

# STRENGTHENING PROTECTION OF PERSONS WITH DISABILITIES IN FORCED DISPLACEMENT

## The situation of refugees and internally displaced persons (IDPs) with disabilities in Ukraine

April 2016



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### 1. INTRODUCTION

The World Health Organization (WHO) estimates that 15 percent of any population are persons with disabilities<sup>1</sup>, with potentially higher proportions in communities that have fled conflict or natural disasters. Hence it can be estimated that there may be approximately 126,716 persons with disabilities among the population of refugees, asylum seekers, IDPs and stateless persons in Ukraine<sup>2</sup>.

In situations of forced displacement, persons with disabilities may be at heightened risk of exploitation and violence; and often face numerous barriers to accessing humanitarian assistance. In addition, persons with disabilities are often excluded from participation in decision-making processes and opportunities to use their capacities to benefit their families and communities.

UNHCR's Age, Gender and Diversity (AGD) Policy details the organization's wider commitment to a rights-based approach and highlights that effective protection will only be achieved by ensuring equal consideration is given to the needs and capacities of different age, gender and diversity groups within displaced communities. UNHCR is thus committed to ensuring that the rights of refugees, asylum seekers and IDPs with disabilities are met without discrimination.

<sup>1</sup> World Health Organization, World Report on Disability (Geneva: WHO, 2011)

<sup>2</sup> Based on a figure of 844,777 people, including IDPs (using UNHCR/ OCHA triangulated figure for Government controlled areas), stateless persons, refugees and asylum seekers

## 2. BACKGROUND

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In April 2016, UNHCR in Ukraine, with support from UNHCR Headquarters in Geneva, carried out consultation with refugees and IDPs with disabilities and Ukrainian organizations of persons with disabilities, in order to understand their protection concerns and ideas for change. Consultations were carried out in Kyiv, Odessa, Dnipropetrovsk, Svyatohirsk, Slovyansk and Severodonetsk, involving a total of 114 refugees and IDPs. Meetings were also held with Ukrainian and international organizations and with state administration. This consultation process was followed by workshops in Odessa and in Severodonetsk, with participation by persons with disabilities and their families from the IDP communities, UNHCR staff and partners, as well as local authorities and Ukrainian and international organizations working with persons with disabilities. The workshops involved training and sensitization on the rights of persons with disabilities, and participatory action planning to address the main concerns identified during consultations.

This process produced a rich body of information about the concerns of refugees and IDPs with disabilities, and their proposals for change. This report presents a summary of the findings of this process, including recommendations and plans developed for the way forward.

## 3. SITUATION OF PERSONS WITH DISABILITIES, RECOMMENDATIONS AND PLANS

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*“People with disabilities should be actively involved in all these activities. We would like to involve people with disabilities at every stage... People with disabilities can play a key role in how to shape the priorities”*

Participant in the workshop in Severodonetsk

### 3.1. DATA

The Ministry of Social Policy reports 71,834 persons with disabilities out of 1,744,778 total population of IDPs, which represents 4.3% of the population<sup>3</sup>. This is significantly below the WHO estimate of approximately 15%<sup>4</sup>. This discrepancy could be partly due to persons with disabilities staying behind in Non- Government Controlled Areas (NGCA), but is likely also due to under-identification.

Under- identification may be linked to the system of categorizing persons with disabilities into group one, two or three, based on a medical assessment<sup>5</sup>. This system employs an understanding of disability that is based only on physical functioning, rather than on the interaction between long- term impairments and participation restrictions.

### Recommendations

Any system of identification of persons with disabilities should be aligned with the concept of disability contained in Article 1 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD):

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<sup>3</sup> Official statistics of the Ministry of Social Policy of Ukraine (is being sent to UNHCR on a bi-monthly basis)

<sup>4</sup> World Health Organization, World Report on Disability (Geneva: WHO, 2011)

<sup>5</sup> This system employs the following categorization: Group 1- a person with significant physical dysfunction unable to self-care and in need of constant external care. Group 2- a person with significant physical dysfunction at preservation of ability for self-caring and not in need on constant external care. Group 3- a person with moderate physical dysfunction and with moderately limited ability to work but who is in need of social assistance and protection

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

The Washington Group on Disability Statistics<sup>6</sup> has developed a short question set to identify persons with disabilities, which reflects this conceptual model of disability. The question set was developed to support collection of internationally comparable disability data, and has been piloted globally. It is recommended that disability data collection processes are based on this question set, which is:

- Do you have difficulty seeing, even if wearing glasses?
- Do you have difficulty hearing, even if using a hearing aid?
- Do you have difficulty walking or climbing steps?
- Do you have difficulty remembering or concentrating?
- Do you have difficulty (with self-care such as) washing all over or dressing?
- Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

### **3.2. ACCESS TO WORK**

Financial pressure was the main concern raised by refugees and IDPs with disabilities and their families, alongside the related issue of accommodation. People spoke often about additional expenses faced by households where there is a person with a disability, including for medicines and private transport.

A large majority of refugees and IDPs involved in consultations expressed a strong desire to work, including those with disabilities. Barriers to accessing work were identified as related both to disability and IDP/ refugee status, including a lack of transport to access work in cities and negative attitudes about persons with disabilities and about IDPs/ refugees.

Refugees and IDPs with disabilities also spoke about the need for better access to small business grants and advice/ training on entrepreneurship.

#### Recommendations

Refugees and IDPs with disabilities identified access to information about job opportunities and advice on business development as being particularly important, and that this information should be available through various channels to improve accessibility.

Numerous recommendations were also made regarding improving accessibility and inclusiveness of workplaces, both in regards to physical accessibility and attitudes. Refugees and IDPs recommended awareness-raising of employers about the capacities and positive contributions of persons with disabilities.

Refugees and IDPs also recommended for services to be available in community centers to support with job searching, such as outreach by employment centers, advice on resume writing, provision of computers and business skills training.

### **3.3. ACCESS TO STATE ASSISTANCE**

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<sup>6</sup> ‘The Washington Group’ was formed in 2001 with the authorization of the United Nations Statistical Division to address the need for statistical and methodological work on an international level in order to facilitate the comparison of data on disability cross-nationally. See [http://www.cdc.gov/nchs/washington\\_group.htm](http://www.cdc.gov/nchs/washington_group.htm)

### *Benefits for persons with disabilities*<sup>7</sup>

A key concern raised in all locations was related to challenges for IDPs and refugees to access disability benefits. Challenges include:

- Eligibility for the scheme is generally required to be verified on an annual basis, which involves numerous medical consultations
- The lack of an appointment system for required medical consultations in many locations results in long waits and sometimes a need to return on multiple occasions
- Medical facilities are reportedly often not accessible
- Particularly for people who acquired a disability since displacement, it is difficult for them to go through the initial verification process due to not having a history with the local doctor
- Some IDPs spoke about difficulties due to required documents having been left behind when they were displaced

### *Benefits for IDPs*<sup>8</sup>

The main challenge raised for persons with disabilities to access IDP registration and accompanying benefits was around the requirement to present in person to make the application / verification, due to difficulties standing in line for long periods of time. While outreach can be arranged by the Department of Social Policy (DoSP) for persons with Group 1 disability, this system is not available for Group 2 and 3. A system is also in place for a representative (e.g. family member) to submit applications on behalf of a person with a disability, but such special procedures are reportedly difficult to access and are inconsistently applied.

### Recommendations

Considering that Ukrainian authority has a responsibility to ensure social support to IDPs and refugees with disabilities, it is a primary body which should take all necessary measures to eliminate the existed barriers in their access to these entitlements. Recommendations provided by persons of concern may serve as a guideline for the government to develop these measures.

One of the concrete recommendations made by IDPs is for the provision of ‘accompaniment’ for more vulnerable persons, to support with accessing social services and assistance. For example, such ‘accompaniment’ could provide guidance on navigating the application process for assistance, accompany persons with disabilities to appointments and advocate on their behalf. Such accompaniment could be provided by trained community outreach volunteers (including those from the host, refugee and IDP communities), supported by the MoSP.

It is also important to strengthen information on special procedures in place to facilitate access to state assistance by persons with disabilities and to put systems in place to ensure that these procedures are applied consistently.

In order to improve access to state assistance, it is recommended that an increased use of mobile DoSP teams be considered, particularly in locations with high numbers of IDPs.

## **3.4. HOUSING**

*“People with disabilities are still ordinary people – they should not be sent to a village.”*

Woman with a disability in Kuailnik Sanitorium

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<sup>7</sup> The Law of Ukraine on social assistance to persons with disabilities from their childhood and disabled children adopted on 16 November 2000, the Law of Ukraine on Social assistance to persons who are not entitled to pensions and disabled persons adopted on 18 May 2004

<sup>8</sup> Monthly targeted assistance for IDPs for coverage of rent and utility costs envisaged by the Resolution of the Cabinet of Ministers of Ukraine # 505 adopted on 1 October 2014

Lack of options for IDPs to exit collective centers was one of the key concerns raised during consultations. The main barrier to this for persons with disabilities seems to be financial, as IDPs are not able to afford the rental costs of living in the community. The primary focus of most IDPs with disabilities is to be housed in a location where they have access to key infrastructure, such as schools, services, and work opportunities.

However, while the focus on many humanitarian actors is on the sanatoriums, IDPs with disabilities living in the community also face significant challenges, including inaccessible housing infrastructure. While many persons with disabilities reportedly had adapted homes before displacement, they are now dependent on assistance from others to leave their homes, particularly if not living on ground level.

### Recommendations

As a general principle, separate housing should not be established for persons with disabilities, as this approach risks further isolating IDPs with disabilities and exacerbating stigma, as well as not being sustainable in the longer term. Persons with disabilities should instead be included in any broader strategy for housing of IDPs.

Some persons with disabilities living in collective centers may need additional support to transition to living in the community. Such assistance could include a relocation grant, 'cash for rent', support to access work, and home visits by a social worker to support access to services and social networks. In addition, local NGOs and other representatives of civic society serving as a link between IDP/refugee communities and local authorities and having a stronger voice could be used to raise the issue of housing with the authorities on the regional level (e.g. advisors to DoSP in the regions).

## **3.5. TRANSPORT AND MOBILITY**

Lack of accessible and affordable transport was a major concern raised by most refugees and IDPs with disabilities. This was cited as a barrier to accessing employment opportunities, medical services and out of school activities for children. In addition to transport being physically inaccessible, persons with disabilities spoke about being pushed off buses by other passengers, and a lack of regular availability of transport in rural areas.

There are also reportedly physical barriers to persons with disabilities crossing between the Government Controlled Areas (GCA) and NGCA, with impacts on family and social networks and access to documentation and services.

### Recommendations

The proposal for a 'social bus/ taxi' system was raised numerous times, to provide affordable, subsidized transport to persons with limited mobility to access service centers.

It is important that all programmes and activities targeted to IDPs and refugees include provision of transport or reimbursement of transport expenses for persons with mobility difficulties, in order to ensure equal access.

One of the key recommendations made was for improvement in accessibility of existing public transport networks, including through physical adaptation of vehicles, training for public transport workers and a public awareness campaign.

## **3.6. ACCESS TO EDUCATION**

*"Our society has very strong stereotypes that children with disabilities should not be close to children without. Overcoming this stereotype is the biggest challenge... [Children with*



*intellectual disabilities] are neglected and they are not wanted and people are afraid of them and want them to be isolated”*

Mother of a child with autism during the workshop in Severodonetsk

Concerns were raised about access to pre-school, primary, secondary and tertiary education for children with disabilities. Access to school was not only seen to have academic benefits but also social benefits for children with disabilities, through the development of social networks with other children.

Parents’ groups were identified as a key actor in promoting access to education for children with disabilities. For example, in Severodonetsk, mothers of children with disabilities spoke about their active role in establishing community- based options for education of children with disabilities.

Concerns were also raised regarding access to sign language training, with availability of teachers reportedly being very limited, particularly outside Kyiv.

### Recommendations

While policies on inclusive education exist, it was recommended that efforts be directed towards implementation, including through teacher training, use of accessible technologies and adequate resourcing of schools. Parent’s groups of children with disabilities could be supported to strengthen these efforts at a community levels. Parent’s groups, working together with schools and Parents and Teachers Associations could have an important role in:

- Reaching out to children with disabilities not accessing school;
- Engaging with their parents of children with and without disabilities to raise awareness of the right to education;
- Building peer support networks between children with and without disabilities;
- With technical support from education specialists, providing community- based school preparation programmes for children with disabilities

One of the concrete recommendations made was for the creation of more opportunities for children with and without disabilities to build social networks, in order to improve inclusiveness of the school environment. For example, through creation of adapted and accessible playgrounds and inclusive ‘children’s clubs’. Another concrete recommendation was for more positive portrayal of children with disabilities in the media.

## **3.7. CHILDREN AND FAMILIES**

In some consultations, people raised a concern about IDP children not participating in out of school activities, especially children with intellectual and psychosocial disabilities. Barriers were reported as including limited availability of transport, high cost of activities and social exclusion of children with disabilities.

Mothers of children with disabilities spoke about the need for parents of children with disabilities to be better supported, including through information and advice. While there are some programmes being developed to support parents of children with disabilities, these are currently quite limited.

### Recommendations

Rather than establishing separate programming for children and youth with disabilities, it is recommended to strengthen the inclusiveness of existing child and youth programmes. Actions could include:

- Training for staff, including on options for adapting activities
- Outreach to parents of children and youth with disabilities to welcome participation and discuss any concerns
- Discussion with parents of other children to raise awareness of the rights of children with disabilities and to engage them in addressing barriers to inclusion
- Establishment of 'buddy systems' between youth with and without disabilities, to accompany each other to local youth activities
- Physical adaptation of the spaces used for child and youth activities

Through partnership with a technical expert, community outreach workers could be trained to provide information and support to families of children with disabilities, Existing parents' groups can also be supported to develop their current activities in providing such support to families, through being linked with technical experts for capacity building purposes and through financial support to expand their work.

### 3.8. SOCIAL ISOLATION

Many IDPs spoke about being socially isolated and not knowing their neighbors.

*"We feel like guests here now, there is no more welcome from the community"*  
IDP with a disability in Kuailnik Sanitorium

Refugees experience particularly high levels of stigma and isolation, being excluded both on the basis of disability and status as a foreigner.

In Severodonetsk, inclusive sports activities were identified as an important mechanism for persons with disabilities to reduce isolation and increase self-esteem. Young persons with disabilities also strongly supported proposals for social activities that would allow persons with disabilities to be more active in the community.

*"I want to be a leader in this sense... the idea is for each [person with a disability] to be very active"*

*"When we go out we already feel supported, we feel something great"*  
Young women with disabilities during the focus group discussion in Severodonetsk

#### Recommendations

*"A very important issue is that we all have to play an equal role in social activities to make sure that the most isolated people are informed of and included in social activities"*

Participant in the workshop in Severodonetsk

During some consultations there was strong support for a proposal for a community center for persons with disabilities and others. It is recommended that such center/s not be established only for persons with disabilities are open and accessible to all community members (including from the refugee, IDP and host communities), with persons with disabilities having a leadership and management role.

IDPs supported the proposal for home visits for person with disabilities and their families who are more isolated. A community outreach volunteer programme could be a very effective strategy both for reaching more isolated persons and for strengthening relationships between IDP, refugee and host communities. It is recommended that if community outreach volunteers are engaged they include refugees and IDPs with disabilities, which will have an important impact in terms of demonstrating the contributions of persons with disabilities.

### 3.9. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

While the majority of IDPs did not talk directly about mental health and psychosocial support (MHPSS) needs, high levels of distress were observed during consultations. According to projection of the World Health Organization increased levels of MHPSS needs can be expected during forced displacement, including a 50% increase of prevalence of severe mental disorders, and a doubling of common mental disorders such as depression and posttraumatic stress disorder, as well as elevated needs of psychosocial distress.<sup>9</sup> No specific estimations are available for MHPSS needs of people with disabilities in humanitarian settings, but we can estimate these needs to be even higher than in other displaced people because of the abundance of risk factors such as loss of social cohesion and family support, decreased access to medical and social care, increased economic hardships and daily stressors.

#### Recommendations

In general, it will be important to explore opportunities to support more community-based approaches to mental health care that can be made in the next years, to shift away from a predominantly institution-based approach with high risks of being abusive and not being able to guarantee the rights of people with severe and chronic mental disorders<sup>10</sup>

Actions to address social isolation and foster self-help and mutual support can have significant impacts on mental health and psychosocial well-being. In particular, the establishment of community centers and outreach volunteer programmes are useful ways of promoting social interaction. Further, improved access to information, livelihood opportunities and sustainable housing options are also likely to have an impact on reducing high levels of stress, hopelessness and frustration, which are arising in a large part due to daily stressors and social marginalization. Important is that such activities be conceptualized within a broader framework of community based protection.<sup>11</sup>

### 3.10. SPECIFIC PROTECTION CONCERNS

Specific protection concerns were identified for two main groups- persons living in institutions and older persons without family support.

It is known globally that persons with disabilities who are living in institutions are particularly at risk of violence and abuse, including sexual abuse<sup>12</sup>. The situation of persons with disabilities who were living in institutions in the NGCA prior to the conflict is not clear. For example, it is not clear whether they were moved to other institutions in the NGCA or GCA or have remained in the same facilities. It is likely that family separation may be a concern for this group, if family members have been displaced to other parts of the country.

While there are a number of state services in place to support single older persons who do not have children, older persons who have children do not receive any state support. This system may

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<sup>9</sup> WHO & UNHCR (2012), Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings.

<http://www.unhcr.org/protection/health/509bb3229/assessing-mental-health-psychosocial-needs-resources.html>

<sup>10</sup>See: European Union (2013), Psychiatry as a tool for coercion in post-Soviet countries. Brussels: Directorate-General for External Policies of the Union Policy Department (EXPO/B/DROI/2013/02). <http://www.gip-global.org/files/report-ep-political-abuse-1.pdf>

<sup>11</sup> See UNHCR (2013), Operation Guidance for Mental Health and Psychosocial Support Programming in Refugee Operations. <http://www.unhcr.org/525f94479.pdf>

<sup>12</sup> See, for example, Save the Children UK (2011) 'Out of the Shadows- Sexual Violence Against Children with Disabilities'

<http://www.ohchr.org/Documents/HRBodies/CEDAW/HarmfulPractices/HandicapInternationalandSaveTheChildren.pdf>



place older persons who are estranged from their family in a vulnerable situation without access to services, and risks older persons remaining in abusive situations due to forced dependence on family members.

### Recommendations

Discussions should occur regarding the situation of persons with disabilities who were living in institutions in the conflict affected areas. Key questions are if and where these people have been displaced to, any need for restoring links with families, and protection monitoring mechanisms that can be put in place. Persons with disabilities themselves should participate in these discussions themselves, to identify protection concerns and solutions.

Generally, as with mental health care, it will be important to explore opportunities to strengthen community-based approaches to supporting persons with disabilities, to shift away from a predominantly institution-based approach. This should include strengthening of mechanisms to support independent living in the community and decision-making about their lives.

Consideration should also be given to mechanisms for expanding State assistance to older persons to those who are estranged from their families or are in an abusive situation with their families.

### **3.11. COMMUNITY MOBILIZATION AND ADVOCACY**

Particularly in Odessa, IDPs with disabilities and their families expressed a desire to have a stronger voice in advocating for a solution to their housing situation and other problems they face. Main challenges identified were around access to information about complaints and feedback mechanisms, and access to authorities. The limited effectiveness of advocacy efforts may also be related to some extent to the limited organization among IDPs with disabilities. While representative structures of persons with disabilities living in collective centers do exist, these need to be strengthened in order to be representative and be seen as being representative of all interested residents.

One of the positive factors noted during consultations was the active role of community-based organizations in supporting persons with disabilities.

*“We need to support each other and stay in touch between different organizations and organize similar workshops or gatherings like this one”*

Young woman with a disability during the workshop in Severodonetsk

### Recommendations

*“If one person talks nobody listens”*

IDP with a disability during the workshop in Odessa, presenting a proposal for strengthening advocacy

As proposed by IDPs themselves, it is recommended that IDPs living in collective centers and in the community be supported to organize and strengthen their role in advocacy. This could include creating an effective representative group with clear structures and processes for representing the concerns and ideas of all IDPs with disabilities (including more marginalized groups such as youth and persons with intellectual and psychosocial disabilities), and supporting the group with:

- Capacity building on representation, leadership, and negotiation
- Providing legal advice for group advocacy, and information on appropriate advocacy strategies and mechanisms for protection of human rights
- Linking with organizations of persons with disabilities in Ukraine (e.g. NAPD)

- Producing coherent and agreed advocacy messages to share with authorities and other humanitarian actors
- Developing a media campaign to highlight the concerns of IDPs with disabilities in sanatoriums
- Bringing together IDPs and local authorities (e.g. in roundtable discussion/s)

It is also recommended that existing community-based organizations be supported to strengthen and, where appropriate, expand their work with persons with disabilities. Following on from the first CBO Forum that took place in Kharkiv in December 2015, another event could be held to bring together community based organizations, including those working with persons with disabilities, for information share and joint planning.

### 3.12. ACCESS TO INFORMATION

The need for access to information on services, assistance, legal rights, and complaints/ feedback procedures was frequently raised during consultations. Information that is disseminated in only one format may not be accessible to persons with disabilities, or to other groups in the community, such as those who are not literate, who do not have access to internet or who speak different languages.

#### Recommendations

Refugees and IDPs identified a number of channels that they find particularly useful for accessing information, including websites, telephone 'hotlines', free local newspapers/ newsletters, community centers, and word of mouth (e.g. through home visits). It is important that when information is disseminated, persons with disabilities themselves are consulted (e.g. via NAPD) to identify ways to improve accessibility for people with different impairment types (hearing, visual, intellectual).

One option to consider is to arrange 'service provider days', where service providers meet with outreach volunteers and representatives of organizations of persons with disabilities, including those from the refugee and IDP community, to exchange information about concerns being identified, support services available and referral pathways.

### 3.13. FOLLOW-UP ACTIONS

Having reviewed the suggested recommendations UNHCR from its side stands ready to provide support to implementation of the following ones with expected involvement and contribution from the side of Ukrainian authorities on local and central levels:

- establishing an accessible community center in Odessa;
- building a community volunteer program in Odessa and Dnipro;
- modification of public bus network in Odessa, Dnipro, Zaporizhzhia and Slovyansk;
- improving accessibility of a summer camp in Kyiv;
- upgrading sport centres in Slovyansk and Dnipro;
- implementation of social activities between persons with and without disabilities in Donetsk and Maripul;
- modification of children's playgrounds in Donetsk;
- capacity building of local organizations working with disabilities in eastern Ukraine).

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