

PERSONS WITH DISABILITIES



DEFINITION

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. Without adequate support, persons with disabilities (and other persons with special needs) are more vulnerable to the negative consequences of the armed conflict.

CURRENT SITUATION

In Ukraine, last official data (2012) reports 2,631,110 persons with disabilities among the population (5.7%). Amongst registered IDPs, the proportion is 4.16% according to official statistics and over 17,087 persons have been injured as a direct consequence of the conflict. The risk of critical health complications as well as risk of developing long-term impairment among persons with injuries is very high in the humanitarian context of Ukraine. Persons with disabilities have specific needs in regards to shelter, access to services, health, NFIs, wash facilities; they may not have the required documents to prove their disability and are likely to face more difficulties in accessing services. Disability entitlements for individuals living in the Non-Government Controlled Areas (NGCA) have been cut off while institutions in NGCA catering to disabled persons no longer receive government support or salary payments for their staff.

KEY CONCERNS

Security concerns and threat to life: Persons seeking to leave a conflict affected area with one or more people with limited mobility face challenges and difficult journeys during evacuation and relocation to safe areas. They face additional challenges in being evacuated from places under-shelling, particularly due to lack of physically accessible means of transportation. Families can also have to make distressing choices between meeting the basic needs of the entire family and the specific needs of persons with impairment, injury or chronic diseases. Therefore a high number of bedridden persons with reduced mobility, who require special assistance, remained in non-government controlled areas (NGCA) where specific and social services have drastically been impacted.

Lack of adequate health care, including access to physical rehabilitation support: *Persons with injuries* need long-term physical rehabilitation, psychological and psychosocial support. For those with severe injuries such as amputation, peripheral nerve injuries or spinal cord injury, many will need lifelong physical rehabilitation support and care to avoid the worsening of an injury-related health condition, and to mitigate the possible development of permanent disabilities. Women and girls with disabilities face particular reproductive health issues compounded by their disabilities.

CHECK-LIST FOR YOUR PROJECT

Is your program ensuring an inclusive response?

Consideration of gender and age factors is crucial to avoid exclusion of persons with disability. Sensitize and build the capacities of staff to identify and include people with disability in response activity, including in multi-purpose cash programs. Ensure people with disability can access all humanitarian services. Sustainable support to the integration of vulnerable IDPs and conflict affected persons with specific needs must be a priority to avoid negative coping mechanisms and risks of abuse, exploitation and abandonment.

Have you made special plans for accessibility?

Eliminate barriers to allow persons with disability to have access to basic services and emergency relief (*physical barriers*: accessibility during distributions, shelter, access to information; *social barriers*: exclusion). Develop community based specific services to reach directly, when necessary, persons with reduced mobility and housebound.

Is your information accessible to all persons?

Diffusion of information must be developed and legal and administrative support should be provided to persons with disability in order to improve access to registration and access to social benefits. Use at least 2 or 3 means of communication such as written, oral, drawing information, i.e. sign language interpretation, Braille print signage, and augmentative and alternative communication, and all other accessible means, modes and formats of communication, such as pictograms.

Are you collecting and analyzing sex, age and disability disaggregated data?

Persons with Chronic diseases are likely to develop impairments as the disease progresses. Untreated chronic diseases often lead to severe complications and increased levels of mortality and morbidity. For many of conflict affected persons the cost of accessing services is a major barrier to treatment. It is important to recognize the link between untreated chronic disease and disability.

Higher risk of psychosocial distress: Some persons with disabilities have been separated from their caregivers and others family members to be relocated to specific centers and may experience distress being no longer supported by family members. Persons with injuries, newly impaired people, have also extra psychosocial support needs to adjust to and overcome their injuries, trauma and the possibility of long-term disability. The impact will be different for men and women, based on traditional gender roles and social status in the family and society. Housebound persons and more particularly older persons might also have more difficulties in coping with their new social environment created by displacement particularly in link with the loss of the status they enjoyed in the community before the conflict.

Lack of accessibility and disability-friendly environment: In Government Controlled Areas (GCA), IDPs with disabilities face difficulties in getting appropriate shelter that suits their specific conditions. Inappropriate shelter can confine older people and people with disabilities to their homes, restricting their independence, and their ability to access essential services as well as to engage in social activities. In addition, lack of specific items for people with disability (e.g. toilet chair, anti-pressure sore mattress) can lead to dire deterioration of their health conditions. Referral to specific institutions for persons with disabilities often leads to separation from caregivers and family members, and to social exclusion.

Lack of accessible information: persons with disabilities, including persons with sensorial (hearing or visual impairment) or intellectual impairment, do not receive accessible information to ensure informed decision because the communication means that are used are not adapted to their needs.

Low socio-economic opportunity: Persons with disabilities face difficulties in recovering social entitlements due to movement restriction, low mobility and complex registration process as well as lack of accessible means of communication and information. Newly disabled persons, as a direct consequence of the conflict, often cannot continue their existing profession and need to learn new skills and find a new work. Job opportunities for persons with disabilities in Ukraine are very low which severely impacts their capacities to cope with this crisis situation.

Protection risks: Women with disabilities experience much higher rates of domestic violence and other forms of sexual, psychological, and physical violence than able bodied women; all persons with disabilities are at higher risk to GBV than the general abled population. There are reports of trafficking, sexual abuse and exploitation of women with disabilities in institutions. Many disabled children are admitted into institutions where the lack of adequate care and protection exposes children to life-threatening dangers.

RECOMMENDATIONS FOR HUMANITARIAN ACTORS AND AUTHORITIES

Provide post-trauma rehabilitation care to mitigate risk of long-term impairment, and development of further complications (that can lead for example to amputation or death), and build capacity of health facilities in providing appropriate early rehabilitation care for war wounded.

Access to specific services: the range of specific services, including rehabilitation services, provided to people with disabilities and their families must be enhanced.

Data collection: Collect and analyze sex, age and disability (type of impairment) disaggregated data. Make specific effort to identify persons with specific needs, including persons with disability and persons with reduced mobility.

Institutionalization: It is important to monitor institutions that receive persons with special needs, including those with disabilities, to ensure that basic needs are covered. Generally the recommendation is not to support institutions but rather individuals within the institution. Avoid referral to specific institution as much as possible as this is often creates separation from caregivers and family members.

Disabled children: Provide support to families of children with disabilities to preserve the family unity, prevent new placements, and allow full inclusion in the community life. Avoid moving disabled children already in institutions to new institutions in other parts of Ukraine. Special efforts should be made to ensure contact and, where possible, reunite children with immediate or extended family.

Protection Cluster includes sub-clusters on Child Protection, Gender Based Violence and Mine-Action. The key information has been provided by Handicap International [contact: ope.co@handicap-international-ua.org]