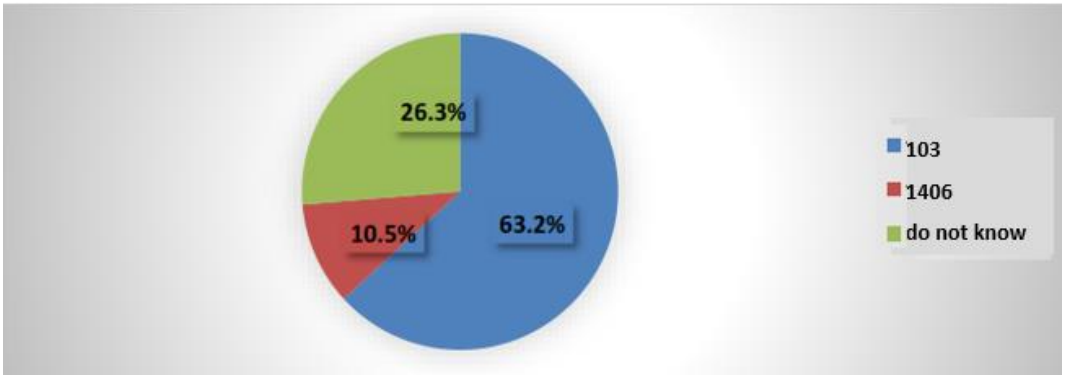


It follows from responses that only 42.1% respondents were visited by social workers, and they wore face masks only in every fifth visit.

57.9% respondents were not visited by social or healthcare workers during the lockdown and emergency at all. This is the case for persons with lifelong disabilities of groups 1 and 2.

To the question “Do you know where to call (telephone numbers of healthcare and social institutions, hotline) and what to do if you or someone in your family got infected with coronavirus?”, 63.2% respondents said that they would call “103”, this is a common and known telephone number. And only 10.5% reported to have known CoV hotline number – “1406”, while 26.3% respondents did not know telephone numbers to call in case of a CoV infection or for advice.

Figure 14. Awareness of respondents about where to call in case of CoV infection (%)



On the whole, 89.5% respondents are inadequately aware about where to call in case of infection or for advice.

Awareness about measures introduced by the Government to prevent spread of infection and protect persons with disabilities during emergency and lockdown in the country

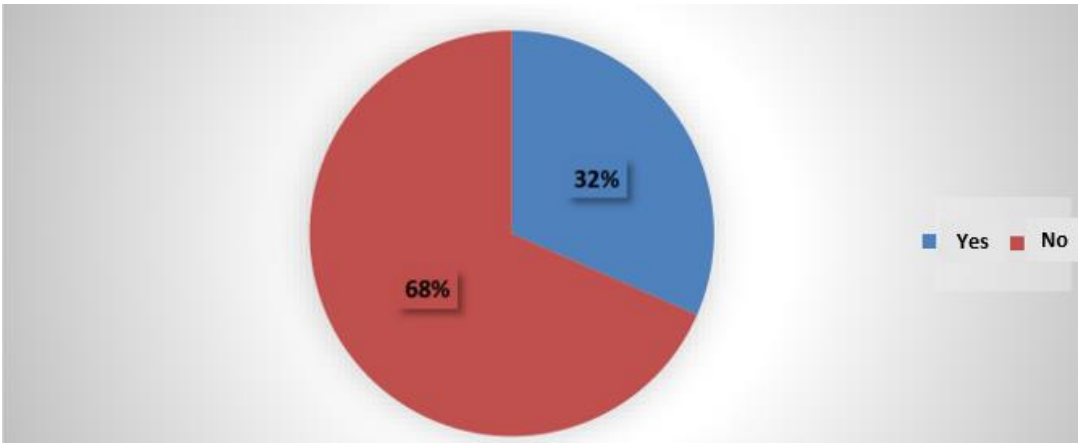
The President and Government of the Republic of Kazakhstan have taken some measures such as:

1. The President of Kazakhstan has tasked the Government to adjust the size of disability allowances and pensions by 10%;
2. Rules for delivery of certain public services in social and employment fields and the procedure for food and housekeeping support to certain population groups during the emergency are approved in accordance with Order of the President of Kazakhstan dated 16 March 2020;
3. During the emergency, the following public services are provided by means of an electronic request:

- file documents for disabled persons to get prosthetic and orthopedic care;
- provide disabled persons with audio and blind aid and essential hygienic products;
- file documents for disabled persons to get assistance from individual caregiver for first-group disabled persons experiencing mobility constraints and sign language assistant for persons with hearing disabilities;
- provide disabled persons with health resort treatment;
- file documents with a request for special home-care social services;
- file documents with a request for special social services in medical and social institutions (organizations);
- allocate government-funded targeted social assistance;
- allocate government-funded allowances to large families;
- allocate allowance to caregivers of first-group lifelong disabled persons;
- allocate social assistance to certain groups of citizens experiencing hardships as determined by local representative authorities;
- diagnose disability and/or degree of disability and/or identify necessary social protection measures. Extension of disability status by one year without face-to-face examination;

4. Supervisory Board of non-governmental foundation ‘Birgemiz’ initiated by Yelbasy has decided to allocate by 50,000 Tenge to support persons in most need amongst socially vulnerable populations in the context of coronavirus control.

Figure 15. Awareness about measures taken by the Government (%)



68% respondents are not aware of measures taken by the Government to control spread of infection and protect persons with disabilities during the emergency in the country. Only every third respondent (32%) is aware of such measures.

The most knowledgeable respondents are persons with group-three disabilities who used to work before emergency was announced and they are aware about social allowance equal to 42,500 Tenge from the government. All those respondents who gave positive answers to the question about a food basket for persons with disabilities knew about this measure, and 25% respondents knew about deferred loan repayments granted by banks. Essentially, these are respondents who had loans, i.e. every fourth person with disability is indebted to either a bank or microfinance organization. But only every third respondent who had borrowed loans was planning to use this extension opportunity. Others would not use this opportunity as they are scared that the interest will grow after the end of the emergency and this will aggravate their financial and economic status.

To explore potential channels though which respondents can receive information intelligible to them they were asked: “Who could communicate information about protection and prevention from coronavirus infection to you?”.

35.1% urban and 15.4% rural respondents reported that they relied mostly on healthcare workers. 21.6% urban and 15.4% rural respondents did not know how to answer this question saying that they had no contact with healthcare or social workers or other institutions which could have supported them.

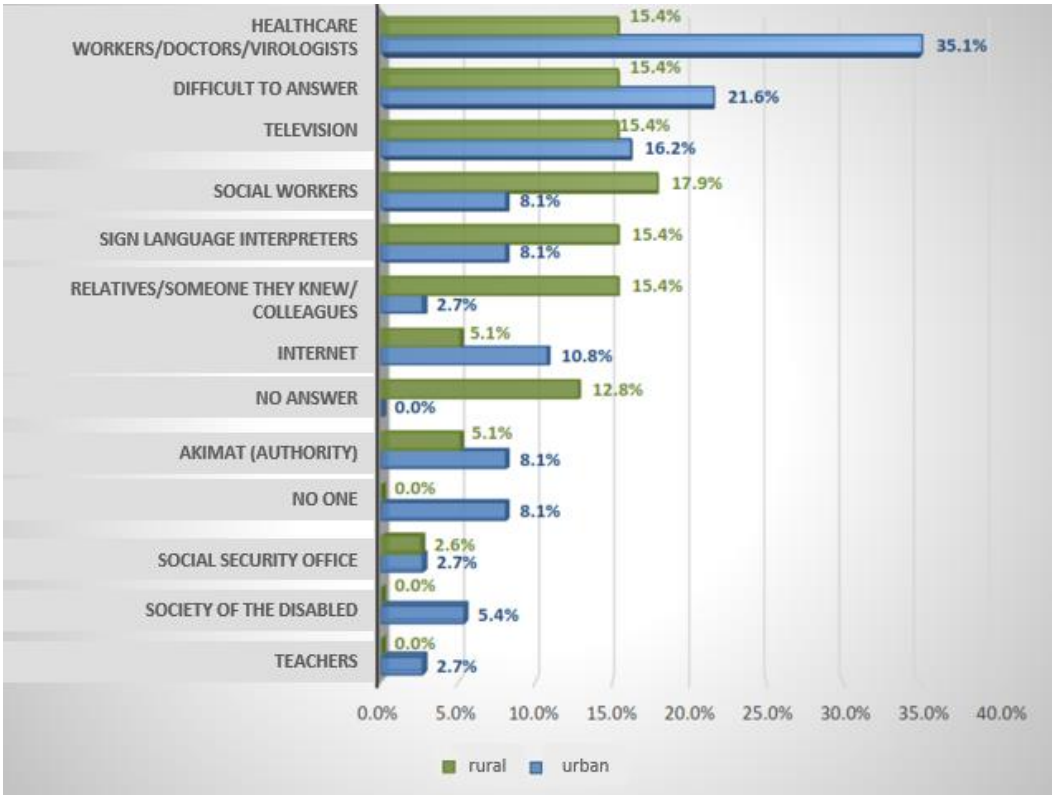
In terms of communication of information, urban respondents, due to more frequent visits to polyclinics, relied more on healthcare workers, while rural respondents relied on social workers and relatives alike (18% and 15.4% respectively). This is related to the fact that caregivers of rural respondents are often relatives of persons with disabilities.

Television is one of the main sources of information – nearly 16% information about protection from CoV infection is received by persons of disabilities from TV programs. Internet is more than twice better available for urban persons – approximately 11% information is received by urban persons from internet, and only 5% of internet information is available to rural persons.

For persons with hearing disabilities (hearing-impaired and deaf) the main source of information is sign language interpreters who assist them – the services of sign language interpreters are used almost twice as frequently in the villages as in the cities (15.4% and 8.1% respectively).

The analysis found that in such emergencies the Blind and Deaf Associations do not provide necessary information to their target groups.

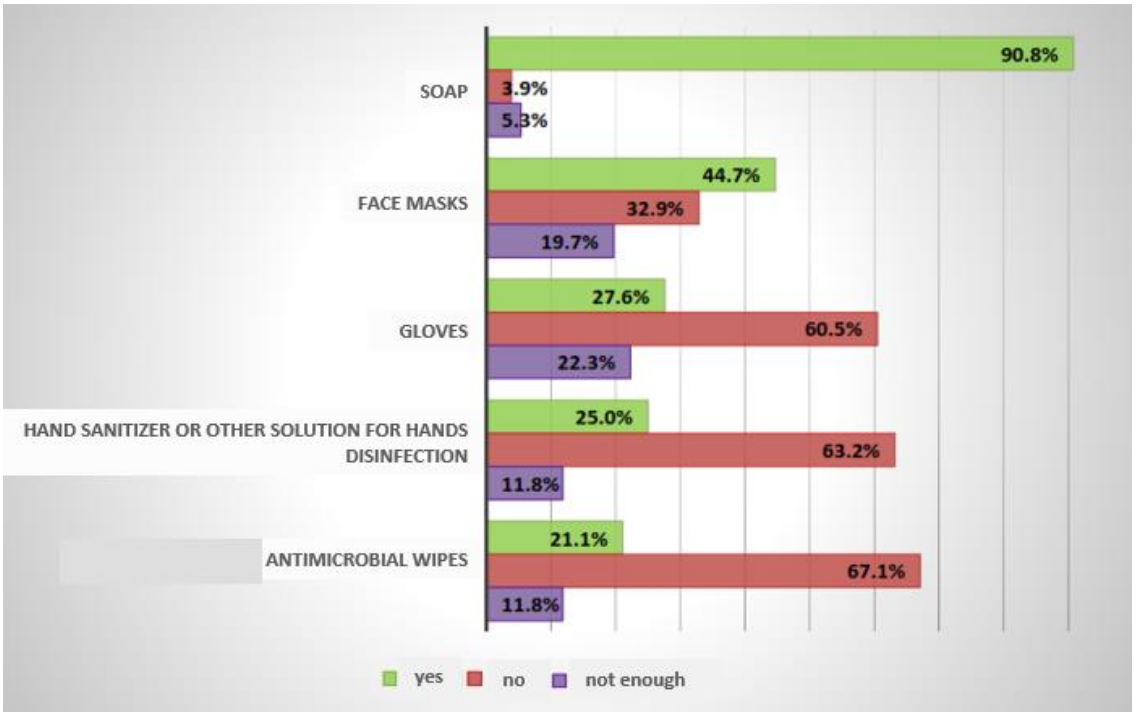
Figure 16. Channels of information about protection from CoV infection preferred by respondents (%)



II. Access to care: what persons with disabilities need

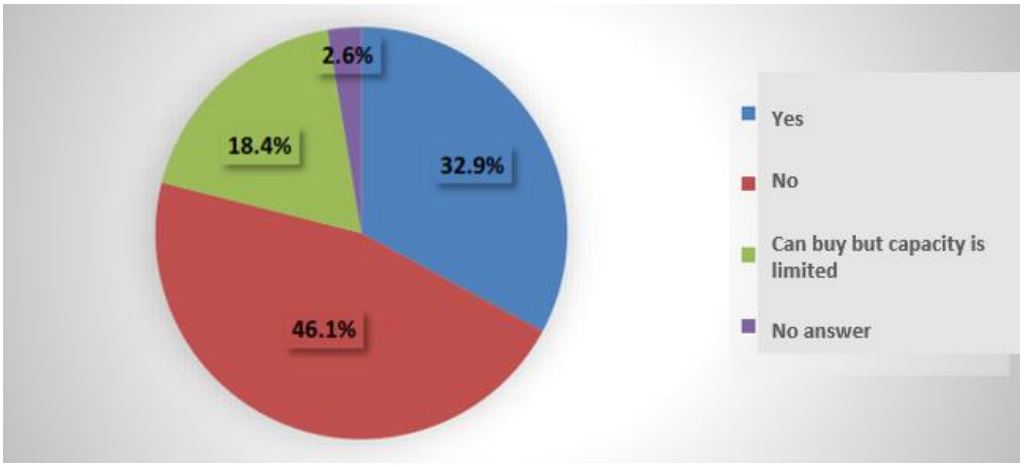
The most accessible means of protection and prevention include soap, and it is available to 90.8% respondents. Hand sanitizers are available to 25%, and antimicrobial tissues are available to 21.1% respondents. Face masks are available to less than a half of respondents (44.7%), and only 12% reported that face masks were provided to them by charity organizations.

Figure 17. Availability and affordability of protection and prevention from CoV infection



To assess capacity to go to a shop/pharmacy in order to buy protection supplies and affordability the respondents were asked: “Can you afford them?”.

Figure 18. Affordability of protection equipment (%)



18.4% respondents reported that the reason behind inadequate availability of CoV protective supplies is the absence of cash or high cost in pharmacies and shops. And all respondents complained that they had not been able to buy protective supplies in sufficient quantities.

46.1% respondents could not afford them at all. Half of respondents reported that protective supplies had not been available in near-by pharmacies or shops.

Only every third respondent was able to buy protective supplies because their relatives or adult children helped them.

72.4% respondents knew how to dispose of the used face masks: discard, incinerate; 27.6% respondents did not know how to dispose of face masks in the right way.

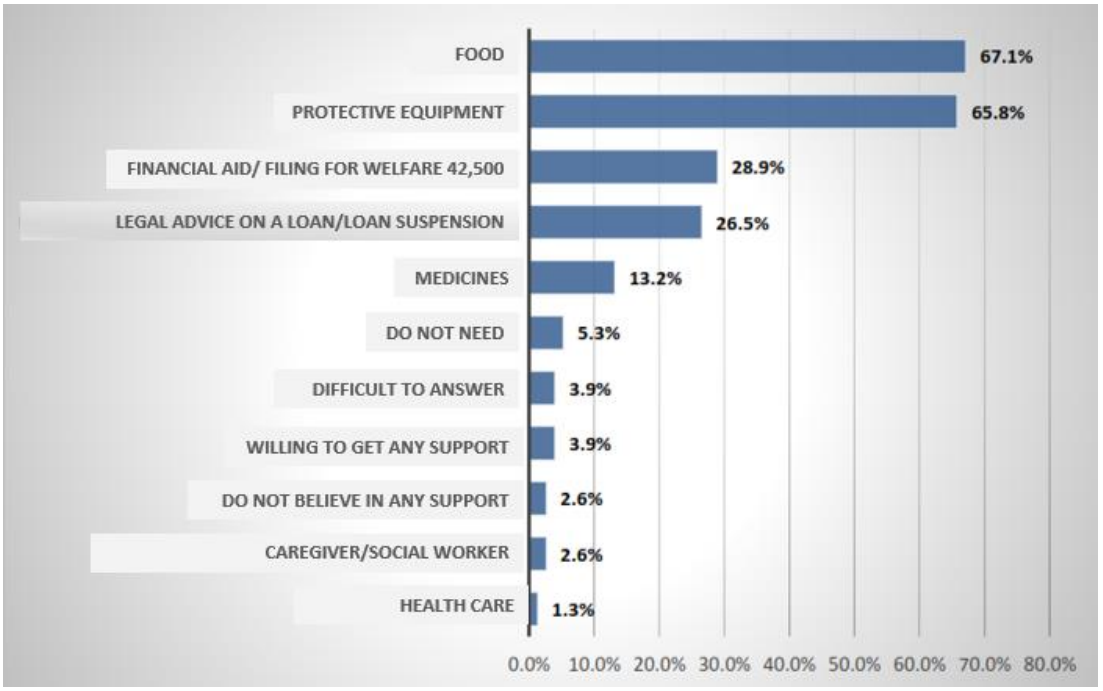
To explore what kind of support persons need during the emergency and restrictive measures, respondents were asked the respective question.

We found that respondents mainly needed food and CoV protective supplies – 67.1% and 65.8% respectively.

Persons with disabilities reported that during the emergency and restrictive measures they needed health care least of all (1.3% respondents). Persons with diagnosed lifelong disabilities from groups 1 and 2 sought healthcare in very rare cases. Also, they reported that healthcare workers had not made household visits or invited to annual prophylaxis examination or screening.

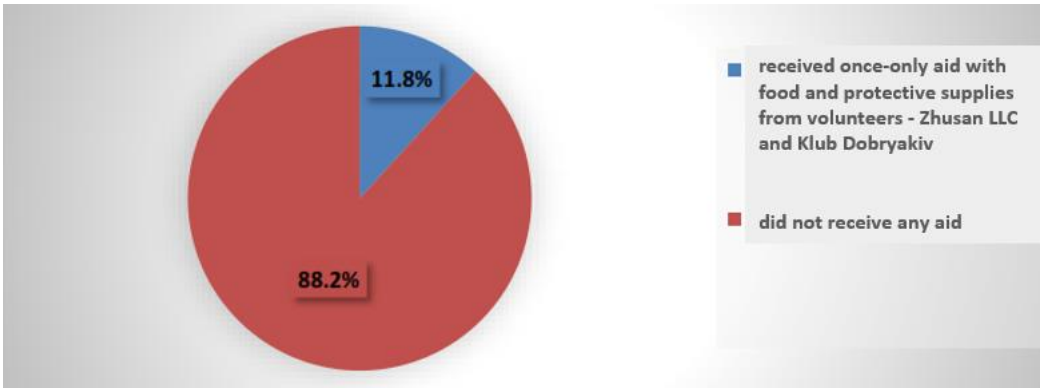
29% respondents emphasized the need for financial support, 25% respondents said that they needed legal advice regarding their loans.

Figure 19. Necessary support measures during the emergency and restrictive measures (%)



During the emergency, only 11.8% respondents received once-only support with food and protection equipment from volunteers - Zhusan LLC and Klub Dobryakov; 88.2% respondents did not receive any support.

Figure 20. Assistance to respondents provided by non-governmental and non-for-profit organizations and volunteers during the emergency and lockdown (%)



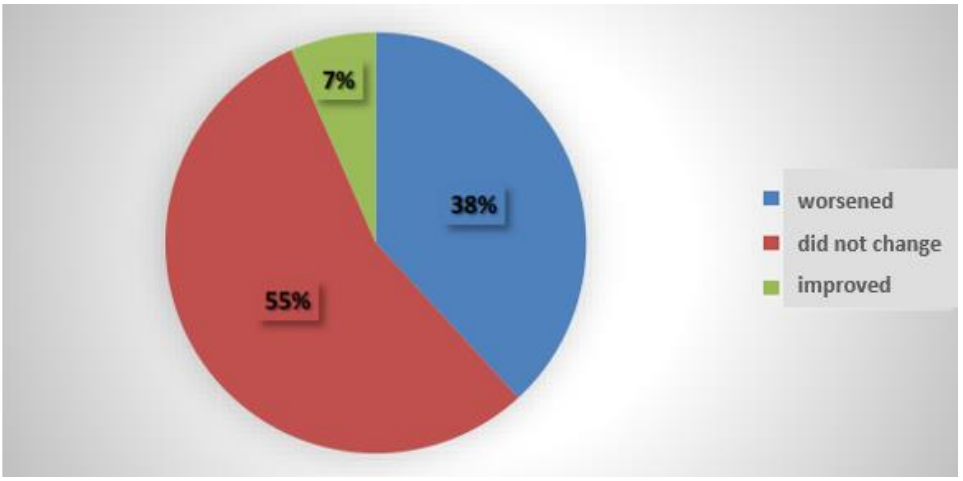
Persons with group-3 disabilities who received any income from business before the emergency and who lost income during the emergency were eligible to welfare benefit equal to 42,500 Tenge according to the Order of the President of Kazakhstan. However, clarifications were not communicated by local authorities in the right ways such as they claimed that persons with group 3 disabilities were not eligible for welfare benefits because their disability allowances had been adjusted by 10%.

III. Domestic violence: facts and access to information and protection

During a crisis, women and girls, as well as persons with disabilities are more frequently exposed to risk of violence against them. Some persons experience violence from their partners/husbands, family members, and in the context of emergency and restrictive measures such risk is often aggravated.

To understand whether the risk of violence in families of persons with disabilities has increased during the emergency and restricted opportunities to go out of homes, the respondents were asked whether family relationship had worsened, whether they had experienced violence before, whether violence had become more frequent; whether additional problems had occurred at that time in communication or interaction with family members or staff of organizations and institutions.

Figure 21. What respondents think about changes in family relationships (%)



38% respondents reported that during that period family relationship had worsened. One of the key reasons was reported as loss of job and income of family members who had used to work before, which resulted in significant worsening of financial standing. Other causes of tense relations in a family include fear and panic resulted from uncertainty about future stability.

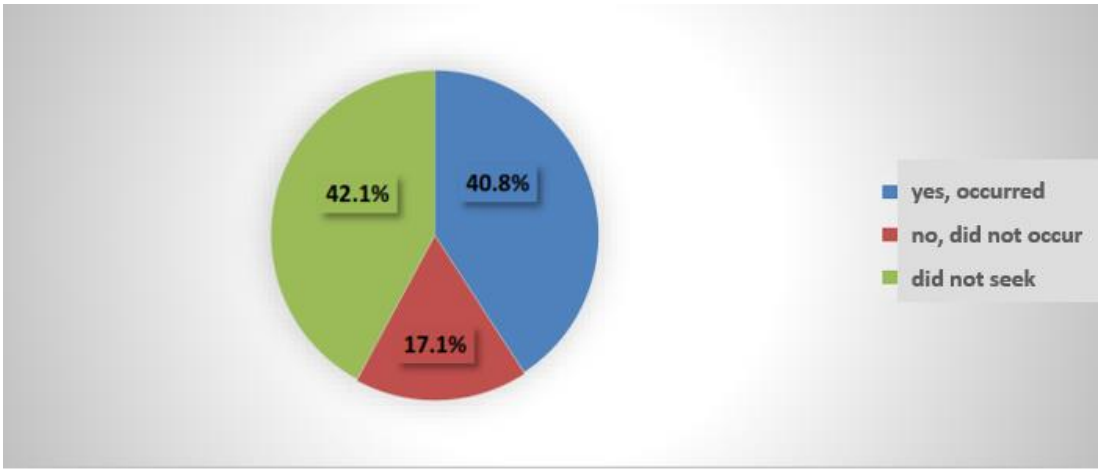
55% respondents did not report changes in family relations.

7% respondents reported that family relations had improved – family members had been communicating with each other more frequently and closer resulting in better understanding and improved relations.

Problems in interaction with healthcare and social workers, local police and staff of other organizations and institutions had existed even before emergency and lockdown in the form of inadequate delivery of services to persons with disabilities. Respondents complained against quality and volume of services, particularly rehabilitation services. Dissatisfaction was reported with low-grade assistive devices, absence of information about rights of persons with disabilities and communication of information in the wrong way. Healthcare and social workers, local police and staff of other organizations and institutions did not respond adequately or delayed response to domestic violence. Local police did not issue restraining orders against abusers.

During the emergency and lockdown, due to the absence of skills in these institutions to work remotely with persons with disabilities, and since many respondents did not have internet access, smartphone, telephone, computer, especially in rural areas, additional problems occurred in interaction with response authorities and delivery of services.

Figure 22. Additional challenges faced by respondents in interaction with healthcare, social, police workers and workers from other organizations and institutions (%)



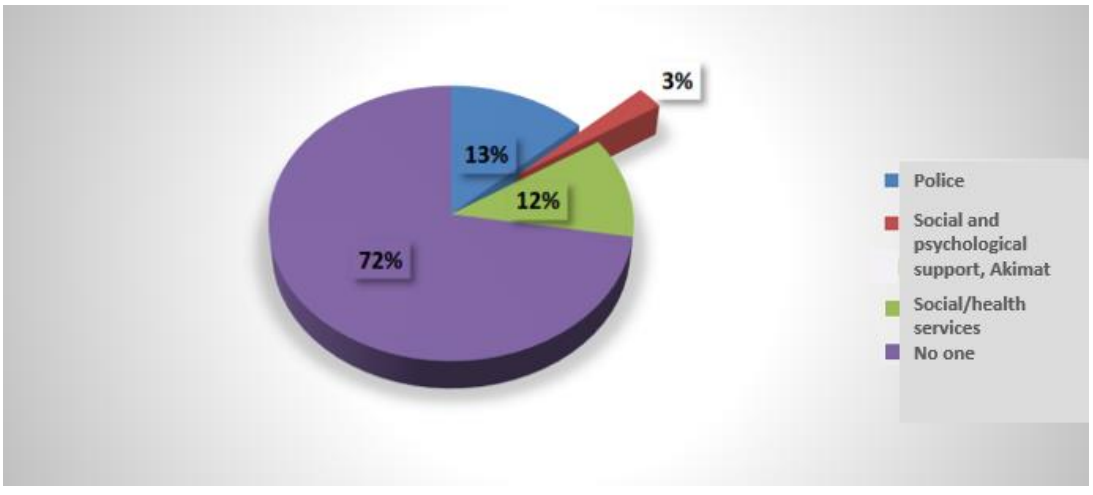
42.1% respondents did not seek help from local police, social workers or healthcare workers during the emergency and lockdown. Often, the lack of confidentiality and beliefs that "dirty linen should not be washed in public" and it is shameful and disgraceful hold the affected persons from seeking aid from social, healthcare or police workers.

40.8% respondents reported to have encountered additional problems while interacting with healthcare, social, local police workers and workers from other organizations and institutions due to the lack of information in a user-friendly format where necessary. Also, respondents expressed distrust and/or lack of confidence in the authorities (local police, healthcare and social services) that in the event of violence these services would respond rapidly and provide necessary aid. 10.9% respondents reported that when they had approached the authorities their requests had been declined on the pretext of lockdown and remote work as required by the emergency and prohibition to visit households.

17.1% respondents said that they knew their rights, were adequately aware about the emergency situation and situation in the country and that they had no additional problems in contacts with healthcare, social, local police workers or staff from other organizations and institutions.

To assess capacities of persons with disabilities to seek help in the event of domestic violence and communication channels, the respondents were asked: "Can you resort or have you ever resorted for help to local police inspector, staff from sociopsychological follow up of individuals experiencing violence, healthcare and/or social worker because of violence?".

Figure 23. Possibility to seek help from local police inspector, sociopsychological follow-up, healthcare and/or social worker because of violence (%)

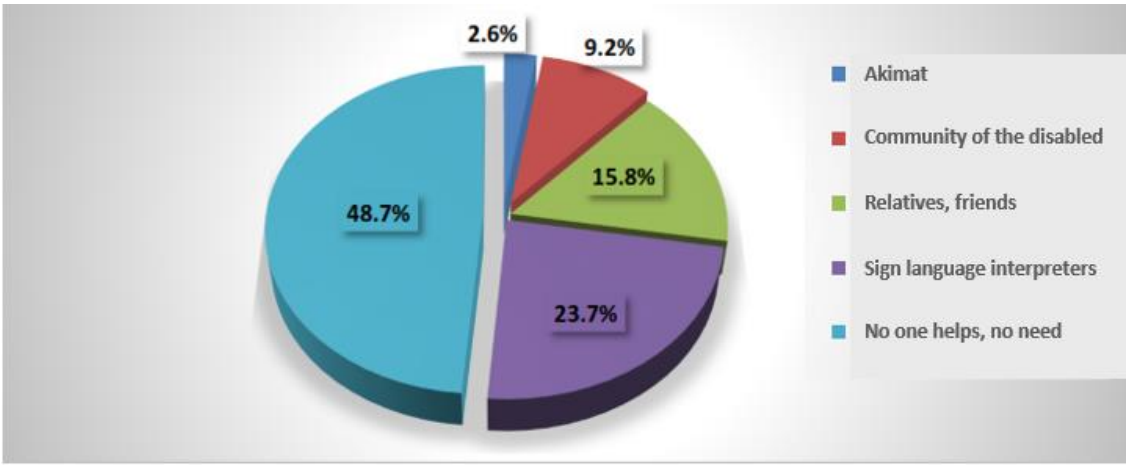


72% respondents reported that in the event of violence they had no opportunity to seek help from local police inspector, sociopsychological follow-up service for individuals experiencing violence, healthcare and/or social workers. Many respondents with disabilities due to MSDs and systemic diseases, especially rural respondents, do not have mobile phones to call for help or make an emergency call. Persons with hearing disabilities may resort to institutions and organization only with the help of sign language interpreters which is a limitation to quick access to protection from and response to violence. Persons with group 1 and partially group 2 disabilities are emotionally, physically and economically dependent on care-giving family members. Often, they do not have their own mobile phones. 2/3 respondents from these disability groups expressed distrust and doubted to have any help from healthcare and social workers, local police or other organizations and institutions.

Only 28% respondents have an opportunity to seek help from local police inspector – 13%, social and healthcare worker – 12%, and sociopsychological follow-up service - only 3% in the event of violence.

To assess whether respondents receive any support in a situation when they need help, they were asked: “Does anyone beyond family help you to cope with difficulties and domestic violence?”.

Figure 24. How help is provided in difficult situation and in the event of domestic violence (%)

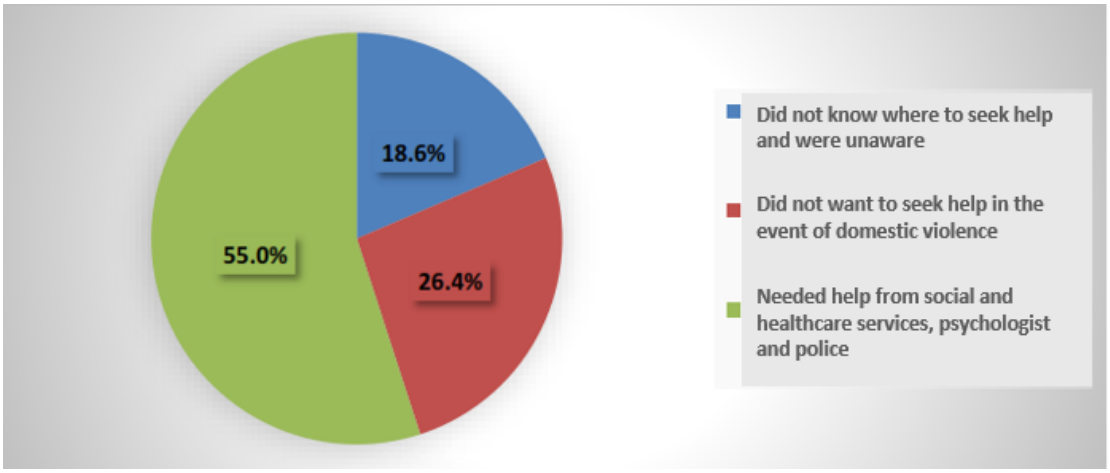


48.7% respondents reported that no one helped them to cope with difficulties and domestic violence and they did not need any help. Some responses showed that if they had not received adequate assistance in previous requests, they would not seek again due to the absence of information in user friendly formats and channels (many of them are inadequately aware of their rights). 32.9% respondents (two-thirds of them are persons with hearing disabilities) receive help from sign language interpreters and Societies of the Disabled. 15.8% respondents receive help from relatives in difficult situation; and only 3% - from sociopsychological follow-up services.

To the question: “What kind of help do you need in case of domestic violence?”, 18.6% respondents said that they did not know where to seek help in such situations because they did not have necessary information.

26.4% respondents were not willing to seek any help in the event of domestic violence because they felt shameful and that other persons would reprove. Also, their dependence on family members if they choose to seek help spawns fear of stronger violence. All these hold persons experiencing violence from seeking help from social, healthcare or local police workers. However, 55% respondents needed help of social and healthcare services, psychologist and police.

Figure 25. Need for help in cases of domestic violence during the emergency and lockdown (%)



Special needs of persons with disabilities regarding prevention and protection from coronavirus and gender-based violence during the emergency in Kazakhstan

On 31 March, the President of Kazakhstan made a statement regarding emergency in the country and tasked adjust pensions and government-funded welfare benefits by 10% in annual terms and expand the list of population groups eligible for free-of-charge food support by including persons with disabilities from all groups. This was followed by statements of State Commission's Emergency Control Center to allocate government-funded social support equal to 42,500 Tenge to persons with disabilities from groups 1, 2 and 3. Later on, the Minister of Labor and Social Protection made a clarification that persons with disabilities from groups 1, 2 and 3 were not eligible for such government payments. As the result, the absence of accurate information about entitlements during the emergency to persons with disabilities and often changing terms of state support mislead and increase distrust resulting in disrupted psychological climate in families of persons with disabilities.

The rapid assessment found:

1. During the emergency and lockdown, local police, healthcare and social workers should monitor position of persons with various disabilities (visual, hearing, MSDs and systemic diseases) and raise their awareness about prevention and protection from coronavirus infection and provide with PPEs.

2. Also, these population groups need access to information about government support to persons with disabilities during the emergency and lockdown

During the emergency, social workers, as well as healthcare workers, local police and sociopsychological follow up services do not make home visits to persons with disabilities under the pretext of lockdown and remote work. Remote work worsens the position of persons with disabilities because many of them do not have mobile phones, personal computers, and therefore they are unable to use services remotely. During the emergency and lockdown, persons with disabilities, in addition to violence becoming more frequent, experience psychological and emotional tension due to difficult economic situation. We can feel despair, isolation and distrust to authorities in expectation of specific support in many responses to the questions asked to respondents.

3. Persons with disabilities need a rapid response system (local police, healthcare and social services) in the event of CoV infection and domestic violence during the emergency and lockdown

In a crisis, women and girls are exposed to violence risk more frequently. Some of them suffer from violence committed by a partner/husband, family members; and in the emergency and restrictive measures such risk becomes strongest.

Local police, health and social care staff should be trained to communicate prevention and protection from CoV in the right ways, how to work remotely with persons with various disabilities, as well as security and risk mitigation planning for persons with disabilities in a situation of aggravation of a potential or current violence.

4. Persons with disabilities are not adequately aware of CoV prevention and protection due to unavailability of user-friendly format and channels for information about government support

It is necessary to raise awareness of persons with disabilities about CoV prevention and protection, make such information available in mass and social media in formats intelligible to persons with various disabilities.

It is necessary to make information about CoV prevention and protection available to these population groups with communication channels in intelligible formats where necessary:

- Braille script;
- large print;
- audio support;
- video-audio-aural clips for hearing and visually handicapped persons;
- infographics;
- sign language with interpreter of the preferred sex (e.g. when seeking aid from a doctor or police);
- captions in the two languages in Cyrillic;
- easy-to-read format (e.g. simple phrases, easy to read and understand).

5. It is necessary to improve communication between persons with disabilities and their family members and community

During the emergency and lockdown, it is necessary jointly with social services and sociopsychological support to provide a remote channel of psychological advice and identify needs of persons with disabilities who suffer violence and need support. Provide psychological support to persons with disabilities and their family members.

6. During the emergency and lockdown, it is necessary to improve coordinated action of health sector, psychosocial support, police, education, crisis centers and civil society with regard to CoV prevention and effective response to gender-based/domestic violence against persons with disabilities

This would require development of guidelines, protocols and instructions for these sectors with regard to raising awareness and support related to CoV prevention and protection to persons with disabilities tailored to the type of disability: hearing, speech, visual, musculoskeletal, mental or intellectual impairments.

Provide training to social workers (including caregivers, sign language interpreters), healthcare workers and police officers on operational aspects in work with persons with various disabilities, such as how to rapidly alert about CoV protection and prevention; provide with PPEs, detect and respond to gender-based/domestic violence.

7. Need for effective communication with the authorities

Often, disability leads to low self-esteem, especially in women, and victimized behavior with respective psychoemotional state. Inadequate communication skills of the authorities in work with persons with special needs and response to their needs, limited knowledge about causes and prevention of gender-based/domestic violence and procedure to help victims of violence aggravate the problem especially during the lockdown and emergency. As a result, persons with disabilities cease trusting authorities.

Therefore, it is necessary to provide training to the staff of the authorities, social, healthcare and police workers on response to special needs of persons with various disabilities and prevention of violence, especially during the emergencies and lockdown.

8. Economic needs of persons with various disabilities from all disability groups

All respondents interviewed during the survey reported that they needed protective supplies (face masks, gloves, sanitizers, etc.), food, suspension of loan payments. Many respondents and their family members are vulnerable population groups. During the emergency, their financial and economic position has been aggravated by restrictive measures, loss of jobs, expensive food, medicines and protective supplies. Many families with persons with disabilities, especially rural ones, often live on disability allowances only.

9. Special needs of persons with hearing disabilities (hearing-impaired/deaf)

Persons with hearing disabilities do not have an adequate access to information about all aspects of life-sustaining activities in intelligible format. Many rural persons with group-1 disability did not attend school. Often, they do not understand what is written. Hearing disability and low awareness are associated with intellectual impairments and developmental delays. They do not have adequate and sufficient information about CoV prevention and often are unable to explain their health problems and understand advice of a healthcare worker.

Many persons with hearing disabilities do not know sign language. Even when they know some sign language, their family members, caregivers and children do not. Communication with persons who are not hearing-impaired is very limited without the help of sign language interpreters. The main source of information is TV, and hearing-impaired respondents reported that TV programs often lacked sign language interpretation, except for some news programs on some TV channels.

The above limitations in receiving information for hearing-impaired persons determine their special needs in access to:

- mass media information, particularly about CoV prevention and protection – TV programs with sign language interpretation, easy-to-use and to-understand adapted sites;
- information about government support measures to persons with disabilities during the emergency and lockdown;
- health services in the event of appearance of CoV symptoms, especially in rural areas;
- information about existing services to protect from gender-based/domestic violence;
- social and psychological services.

10. Special needs of persons with visual disabilities (visually impaired and blind)

Only trained persons with lifelong visual disability can read /understand Braille script. But such training is not available in rural areas, and visually impaired and blind persons need assistive sound devices and special software. Specialists who provide support to such population group should know how to communicate with individuals with such devices.

Many persons with lifelong visual disability especially in rural areas did not attend school. Often, visual disability is associated with thinking impairments, they can hardly explain their health problems or understand advice of a healthcare worker.

Persons who became blind later in life very rarely know Braille script and need audio information.

Prevention of possible difficulties in adaptation of persons with visual disabilities, development of knowledge and skills of self-adjustment, support to robust personality and professional development can mitigate the risk of violence against them. The above limitations in receiving information for visually impaired persons determine their special needs in access to:

- mass media information, particularly about CoV prevention and protection, as well as in Braille script;
- information about government support measures to persons with disabilities during the emergency and lockdown;
- health services in the event of appearance of CoV symptoms;
- information about existing services to protect from gender-based/domestic violence;
- social and psychological services.

11. Special needs of persons with disabilities due to musculoskeletal disorders and systemic diseases

Persons with disabilities due to musculoskeletal disorders and systemic diseases exposed to violence need:

- information about CoV prevention and protection;
- information about government support measures to persons with disabilities during the emergency and lockdown;
- information about existing services to protect from gender-based/domestic violence;
- physical access to healthcare institutions and services adapted to persons with limited mobility;
- physical access to healthcare institutions and violence-protection services adapted to persons with limited mobility;
- reliable supply of medicines according to the diagnosis;
- social and psychological services tailored to peculiar psychological state in emergencies.

Conclusions and recommendations

In emergencies, persons with disabilities appear to be more vulnerable in terms of adequate access to information, resources and services; and they are more exposed to risk of violence, especially women and girls with disabilities.

In the context of coronavirus pandemic and emergency in Kazakhstan, persons with disabilities are more vulnerable in terms of adequate access to information, resources and services related to prevention and protection from coronavirus infection.

Besides, the pandemic aggravates and increases gender-based violence risks, therefore, protection and empowerment of women and girls, particularly women and girls with disabilities, should become priorities for the government.

According to Article 16 of the Convention on the Rights of Persons with Disabilities “Freedom from exploitation, violence and abuse”, the State Parties are required to take all appropriate measures to protect from all forms of exploitation, violence and abuse by ensuring gender- and age-specific assistance and support for persons with disabilities and their families and caregivers.

The study implemented under the technical support of the United Nations Population Fund found that:

- the proportion of respondents unaware of the coronavirus infection is 30.3% which reflects quite a low level of knowledge of persons with disabilities about this. Rural residents are less aware of the coronavirus infection than urban ones (the number of urban respondents aware of the coronavirus infection is 10% more than the number of rural respondents) – every fourth urban respondent and every third rural respondent are not aware adequately about CoV infection;
- persons with hearing disabilities are more vulnerable in terms of access to information about CoV infection. The proportion of persons with other types of disabilities who are unaware of CoV infection does not exceed 16.7%, while the majority (88.9%) of hearing-impaired or deaf respondents does not have this knowledge. Only every tenth respondent with hearing disabilities is aware of CoV due to the deficit of appropriate information in mass and social media in adapted formats (with sign language interpretation);

- 28.6% rural persons with disabilities heard about CoV but are unaware of any symptoms. The number of rural respondents unaware of CoV symptoms is three times more than urban ones. Approximately 80% respondents know such symptoms as dry cough and fever, and only half of respondents know such CoV symptoms as dry throat and difficulty breathing;
- respondents are best informed about such prevention measure as 'wash hands thoroughly and frequently' and 'self-isolation' – 90.8% and 89.5% respectively. Least of all they are informed about such measure as 'social distancing' – 64.5% respondents;
- the main source of information for respondents is television: 71% rural and 62.2% urban residents receive information from television. Internet or mobile phone with internet access are not available to all rural persons with disabilities; that is why they receive information from television;
- the second important source of information for respondents is internet and social media. Urban respondents use internet 1.5 times more frequently than rural respondents;
- the least information is received from social workers because they rarely make home visits to persons with disabilities and rarely if ever inform about such important things as protection from coronavirus;
- 68% respondents are not fully aware about government measures concerning transmission of infection and protection of persons with disabilities during the state of emergency in the country. Only 32% respondents are aware of such measures;
- persons with hearing disabilities are the most vulnerable group in terms of communication because they do not perceive or understand information from mass media and are not aware about measures made by the government during the emergency due to the absence of adapted formats of communication, particularly, sign language interpretation on TV channels;
- in general, 89.5% respondents are not well aware where to seek help in case of infection or get advice;
- persons with disabilities are not well provided with sanitary and hygienic supplies to protect from CoV – 44.7% respondents had face masks and only 25% respondents had sanitizers;
- 46.1% respondents could not afford sanitary and hygienic supplies to protect from CoV due to the cash shortages and higher prices in pharmacies and shops and deficit of protection supplies in near-by pharmacies and shops;
- only every third respondent could afford protective supplies adding that relatives and adult children helped them to do so;
- during the emergency and restrictive measures, the majority of respondents needed food support and protection from CoV – 67.1% and 65.8% respectively. 29% respondents reported the need for financial support, 25% respondents needed legal advice on loans;
- during the emergency, only 11.8% respondents received one-off assistance with food and protective supplies from volunteers or non-governmental organizations;
- 38% respondents reported that relations in their families had worsened during the lockdown. Loss of jobs and incomes by family members were reported as one of the main reasons of worsened family relations resulting in poorer financial state. Other reasons for tension in the family included fear and panic caused by uncertainty in future stability;
- 40.8% respondents faced additional problems with healthcare and social workers, local police and staff from other organizations and institutions. They noted lack of confidence in rapid response by the authorities (local police, health and social services) in case of violence;
- 72% respondents reported that in the event of violence they had been unable to seek help from local police inspector, sociopsychological follow up services, healthcare and/or social worker. Persons with hearing disabilities could communicate with institutions and organizations with the help of sign language interpreters which is a limitation to quick access to protection and response to violence. Persons with group-1 and partially group-2 disabilities are physically and economically dependent of caregivers from the family. Often, they had no own mobile phone to call for help or make an emergency call. 2/3 respondents from these disability groups expressed distrust and doubted any help from healthcare and social workers, local police or other organizations and institutions;

- 28% respondents are able to seek help, in case of violence, from local police inspector (13%), social and healthcare worker (12%), and sociopsychological follow up services (3% only);
- only 17.1% respondents know their rights, are adequately aware of the emergency state in the country and measures, and they do not have additional problems in interaction with healthcare, social or police workers or staff from other organizations and institutions;
- 26.4% respondents are not willing to seek help in case of domestic violence because they are ashamed and fear that other people would reprove. Also, their dependence on family members if they choose to seek help spawns fear of stronger violence. All these hold them from seeking help from healthcare, social or police workers;
- 55% respondents reported that they needed help from social and healthcare services, psychologist and police.

Low awareness and legal ignorance of the significant proportion of persons with disabilities make them vulnerable in emergencies and often an object of violence, abuse, fraud and other offences against person. Psychological aid and helpline with experts qualified and skilled to work with persons with disabilities are not existing. Domestic violence prevention programs do not take into account specific needs of these population groups either.

Often, social and healthcare workers, staff of crisis centers or hotlines are not appropriately trained and do not have skills of rapid response in terms of provision of information and protective services in the context of lockdown and emergency. Isolation and lack of information in easy formats make it even more difficult for persons with various disabilities to receive information about prevention and protection from CoV infection.

Communication barriers are especially acute for persons with sensory and intellectual disabilities and constrain access to information about CoV disease and symptoms, violence and emergency advice in crisis, security planning and other protection services.

The role of healthcare, social security, local police, social and psychological support, civil society organizations involved into problems of persons with disabilities is the key in this system – to provide support to raising awareness about CoV prevention and protection, coordinate activities of institutions providing health, psychological and social care, and ensure access to medicines, protective supplies and food support. In accordance with the Sustainable Development Agenda and Leaving No one Behind principle, it is necessary to integrate special needs of persons with disabilities into support mechanisms and measures undertaken by the government during the lockdown and emergency.

Measures to prevent and protect from CoV and prevent violence against persons with disabilities

1) To raise awareness of persons with various disabilities about prevention and protection from CoV it is necessary to ensure access to information in mass and social media and other communication channels in formats intelligible to persons with disabilities.

   It is necessary to develop guidelines, infographics, video/audio/sign clips for persons with disabilities. In particular, the following formats should be available to persons with hearing disabilities:

   - Braille script;
   - large print;
   - sign language with interpreter
   - caption in the two languages in Cyrillic;
   - easy-to-read format (e.g. simple phrases, easy to read and understand).

2) It is necessary to provide training to healthcare and social care workers, local police and sociopsychological support services on the communication about CoV prevention and protection, government measures during the emergency, government support measures for persons with disabilities, as well as security planning and risk mitigation for persons with disabilities in a situation of aggravation of potential or current violence during the emergency.

3) It is necessary to provide persons with various disabilities with access to protective services to persons affected by violence and crisis centers.
4) Local authorities should strengthen monitoring and control over delivery of services to persons with disabilities and protection of their rights during the lockdown and emergency.
5) Provide accessible ways of emergency reporting of risk and violence during the lockdown and emergency.
6) Support and develop volunteer organizations involved into support to persons with disabilities on CoV prevention and protection, provision of protective supplies, food support and legal advice on loans and one-off social benefits.
7) It is necessary to develop distance learning to enable access to education for persons with disabilities who are constrained to get education in ordinary institutions.
8) Provide online training courses to persons with disabilities to raise their awareness about rights and protection of rights, as well as socioeconomic and legal services provided by the government to them taking into account potential violence experienced by them.
9) Provide access to appropriate support services to persons with disabilities affected by domestic violence (CoV hotline – 1406, helpline in districts and cities). One of the ways is to link with the existing CoV and violence hotline and develop a special guidance for hotline operators on how to communicate with persons with disabilities.
10) Make available services of sign language interpreters for effective communication with persons with hearing disabilities in all organizations and institutions involved into delivery of services to persons with disabilities.

Annex 1

Respondents' stories

Stories of women with disabilities affected by violence and interviewed in 2019 who reported aggravation of violence during the emergency and lockdown in the course of 2020 survey.

Story 1 (Blind female respondent. Visual disability group 1, Turkestan)

Survey in 2019

"When I was 17, I was raped by a relative. To avoid disgrace my parents made me marry him. I did not love him and it was disgusting to share a bed. During a month, I experienced several episodes of sexual, physical and emotional violence from my husband. In a month, I left him and returned home. Due to the stress I suffered glaucoma and became visually disabled (group 1).

At 21, I met a man special to me. I got pregnant but my mother was against that marriage because he was visually handicapped as well. By trick, she took me to doctors in Shymkent who terminated my pregnancy by caesarean section at 20 weeks and ligated my tubes without my knowledge and consent to prevent me from further pregnancies. A nurse said that it was a beautiful girl... Then I wanted to commit a suicide, took sleeping pills, cut my veins with a knife. Now my mother regrets but you cannot return what had already happened...

Then I married a man with mobility impairment. We lived in a village. His brother attempted to rape me. We divorced in 3.5 years.

Then I learnt to do massage. Now I receive private clients. Sometimes male clients are rude and force to sex but I learnt to defend myself. I do not believe anyone. And I will never marry again.

Do you think that if my tubes are "unligated" I can get pregnant?.. If I gave birth that time, I would have had a 10-year-old daughter...".

We asked whether she would mind if we tell her story anonymously, she was very enthusiastic: "You know, I was dreaming that someday someone comes to me and asks to tell the story of my life... And I will tell absolutely everything so that everyone knew the story of my life! And this is it! Of course, I do not mind if you tell my story so that people know what happens next to them, how difficult it is for young women with disabilities to live and protect their rights! And I feel especially sorry for young girls exposed to sexual violence (pedophiles)... It is very hard to them to endure this...

We can survive (the respondent means girls of full age), if we are raped, we will not die of that... But little girls can die...".

Survey in 2020

"During the emergency and lockdown, I do not work and stay at home. Of course, clients do not come for massage, no money. Relationships within the family have worsened. Every day my father demands money from me for his needs. We are rowing with my mother because of him. To my request to save he used to demean and call me names every day. On the fifth day we came to blows. I grasped a knife and said that I would kill either him or myself. My brother came and took him to live in his family."

Story 2 (Female respondent aged 34. Visual disability group 1, Shardara Rayon)

Survey in 2019

In the past 6 months, my husband has become more aggressive after he lost his job. In the past, he used to demean and beat but I was concealing it and not telling anybody because I am fully dependent on husband and mother-in-law. He came home when he liked.

My mother-in-law receives my disability allowance for me and controls it. I do not socialize with anybody and never leave home. I do not feel easy with other persons."

Survey in 2020

"Because of beatings by my husband I had to go to my mother to Saryagash town leaving children. When I regained my senses and recomposed myself I wanted to take my children but I was late. Emergency was announced and I could not go through block posts. Neither husband or his mother respond to my calls. I feel depressed. I do not know what to do and where to seek help."

Story 3 (Female respondent aged 28, visual disability group 1, Sairam Rayon)

Survey in 2019

"I have been visually impaired since childhood. I could hardly finish school and never studied after. My disability must have been diagnosed back in my early years but it seems that my parents did not know or could not do it. At 26, I was diagnosed with congenital cataract. In 2017, my disability was formalized as group 1. A social worker comes twice a week. Otherwise, my mother would help. Also, I have type one diabetes mellitus and I experience epileptic seizures after childhood injury.

At 20, I got married and my husband is seeing and healthy. When I got married, I knew that sometimes he drank alcohol a lot. I was glad that someone married me. I gave birth to two children in 2013 and 2015. They suffer epilepsy too. It is two months now since we have been divorced. He has a new family.

After the first child was born, he came on beating and strangling me. He blamed me that I produced a sick child. After beatings he forced me stay at home so that no one could see injuries. He received disability allowances for me and for children. He controlled money ignoring family needs. From year to year he was drinking more and more. He might disappear for 3-4 months. But when I file documents for alimony at court he returns. So, for six years he stays with us for 2-3 months to avoid alimony payments. During these 2-3 months he stays with us I experience sexual violence, and now I am pregnant with the third child. I am against abortions because it is a sin. After violence I did not seek any help. Firstly, it is shameful, and secondly no one can help especially local police. When I go to public service center, social security office, hospital or Akimat I feel that they would prefer not to see me there. Also, I hear them reproaching me: "Why did you bear children if you are disabled. Stop bringing forth sick children. You do it for allowance, etc.".

Survey in 2020

"I divorced while I was pregnant with the third child in summer 2019. I got rid of domestic violence. Now this child is 5 months old. My mother and social worker help me. I do not receive alimony because my ex-husband does not work. In autumn and spring, elder children suffer from more frequent seizures. We are short of money. I cannot afford protective supplies. No help from Akimat. I receive information about CoV from television. I heard something about government measures to protect persons with disabilities but I do not know where to go to get it. I called Akimat to learn about food support but they said that it was not provided to anyone yet. When they do, they would call me. But they never did."

Story 4 (Female respondent aged 34. Disability group 2 caused a systemic disease, Shardara Rayon)

Survey in 2019

"I married early; it was a love-marriage. A year later when our first child was born, our relationship with my husband was falling apart. Quarrels, brawls and then beatings. Like all Kazakh women I tolerated it and did not say to anyone, I felt shameful. My husband died in 2018. I have 6 children. After his death, my father-in-law documented the house as his property though it was built by my husband for the family. I do not understand how he managed to do so. During a year, he kept threatening and cursing at me and children and turning us out of home. I continued to tolerate it without saying a word back to avoid staying on the street. After a year since my husband's death I had to leave the house. Since then I rent an apartment. Recently, one of my children had a heart surgery."

Survey in 2020

"We live on disability allowance and survivor pension. I have a loan and the bank demands repayment through court. Private bailiff recovers 50% from allowances and pension to repay the loan. I do not know how to buy food and keep children. I am incapacitated. Also, during the emergency and lockdown I need to buy protective supplies for me and children. And food became so expensive.

Nobody helps: either relatives or authorities."

Story 5 (Female respondent aged 28, hearing disability group 3, Shardara town)

Survey in 2019

"Me and my husband have hearing disability, group 3. We live in a rented apartment. No jobs. Neither myself or my husband have any occupation. We did not study after school. Three children. Mother-in-law takes care of children. We live on disability allowances. Mother-in-law controls money and she receives our allowances. She buys food, clothes to children, pays for apartment. We know some sign language. We communicate through text messages with my husband. He is very nervous. For no reason at all he can become agitated and throw things at me. Once he injured me with a knife and I had to stay in hospital. Then a local police inspector issued a restraining order to him. I did not apply anywhere any more. After that event he keeps beating me. I want a divorce but I have nowhere to go. Even if I leave, I cannot care for children. Mother-in-law would not allow me take them. No goal in life. I even cannot read books. I am like a live doll from which you can tear arms or legs. Unlike a doll I eat and use toilet. Sometimes I rebel and cry."

Survey in 2020

"Since the emergency my mother-in-law lost her job as well. Family relations have worsened. Children do not attend school. Extremely short of money. My husband has become more aggressive and even towards children. We did not get any support such as protective supplies or food. Mother-in-law is unable to register a request for social allowance 42,500 Tenge. I used to keep silent and I continue tolerate."

Story 6 (Female respondent aged 43, disability caused by a systemic disease, group 2, Sairam town)

Survey in 2019

"I was successful. I finished college and got married but we quickly divorced after the son was born because I could not tolerate beatings from my husband. I owned business and built a house and a shop. After a long disease I was diagnosed with disability group 2 caused by a systemic disease. My son has a lifelong disability due to a disease too. I borrowed from the bank and from other persons. In order to repay loans, I had to sell the house. Then we moved to live in the shop. Akimat, fire and sanitary authorities come all the time and demand eviction. We cannot live in the shop but there is no other place for me to go. They demean me and mock at my weight.

Children bullied my son at school calling me a 'fat barrel'... When he went to get diapers to the social service they were rude to him and said: "Even if your mother shits all over the house we do not have diapers" (*same words as used by a social service worker*). He returned in tears. As a result, he refused to go to school after the 9th year. He wanted to enter medical college but failed. Now I do not know what we shall do though, to my knowledge, children of the disabled persons are eligible for education grant.

Persons with group 2 disability are not eligible for services of a social worker. They provide diapers only. I have ischemic heart disease, hypertension, Hepatitis C, type 2 diabetes mellitus, and bleeding myoma. They refuse to operate due to concomitant diseases. PHC doctors or nurses do not make home visits and come only when called. MRI is needed. But MRI machine for overweight persons is not easily available. I have to go to Shymkent. Taxi service for disabled persons in my Rayon refused to take me there without bringing any reasons. I have to reconfirm disability each year. This requires a medical examination and hospitalization twice a year. It is not so easy for me; besides, the rayon hospital does not have appropriate machines for examination. I cannot go up to the second floor. To get a lifelong disability group 2 the Medical Expert Commission requires reward. I would give it but I have no money at all. I do not know how to live on."

Survey in 2020

"I have a big loan in a bank and my shop is pledged. I cannot repay the loan. I am not afraid of CoV, I am afraid that the bank will recover this property. I do not have protective supplies nor food. All money is spent on medicines. During the emergency I did not receive any support from Akimat or social security office. I do not know how to suspend loan repayment but this will not save me. My son does not study anywhere. He has been disabled since childhood."

Story 7. A story of a family of disabled persons (woman aged 42, hearing disability, Shardara Rayon).

Survey in 2019

«We are a family of disabled persons. We are five and we all are disabled. Me and my husband have hearing disability group 3, two children with hearing disability and one child with visual disability. No jobs. Employers do not want to assume responsibility for us. They do not know how to communicate with us. We live on disability allowances only. Me and my husband know the sign language but children do not. We cannot afford to take children to the city to learn the sign language and there is no specialist in our rayon. There is one sign language interpreter in our rayon. She is available 24 hours. We cannot communicate with the outside world without her. Often, children do not understand us.

We cannot afford necessary medicines. No rehabilitation for us. None of us in the family receive any health resort treatment. Conflict situations often occur in the family. Sometimes they go as far as physical assault but all this happens because of weariness and shortness of money."

Survey in 2020

"We receive information about CoV from social media but I think it is not complete there. Television is the official source of full information. Unfortunately, only limited information is supported by sign language interpretation. I do not know anything about government measures.

Common understanding in the family has worsened since emergency was announced. Now we are quarreling in the family only because of shortage of money. We did not have any job opportunities and we do not have them now. We cannot afford CoV protective supplies and food as much as we need. Face masks should be changed frequently but they have become more expensive - 450 tenge per piece. I have three children. We did not get any help from anyone or anywhere. We are excluded from the society. No communication with the outside world without sign language interpreter."

Annex 2

Questionnaire

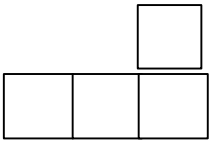
Identification of special needs of persons with various disabilities regarding prevention and protection from coronavirus and gender-based violence during the emergency in Kazakhstan

Dear respondent, as you may know, Kazakhstan like other countries is challenged with coronavirus infection. Taking into account the state of emergency announced by the Government to prevent transmission and protect from coronavirus, and taking into account special vulnerability of persons with disabilities in this context, we survey persons with disabilities to identify their special needs in the state of emergency. It is important to us to know your opinion in order to inform effective response and meet special needs of persons with various disabilities in such a situation.

1. Name of the settlement (rayon, rural district)

_____

2. ID of the settlement type (1 – urban, 2 – rural) ……



3. Respondent's ID.....

4. Date of interview _____ day _____ month _____ year

I. Access to information and awareness about coronavirus and prevention and protection from the infection: availability of information in adapted formats for persons with various disabilities (hearing, visual, MSDs) and communication channels

1. Do you know what a coronavirus infection is?

1) If yes, describe symptoms of the coronavirus infection you know:
- dry nose, dry throat
- fever
- dry cough
- difficulty breathing
- muscle ache

2) I do not know any symptoms

2. Do you know about protection and prevention from the coronavirus infection?

1) Wash hands with soap frequently and thoroughly

Yes

If yes, do you know how to do it in the right way? (for at least 20 seconds: after you went outside; after sneezing and coughing; when caring for a sick person; before, during and after cooking; before eating; after toilet; when hands are visibly dirty; after contact with animals and animal waste, use sanitizer especially after contact with any surfaces) *(to read this out to the respondents after the answer so that he/she knows).*

No

2) Keep at least 1m distance between persons

Yes
No

3) When sneezing or coughing cover your mouth with a tissue and then discard it to garbage
Yes
No

4) Protect airways with a face mask
Yes
No

5) Do not leave home, stay in isolation to prevent infection and not to transmit infection
Yes
No

6) Other _____

3. What sources of information do you use to learn about CoV infection?

- television
- radio
- newspapers
- internet
- social media
- messengers
- relatives, neighbors
- social workers
- healthcare workers
- other _____

If a social or healthcare worker came to you, did he/she wear a face mask?

1) Yes
2) No

4. Was everything clear from official information about CoV?

3) Yes
4) No

If not, why? What was unclear? _____

5. Do you know where to call (telephone numbers of healthcare and social institutions, hotlines) and what to do if you or someone in your family gets infected with coronavirus?

1) If yes, where to call and who told you about this?
2) If not, why? _____

6. Do you know (are you informed) about government measures to stop spread of the infection and protect persons with disabilities during the state of emergency in the country?

1) If yes, who told (informed) you?
2) No

7. Who could communicate information about protection measures, lockdown conditions and prevention of coronavirus infection to you?

Access to care needed by persons with disabilities

8. Do you have hygienic supplies to prevent from coronavirus (soap, face masks, cleaning agents/detergents, etc.)?

1) Soap:
   Yes
   No
   Not enough

2) Face masks:
   Yes
   No
   Not enough

3) Gloves:
   Yes
   No
   Not enough

4) Hand sanitizer (spray) or solution for disinfection of hands:
   Yes
   No
   Not enough

5) Antimicrobial wipers:
   Yes
   No
   Not enough

9. Can you buy them?

1) Yes
- I can go/ask someone buy them;
- I have money to buy them;
- Available items in a pharmacy/shop are expensive.

2) No
If no, why:
- I cannot go/ask someone buy them;
- I have not money to buy them;
- Items in a pharmacy/shop are not available.

10. Do you know how to use sanitary supplies and dispose of face masks, gloves and tissues?

1) Yes, and if yes, how do you do this?

2) No

11. What kind of support do you need during the state of emergency and restrictive measures?

12. What support did you receive during the state of emergency? Who provided it?

Domestic violence: facts and access to information and protection

During a crisis, women and girls, as well as persons with disabilities are often exposed to risk of violence. Some persons experience violence from partner/husband, family members, and in the context of the emergency and restrictive measures the hazard often aggravates.

13. Do you think that during the emergency and restrictions related to going out the relationship in your family worsened? To what extent in your opinion? If you experienced family violence in the past can you say that it has become more frequent?

1) If yes, to what extent?
2) No

14. Do you experience any additional problems during this period with communication and interaction with family members, healthcare and social workers, local police and staff from other organizations and institutions?

1) If yes, why?

2) No

15. Can you seek or have you sought aid in case of violence from local police inspector, sociopsychological follow up services, healthcare and/or social worker?

1) If yes, from whom and how?
2) If no, why?_____

16. Does anyone outside of family help you cope with difficulties and domestic violence?

17. What help do you need in case of domestic violence?

Thank you very much for your responses and your time!