



## EXECUTIVE SUMMARY

### **2020 (March-April) Needs assessment of People with disabilities during COVID-19 with a focus on women with disabilities (considering the issues of gender-based violence) - based on a sample in Turkestan region and Shymkent city (pilot region)**

Full report available in Russian at <https://bit.ly/3lbECH3> link

#### **Context:**

The COVID-19 pandemic resulted in an unprecedented public health crisis but is much more than that. The initial and on-going health crisis is having major socio-economic consequences that are touching everyone's lives and disproportionately affecting the most vulnerable people, as well as enterprises and entrepreneurs that provide them with jobs, incomes and contribute to the taxes that the state relies upon to deliver public services. Furthermore, the pandemic has impacted men and women differently and further exacerbated existing gender inequalities.

During 2019 UNFPA partnered with 'Shyrak' (the National Association of Women with Disabilities) to carry out a desk review as well as in-depth interviews with 86 people with disabilities and several focus group discussions with service providers in Turkestan Region and Shymkent City to inform the revision of Standard Operating Procedures on Gender Based Violence in order to take into account the needs of people with disabilities. This was done with financial support from the UK Government.

Following the declaration of the state of emergency in the middle of March 2020, the National Commission on Women, Family and Demographic Policy of Kazakhstan together with UNFPA and the NGO "Shyrak" decided to carry out follow-up in-depth interviews with the same group of people with disabilities but this time focusing on the impact of the lockdown. The 76 people who agreed to be interviewed again, included: 20 visually impaired, 18 hearing impaired, 18 with a disability due to chronic diseases and 20 with a physical disability. 29 were men (38%) and 47 women (62%). The interviews were carried out in the period between 20 March to 5 April 2020.

#### **Key findings:**

- The proportion of respondents uninformed about COVID-19 was 30.3%, which reflects a fairly low level of knowledge. Rural residents were less aware of COVID-19 than urban residents (10% more urban respondents knew about the infection than rural residents). A quarter of urban respondents and a third of rural residents were not sufficiently aware of COVID-19;
- People with hearing disabilities were the most vulnerable in terms of access to information about COVID-19. If the share of people with other types of disabilities who were not aware of the infection did not exceed 16.7%, the majority (88.9%) of hearing impaired respondents did not have this knowledge. Only one tenth of respondents with hearing disabilities knew about COVID-19 due to the lack of relevant information in the media and social networks in formats adapted to their understanding (accompanied by sign language interpretation);

- 28.6% of people with disabilities living in rural areas had heard about COVID-19, but did not know about its symptoms. There were three times more rural respondents who were not aware of the symptoms of COVID-19 than urban respondents. About 80% of the respondents knew such symptoms as dry cough and high fever, and only about half of the respondents knew about such symptoms as dry throat and shortness of breath;
- Respondents were best informed about preventive measures such as thorough and frequent hand washing and self-isolation - 90.8% and 89.5%, respectively. They were less informed about such measure of protection as observance of social distancing - only 64.5% of the respondents were aware of it;
- The main source of information for the respondents was the television. In rural areas, 71% of information was received by respondents through television, in cities - 62.2%. Not all people with disabilities living in rural areas had access to the Internet or a mobile phone with Internet connection. Therefore, they received information mainly through television;
- The second most important source of information for respondents was the Internet and social networks. Urban respondents used the Internet one and a half times more often than people living in rural areas;
- The respondents received the least information from social workers, because they rarely visit people with disabilities at home and, accordingly, rarely inform them about such important issues as protection against COVID-19;
- 68% of respondents were not fully aware of the measures introduced by the government to prevent the spread of infection and protect people with disabilities during a state of emergency in the country. Only one third of respondents (32%) had information about these measures;
- People with hearing disabilities were the most vulnerable in terms of information - they did not perceive and did not understand the information transmitted in the media, and were not aware of the measures taken by the government during the state of emergency, due to the lack of broadcast/information formats adapted for them, in particular, lack of sign language translation on TV channels;
- In general, 89.5% of those interviewed were not sufficiently informed about where to turn for help in case of infection or to receive the necessary advice;
- People with disabilities did not have enough sanitary and hygienic protective equipment against COVID-19 - less than half of the respondents had protective masks (44.7%) and only a quarter of the respondents were provided with antiseptics;
- 46.1% of respondents did not have the opportunity to purchase sanitary and hygienic protective equipment against COVID-19 due to the lack of money for their purchase and the increase in their cost in pharmacies and stores, as well as the lack of protective equipment in nearby pharmacies and shops;
- Only a third of the respondents could purchase protective equipment, noting that they were assisted in this by relatives and adult children;
- During a state of emergency and restrictive measures, most of the respondents needed to receive food and protective equipment against COVID-19 - 67.1% and 65.8%, respectively. 29% of respondents noted the need for financial support, a quarter of respondents needed legal advice on credit issues;
- During the state of emergency, only 11.8% of respondents received one-time assistance with food and protective equipment from volunteers and public organizations;
- 38% of the respondents noted that the relationship in their family had worsened during the quarantine associated with COVID-19. One of the main reasons for the deterioration of family

relationships were the loss of jobs and income by family members, which caused a deterioration in the financial situation. Other reasons for strained family relationships were fear and panic caused by lack of confidence in a stable future;

- 40.8% of respondents had additional problems in interacting with medical, social and police workers and employees of other organizations and institutions. They also noted the lack of confidence in the prompt response of government agencies (police, health and social services) in the event of violence;
- 72% of the respondents said that in the event of violence, they would not have the opportunity to seek help from service providers. People with hearing disabilities could only communicate with employees of institutions and organizations through a sign language interpreter, which limited their prompt access to protection and response services. People with disabilities of the 1st and partially 2nd groups were physically and economically dependent on the family members who cared for them. They often did not have a personal mobile phone for calls and emergency calls. 2/3 of respondents with the indicated disability groups expressed distrust and doubts about receiving help from medical, social and police workers and other organizations and institutions;
- 28% of respondents had an opportunity to seek help in case of violence: from the district inspector - 13%, from the social and medical worker - 12%, and only 3% - from the employees of social and psychological support of persons subjected to violence ;
- only 17.1% of respondents knew their rights, were sufficiently aware of the state of emergency in the country and the associated measures, and did not have additional problems in interacting with medical, social and police workers, and employees of other organizations and institutions;
- 26.4% did not want to seek help in the event of domestic violence, because they were ashamed and thought that people would condemn them. Besides, their dependence on family members if they sought help would generate fear of increased violence. All this resulted in the respondents not seeking help from social, medical and police employees;
- 55% of respondents said that they needed help from social and medical services, a psychologist and the police.

#### **Recommendations:**

- To raise awareness of people with various types of disabilities about measures to prevent and protect against COVID-19, it is necessary to provide access to information in the media, social networks and other information channels in formats that are understandable for people with disabilities. It is necessary to develop instructions, infographics, video-audio-sign language videos for people with disabilities. In particular, for people with hearing and vision impairments, these tools should be understandable in the following formats:
  - Braille;
  - large print;
  - sign language with a sign language interpreter;
  - subtitles in two languages in Cyrillic;
  - simplified formats (for example, an easily readable and understandable language of presenting information).
- It is necessary to train medical, social, police employees and staff of social and psychological support services in the tools of informing about the rules of prevention and protection against COVID-19, measures taken by the government during a state of emergency, government measures to support people with disabilities, as well as safety and risk reduction for people with disabilities in a situation of exacerbation of possible or ongoing violence during a state of emergency.

- There is a need to ensure that people with different types of disabilities have access to protective services for survivors of gender-based violence and crisis centers.
- Local authorities need to strengthen mechanisms for monitoring and controlling the provision of services to people with disabilities and protecting their rights during quarantine and emergencies.
- Provide accessible means of emergency communication about the risk and facts of violence during the period of quarantine and emergency.
- Support and develop volunteer organizations to help people with disabilities on prevention and protection from COVID-19, provision of protective equipment, food kits and advice on loans and Single Aggregate Payments.
- It is necessary to develop distance education, which will ensure access to educational services for people with disabilities who have limitations in obtaining education in regular institutions.
- Conduct online training courses for people with disabilities to inform them about their rights and measures to protect their rights, as well as about state socio-economic and legal services that should be provided to them, taking into account cases of possible violence against them.
- Provide access to appropriate support services for persons with disabilities - victims of domestic violence (hotlines on COVID-19 –1406, helpline in districts and cities). Support should be provided to join the existing hotline on COVID-19 and domestic violence by developing additional instructions for operators to provide services to people with different types of disabilities.
- Provide the services of sign language specialists (sign language interpreters) to effectively communicate with people with hearing disabilities in all organizations and institutions that provide services to people with disabilities.