Inception Phase

| **Title of the programme:** **Inception phase:** Developing a UN coordinated approach to disability inclusion in Ukraine. |
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| **Country:** Ukraine **Region or provinces:** National focus |
| **Duration:** 8 months (September 2023 – April 2024) |
| **Total Budget:** 300,000 USD |
| **Co-funding (if any):** None |
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| **Participating UN Organizations (max 3 including leading PUNO) and focal points (names and contact details):**N/A |
| **OPD partners focal points names and contact details:**UN-OPD Disability Task Team (DTT): National Assembly of Persons with Disabilities (NAPD): Larysa Bayda bayda.naiu@gmail.com; Victoria Nazarenko v.n.nazarenko@ukr.net ; Yevgeniya Pavlova jane\_p@ukr.netFight for Right (FFR): Irene Fedorovych irenefedorovych@gmail.com; Olga Khitsevych o.khitsevych@ffr.org.ua League of the Strong (LS): Daria Sydorenko, dsydorenko@ls.org.ua; Denys Savchenko, dsavchenko@ls.org.ua; Lilia Tkachuk, lilia.tkachuk@ls.org.ua |
| **Government focal points name and contact details:** Renata Perepelychna, Ministry of Health (MoH)Tatiana Barantsova, Government commissioner for persons with invaliditiesTetiana Lomakina, Commissioner for Barrier-Free Strategy, Presidents Office of UkraineDaria Gerasymchuk, Commissioner for Children rehabilitation, Presidents Office of UkraineVadym Sviridenko, Commissioner for rehab of military persons, Presidents Office of UkraineOlena Kulchytska, Deputy Minister of Social Policy (MoSP) |
| **Other Partners names and contact details:**Stephanie Schramm, Humanity and Inclusion, st.schramm@hi.org |

1. Inception phase description

*Please describe in detail the situation and what will be the main activities of the inception phase. Please make sure a situational analysis and the design of a catalytic proposal will be included.*

**General overview:**

According to the State Statistical Service of Ukraine, 2.7 million persons with disabilities (including 160’000 children) were registered in Ukraine as of 1 January 2020, which amounts to approximately 6% of the population.[[1]](#footnote-2) Out of 136,300 persons who registered their disability for the first time in 2019, 44% were women.[[2]](#footnote-3) Actual numbers are likely to be much closer to the international disability prevalence rate of 16% and are estimated to include more than one million women of working age and 20% of the 11.3 million Ukrainian pensioners.[[3]](#footnote-4),[[4]](#footnote-5) However, there remains scarce relevant disaggregated data and the Government of Ukraine (GoU) only counts persons who register their disability, a process often hindered by physical, financial, and administrative barriers.[[5]](#footnote-6) Ukraine has passed a range of legal acts for basic social protection and rehabilitation of persons with disabilities and in 2010 ratified the CRPD and its Optional Protocols. However meaningful implementation for all persons with disabilities in Ukraine is still pending.

In 2021, President Volodymyr Zelenskyy signed the Decree "On Ensuring the Creation of a Barrier-Free Environment in Ukraine", the National Barrier-Free Strategy, the Plan of Measures to Overcome Barriers were adopted, and the Barrier-Free Environment Council under the Cabinet of Ministers was established.[[6]](#footnote-7) Recently the GoU developed an Action Plan for 2023-2024 to implement the National Strategy for Creating a Barrier-Free Environment in Ukraine. The Strategy reiterates that Ukraine is committed to promote the participation of persons with disabilities in leisure activities, employment, education, health, social services and to achieve the transition from institutional to community-based care. However, concerns remain, particularly among Organizations of Persons with Disabilities (OPDs), regarding the meaningful impact this action will have for children and adults with disabilities in Ukraine, particularly minority groups, such as those with intellectual and psychosocial disabilities.

Ukraine continues to apply medical and charitable approaches to persons with disabilities, rather than the human rights-based approach of creating favorable conditions to the enjoyment of all human rights on an equal basis.[[7]](#footnote-8) Persons with disabilities in all their diversity face severe challenges to equal participation and opportunities. Physical, legal, informational, communicational, attitudinal barriers and financial hardship limit access to social services and healthcare as well as an effective legal remedy for the human rights violations they experience.[[8]](#footnote-9),[[9]](#footnote-10)

**Overview: Within the context of the war in Ukraine**

Since the full-scale invasion of Ukraine by the Russian Federation on the 24th of February 2022, challenges to claiming basic rights have become significantly more pronounced across all oblasts of Ukraine, but particularly so, in southern, eastern, and central Ukraine.[[10]](#footnote-11) For children and adults (including older people) with disabilities in institutional settings, women and girls, military aged men, internally displaced people (IDPs), and those living alone or with only one other family member, the ability to survive and meet basic needs has been grossly hindered.[[11]](#footnote-12) Further, there remains a significant gap in reliable disability disaggregated data in Ukraine and OPDs continue to advocate toward international and national stakeholders for better visibility of children and adults with disabilities in mainstream statistics as a fundamental action towards equitable humanitarian and other services.

As of 25 May 2023, IOM estimates that 5.1 million people are internally displaced within Ukraine.[[12]](#footnote-13) Of the total, 50% of all IDPs are concentrated in just five oblasts in Ukraine, mostly in the east. More than half of all IDPs (60%) reported having been displaced for one year or longer.[[13]](#footnote-14)

Worryingly, the survey shows that 65% of IDPs live in households (HHs) with a monthly income level per HH member equal to or less than UAH 4,666 (= 126 USD, the real subsistence minimum set by the Ministry of Social Policy in January 2022), which is far below the World Bank poverty line of UAH 7,521 ($6.85/day) and does not reflect the surge of inflation (26.6% in 2022 and 14.8 forecasted for 2023) that erodes real purchasing power significantly. Only 38 % of IDPs reported being able to rely on regular salary as a main income source compared to 51 % among residents/host communities. The share of unemployed also remains significantly higher among displaced than the non-displaced population (15% vs. 6%).[[14]](#footnote-15)

As of the 14 June, IOM reported that 50% of IDP HHs reported to have at least one ‘vulnerable’ member in their HH (persons with disabilities or chronically ill), of which 30% were confirmed to be ‘persons with disabilities’ (as per IOM’s methods). Nationwide, less than half of IDPs (40%) reported being currently employed, including 4 % who are self-employed. Notably 90% of the previously employed IDPs who are currently inactive lost their jobs directly due to the war.[[15]](#footnote-16)

Moreover, IDPs reporting to be engaged in paid work is 34% for females and 55% for males aged 18-64 years, compared to 51% and 57% respectively for residents. For IDPs with disabilities in paid work, 2% for both male and females was reported, compared to 3% for residents with disabilities.[[16]](#footnote-17) As the purchasing power of HHs decline over time, it is likely that HH debt will grow along with the use of negative coping strategies to meet basic needs, ultimately compounding HH vulnerability to ongoing shocks and stressors.

Available statistics, albeit superficially, highlight the intersectional impact of gender and disability in situations of war. To address equity and equality in Ukraine, without removing engendered, age-related, and disabling barriers to services and opportunities for decent work, humanitarian, early recovery, and development efforts will not succeed. Further, there is growing international evidence to suggest that programs which are designed without recognizing the intersectionality between gender, age and disability in the target population, can do harm by deepening gender inequality.[[17]](#footnote-18)

**Barriers to safety and services for people with injuries, health conditions and disabilities in Ukraine:**

Since the beginning of the full-scale invasion, OHCHR has recorded 24,683 civilian casualties in Ukraine, including 9,083 deaths and 15,799 injuries. Notably, most casualties have occurred in eastern oblasts, including those temporarily occupied by the Russian Federation.[[18]](#footnote-19) OHCHR anticipates that actual casualty figures are significantly higher than those reflected above, however due to intense hostilities in some areas, there are barriers to reliable data collection and reporting. However vague the injury data, it remains clear that the number of persons with disabilities in Ukraine is rapidly increasing, due to injuries, but also worsening of existing health and other conditions due to breakdown or destruction of services e.g., education, rehabilitation, and assistive technologies etc. Where links between schools and inclusive resource centers remain weak, and the use of assistive technology in education is extremely scarce.

Specifically, access to health services for persons with disabilities, particularly in conflict affected areas, has also been negatively impacted. The 2023 Multi Sector Needs Analysis (MSNA) demonstrates that HHs with disabilities in eastern and southern oblasts are 10% and 20% less likely to access health services than HHs without persons with disabilities respectively.[[19]](#footnote-20) Which is unsurprising, given the WHO HeRAMs 2023 report demonstrates that in southern and eastern oblasts, 26 % of people cite physical barriers and 4% cite lack of disability inclusive/universal design of health facilities as reasons for not accessing healthcare.[[20]](#footnote-21) Further, in the MSNA, HHs with disabilities cited inability to afford healthcare at a 6 % higher rate than those without. For the IDP population, poor healthcare access for persons with disabilities was the main factor driving the ‘Health Vulnerability Score ‘.[[21]](#footnote-22)

Moreover, high levels of institutionalization, including of infants, in lieu of family- and community-based alternative care, and the application of Soviet-style models of ‘defectology’ and normalization within an unreformed social care system add to these challenges.[[22]](#footnote-23) Persons with intellectual and psychosocial disabilities remain the most vulnerable and neglected group among persons with disabilities in Ukraine. This is due to their systematic institutionalization, stigmatization, and lack of guarantees of protection in specialized institutions, where cases of torture and ill-treatment continue to be documented.[[23]](#footnote-24),[[24]](#footnote-25)

For children with disabilities, psychiatric facilities, residential boarding schools, and other institutions are a gateway to lifelong institutionalization in [potentially] abusive adult facilities.[[25]](#footnote-26),[[26]](#footnote-27) Since the beginning of the war, despite strong advocacy and evidence provided by OPDs, evacuation efforts of those residing in institutions have been insufficient to save lives.[[27]](#footnote-28) Therefore, dozens of institutions for people with disabilities and older people, ended up in Russian occupied territories.[[28]](#footnote-29)

For those who were successfully evacuated, in the context of changes to legislation, there have been recent attempts to return institutionalized groups to their original origin, despite close proximity to frontlines and associated risk of injury and death. Further, the GoU has also requested funds from international donors to rebuild damaged institutions as part of the early recovery effort, in lieu of any meaningful policy changes, which again threatens the rights of persons with disabilities and hence undermines progress under the CRPD.

**Disability inclusion in the UN system in Ukraine - 2022-2023:**

There have been efforts among various stakeholders (OPDs, INGOs, NGOs, UN agencies & Government bodies) to promote mainstreaming of disability inclusion (DI) mechanisms and targeted programs to ensure persons with disabilities in Ukraine are not left behind. However, efforts to date have been fragmented, with stakeholders often working in silos, hence limiting high level impact and sustainability.

Prior to February 2022, DI in humanitarian action was the responsibility of the Age and Disability technical Working Group (ADTWG), led by Help Age International, under the Protection Cluster. This group collected data and reported on the needs of the affected population, with a strong focus on older people, often with gaps regarding children and adults with disabilities. Since February 2022, the group remains functional, however has had little measurable impact on mainstreaming disability inclusion in the humanitarian response and promoting OPD participation.

Also in 2022, UN agencies with support of UNPRPD rolled out a joint programme supporting Ukrainian persons with disabilities. The Programme brought together 40 Government actors and 65 OPDs and CSOs of parents with disabilities to urgently inform the humanitarian response to be fully inclusive and thereby uphold the States’ commitment to CRPD Article 11 on the protection and safety of persons with disabilities in situations of risk and emergency. The joint programme was implemented by UNDP, UNFPA, UNICEF and UN Women in close coordination with UNHCR and OCHA.

The joint programme has successfully strengthened the capacity of national stakeholders, including key duty bearers and rights holders, through workshops, online trainings, and webinars. The training focused on several key areas, including the CRPD, preconditions for disability inclusion, minimum initial service packages for sexual and reproductive health and gender-based violence, and responding to the rights and needs of people with disabilities, with a specific focus on children and women affected by the war and ex-combatants with disabilities.

UNFPA conducted technical skills building training for 150 health workers (123 W and 27 M) on inclusive SRH services and refresher trainings on GBV-related services to support on how to provide services to people with disabilities, with specific focus on women and girls with different types of disabilities.

UNICEF trained and equipped 57 Organizations led by parents of children with disabilities enabling them to reach 3,775 children with disabilities, including 2,265 girls in 20 regions of Ukraine. Following the training, UNICEF also solicited applications for small grants to support addressing the rights of children with disabilities which saw 34 OPD share their interest.

Following a training by UN Women for 40 government officials in collaboration with women led OPDs, the Secretariat of Parliament Commissioner on Human Rights (Ombudsperson’s Office) strengthened its capacity to monitor the implementation of the rights of women with disabilities in line with the CRPD.

Through the training provided by UNDP to 200 social workers from all regions of Ukraine, local authorities received support in the form of practical information and upskilling on how to reintegrate ex-combatants with disabilities into the social and economic systems.  Capturing the learning of the programme, UNDP developed 5 manuals with a focus on ensuring inclusion persons with disabilities in a crisis response relating to relocations, accessible shelters, re-integration of ex-combatants and access to information.

At the beginning of 2023, UNHCR led an analysis of the UN system related to disability inclusion - gaps and opportunities. The aim of this work was to produce recommendations for inclusion of technical DI mechanisms to bolster existing DI efforts and to guide the UN on sustainable action across the emergency, early recovery, development and peace building phases. As a result, a draft framework for coordinated UN action on disability inclusion was developed, where two major OPDs were consulted on the framework. This draft framework remains valid and will act as baseline for more detailed situational analysis and framework development going forward.

Moreover, recognizing the need for OPD expertise and participation in the UN system, two Round Tables were held in Quarter two of 2023. These were led by the Resident and Humanitarian Coordinator and attended by UN senior leaders and OPDs. The first round table was designed to connect OPDs with UN leadership and allow OPDs the opportunity to report on gaps and needs related to disabilities in the UN system. As a result, a list of actions was developed, and the RCO Disability task Team (DTT) was created. The DTT, under the RCO includes UN technical focal points, OPD focal points and Humanity & Inclusion. The group is tasked with guiding the work on DI in Ukraine, including the actions under this proposal.

The second round table, was specifically focused on planning for public dialogues on inclusivity and early recovery. The key aim was to identify specific actions on how to bring inclusive reconstruction forward together, ensuring that OPDs participate in reconstruction efforts meaningfully. Several action points were born from the meeting, including supporting OPDs to meet with teams from the Ministry of Communities, Territories, and Infrastructure for consultation and feedback on the reconstruction database, including accessibility criteria to be included in the database and for reconstruction projects. This process is currently ongoing.

**Activities of the inception phase:**

Following the 2022-2023 DI work in Ukraine to date, technical and financial resources are required to adequately address the short term needs and longer-term aspirations of persons with disabilities, with regards to their civil rights in Ukraine. On the one hand, needs for rapid mainstreaming of disability inclusion mechanisms in the humanitarian system remain urgent, including specifically ensuring OPDs can access humanitarian funds, such as the Ukraine Humanitarian Fund and coordination mechanisms such as the Inter Cluster Coordination Group (ICCG). At the same time, in the context of large incoming investments into Ukraine’s early recovery process and the increased national efforts towards European Union accession, OPDs require a strong platform from which to engage in national policy dialogue, ensuring that actions in the medium to longer term are aligned with the UNCRPD and do not cause harm for persons with disabilities, but rather provide an enabling and barrier free environment.

**Therefore, the activities proposed under this action, include:**

1. **Funding technical capacity in the RCO:** The RCO, with the support of WHO Ukraine, will recruit a National Disability Inclusion Advisor to sit within the RCO and provide technical support on actions under this project, all other RCO strategic actions, the HCT and broader policy elements; please find ToR attached.
2. **Participatory situational analysis:** The RCO and WHO will lead a fully consultative process, to ensure that the issues which affect children and adults with disabilities in the various regions of Ukraine, are captured and addressed in latter actions. This includes flagging urgent needs with the ICCG and OCHA as they arise in the process, but also using data collected to inform the UN coordinated approach in point 3 below. To capture the data required and ensure that OPDs and individuals in each oblast have been sufficiently included in the process, the situational analysis will build on the DTT’s operational OPD needs survey (currently in progress) and will include a desk review, Key Informant Interviews (KIIs) (Government focal points, service providers etc) and Focus Group Discussions (FGDs) (OPDs, individuals with disabilities etc). Depending on guidance from OPDs and other members of the DTT, these will be carried out based on themes and most prominent issues e.g., women and girls, military aged men and early recovery and access to health and protection respectively. The data collected will be analysed and a brief report on the situation and recommendations for short- and longer-term actions will be generated.
3. **Development and roll out of UN coordinated approach framework and accountability mechanism:** Utilizing the data from point 2, the DTT will build on previous UNHCR efforts of Quarter one 2023, to develop a DI framework which considers the existing structures in place (Government, UN, humanitarian). The aim is to avoid creating a silo framework, but rather reflect themes, roles, and responsibilities within existing structures, including where the UN can utilise its platform to promote more inclusive governance in Ukraine on key issues such as deinstitutionalization and reconstruction. This process must be inclusive and participatory, ensuring government, UN and OPDs work together to endorse the framework and jointly participate on implementation; therefore, joint Government, UN and OPD forums will be held as part of this process e.g., workshops etc. To ensure successful coordination among these stakeholders, leadership from the Resident and Humanitarian Coordinator will be vital.
4. **Based on the above, the development of a joint proposal (with relevant agencies limited to 3) to address policy changes identified as priorities:** Based on the information collected and reported on and the joint Government, UN and OPDs forums, the DTT will develop a program proposal, including operational actions to influence policy development and reform in the medium-longer term. The specific policy issues and method for influencing, will be determined based on OPDs needs and their direction provided to the DTT. Key issues which may be selected are inclusive reconstruction and deinstitutionalization. The action must be thorough and well informed by the affected population, ensuring the action acts as a catalyst for policy reform, well aligned with the UNCRPD.
5. Participations of OPDs

The network of OPDs in Ukraine is large and diverse, with expansive technical expertise on key topics. There are OPDs, based in Kyiv, which are well resourced, and some connected with regional resources such as the European Disability Forum (EDF). Major OPDs include (but are not limited to) League of the Strong (LS), The National Assembly for Persons with Disabilities (NAPD), and Fight for Right (FFR) Ukraine, all of which are members of the DTT. In developing this proposal, these OPDs were consulted and contributed to the documents. To successfully achieve the desired outcome of this inception phase and the pending full policy related program, OPDs must sit at the center of operational actions, strategy development and decision making. Therefore, this program is designed in such a way, that the UN utilizes its platform and resources to raise the voices of OPDs in Ukraine and enable them a gateway for national influence and reform action.

1. Outputs details

*Please complete the table below* *with details of outputs including the indicators and responsible implementing agency.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outputs**  | **Description** | **Implementing UN Agency** | **Indicator**  | **Baseline** | **Target**  |
| Output 1 - Evidence on the situation of Ukrainian persons with disabilities and their representative organizations related to barrier and facilitators is generated. | The RCO and WHO will lead a fully consultative process, to ensure that the issues which affect children and adults with disabilities in Ukraine are captured and addressed in latter actions. This includes flagging urgent needs with the ICCG and OCHA as they arise in the process, but also using data collected to inform the UN coordinated approach. Data collection will include desk review, Key Informant Interviews (KIIs) (Government focal points, service providers etc) and Focus Group Discussions (FGDs) (OPDs, individuals with disabilities etc). | WHO Ukraine | # of UNPRPD Situational Analysis report through multistakeholder needs assessment approach  | 0 | 1 |
| Output 2 - Effective measures and coordination mechanisms are established in the form of a UN coordinated framework and accountability mechanism to promote inclusive humanitarian, early recovery, and development action in Ukraine.  | The framework will reflect themes, roles, and responsibilities within existing structures, including where the UN can utilise its platform to promote more inclusive governance in Ukraine on key issues such as deinstitutionalization and reconstruction. This process will be inclusive and participatory, ensuring government, UN and OPDs work together to endorse the framework and jointly participate on implementation.  | WHO Ukraine | # DI Frameworks endorsed by UNCT# Of OPDs participating in the implementation of the framework | 03 | 110 |
| Output 3 – A joint proposal (with relevant agencies limited to 3) is developed to address policy changes identified as priorities.  | Based on the information collected and reported on and joint Government, UN, I/NGO and OPDs dialogue, the DTT will develop a program proposal, including operational actions to influence policy development and reform in the medium-longer term. | WHO Ukraine | # joint agency proposals developed to address policy changes identified as priorities.  | 0 | 1 |

1. Workplan and budget

*Please attach detailed workplan and budget using templates provided.*

1. State Statistics Service of Ukraine (2018) [↑](#footnote-ref-2)
2. United Nations Ukraine (2021) UN Policy Options: Disability [↑](#footnote-ref-3)
3. WHO (2022) Global Report on Health Equity for Persons with Disabilities [↑](#footnote-ref-4)
4. Ibid [↑](#footnote-ref-5)
5. Ibid [↑](#footnote-ref-6)
6. #  President of Ukraine, Official Website (2022). During the war, the implementation of a barrier-free environment became even more important; Retrieved from: https://www.president.gov.ua/en/news/pid-chas-vijni-vprovadzhennya-bezbaryernosti-nabulo-she-bils-80101

 [↑](#footnote-ref-7)
7. United Nations Ukraine (2021) UN Policy Options: Disability [↑](#footnote-ref-8)
8. European Disability Forum (2022). How EDF and partners are supporting persons with disabilities impacted by the war in Ukraine. [↑](#footnote-ref-9)
9. United Nations Ukraine (2021) UN Policy Options: Disability [↑](#footnote-ref-10)
10. REACH Impact (2023). Multi Sector Needs Assessment 2022: Protection Analysis, March 2023 [↑](#footnote-ref-11)
11. European Parliament (2022). Russia’s War on Ukraine: People with Disabilities [↑](#footnote-ref-12)
12. IOM Ukraine (June 2023): Ukraine Internal Displacement Report, General Population Survey, round 13 [↑](#footnote-ref-13)
13. Ibid [↑](#footnote-ref-14)
14. Ibid [↑](#footnote-ref-15)
15. Ibid [↑](#footnote-ref-16)
16. Ibid [↑](#footnote-ref-17)
17. UN Women (2021). Disability Inclusion and Intersectionality [↑](#footnote-ref-18)
18. OHCHR (2023). Ukraine: Civilian Casualty Update, 19th June [↑](#footnote-ref-19)
19. REACH Impact (2023). Multi Sector Needs Assessment 2022: Health Analysis, March 2023 [↑](#footnote-ref-20)
20. WHO (2023) HeRAMS Ukraine Baseline Report 2023: Operational Status of the health system, November 2022 – May 2023 [↑](#footnote-ref-21)
21. REACH Impact (2023). Multi Sector Needs Assessment 2022: Health Analysis, March 2023 [↑](#footnote-ref-22)
22. United Nations Ukraine (2021) UN Policy Options: Disability [↑](#footnote-ref-23)
23. Disability Rights International (2022). No Way Home: The exploitation and abuse of children in Ukraine’s orphanages [↑](#footnote-ref-24)
24. MHPSS Technical Working Group of Ukraine (December 2022). Ukraine prioritized multisectoral mental health and psychosocial support actions during and after the war: Operational roadmap [↑](#footnote-ref-25)
25. Disability Rights International (2022). No Way Home: The exploitation and abuse of children in Ukraine’s orphanages [↑](#footnote-ref-26)
26. European Disability Forum (2022). Bridging the Gaps: Four studies of the situation of Ukrainian children with disabilities and their families since the war began [↑](#footnote-ref-27)
27. Kharkiv Institute of Social Research, League of the Strong, National Assembly of People with Disabilities & European Disability Forum (February 2023). Rights of persons with disabilities during the war in Ukraine [↑](#footnote-ref-28)
28. Ibid [↑](#footnote-ref-29)