

SUMMARY

The Convention on the Rights of Persons with Disabilities (CRPD) promotes “disability inclusion” referring to the meaningful participation of persons with disabilities in society on an equal basis with others, as well as development of disability-specific policies and programmes. The objective is to create an enabling environment promoting equal rights and participation for persons with disabilities. In order to remove the barriers to participation and ensure equal rights and equal opportunities, the Government of Ukraine (GoU) is recommended to promote the social inclusion of persons with disabilities by removing and mitigating political, cultural, administrative, environmental, physical, communication, policy and attitudinal barriers. To ensure the cohesion of the whole society, including persons with disabilities, policy interventions should be taken on several fronts and should have substantive and measurable outcomes, foreseeing that social inclusion must be both multi-dimensional and transformative.

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. Out of 136,300 persons who registered their disability for the first time in 2019, 44% were women. Actual numbers are likely to be much closer to the international disability prevalence rate of 15% and are estimated to include more than one million women of working age and 20% of the 11.3 million Ukrainian pensioners. However, there is only scarce relevant disaggregated data and the GoU only counts persons who register their disability, a process often hindered by physical, financial, and administrative barriers. In addition, Ukraine has not yet introduced the WHO's International Classification of Functioning (ICF) for the registration of persons with disabilities.

The GoU has recognised the need for action. 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. Implementation, however, is still pending. In spring 2021 the GoU adopted an advanced strategic document – the Strategy for Barrier-Free Society, which provides the framework for empowering persons with disabilities to fully participate in society and ensure they can enjoy their fundamental rights. 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. Currently, the GoU is developing action documents to implement the Strategy for Barrier-Free Society. At the same time, many Ukrainians living with disabilities remain trapped in their homes, restricted in their access to transportation, health care, social services and public buildings. Ukraine continues to apply medical and charitable approaches to persons with disabilities, rather than the human rights-based approach of creating favourable conditions to the enjoyment of all human rights on an equal basis. 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. These challenges are even more pronounced in conflict-affected areas where disability is especially prevalent among older persons and persons living in rural settlements, alone or with only one family member. Besides that, conflict-related civilian casualties may often lead to disabilities and severe limitations to the quality of life, including the right to mental health. Access to health services for persons with disabilities in conflict-affected areas has also been impeded.

High levels of institutionalisation, including of infants, in lieu of family- and community-based alternative care, and the application of Soviet-style models of ‘defectology’ and normalisation within an unreformed special boarding school system add to these challenges. COVID-19 has exacerbated existing inequalities of persons with disabilities and has exposed the gap between service needs, availability



and accessibility. Higher susceptibility to COVID-19 and lower chances of recovery, limited access to healthcare, including sexual and reproductive health services, habilitation and rehabilitation, social protection and education, and to accessible information in suitable formats leave persons with disabilities at even greater risk of being left behind. Persons with disabilities in often underequipped long-term facilities are particularly vulnerable to COVID-19 as their security and well-being depend on others. Restrictions of freedom of movement, lengthy and costly procedures to establish or renew a disability status curtail access to services they are entitled to. Pre-pandemic, persons with disabilities, particularly women and girls, already experienced higher rates of violence than the general population. The prolonged isolation and reliance on family members and caregivers during lockdown presents heightened risks of violence.

Women with disabilities are a diverse group of individuals with different identities, including various ethnic, religious, and racial backgrounds; they include migrants and internally displaced women; LGBTI women; women living with HIV; young and older women; single mothers and widows. Suffering from intersectional discrimination, women with disabilities, in addition to the problems faced by men with disabilities and women belonging to other vulnerable groups, experience multiple barriers to accessing healthcare services, hygiene products, services to protect themselves from sexual and gender-based violence (GBV), education, employment, financial resources and decision-making during the pandemic. With children forced to stay at home, the care burden on women, including women with disabilities, also increases. Women with disabilities who have children face additional challenges in supporting their children’s distance learning and providing care with no services available to support them. Mothers (especially single) of children with disabilities (CWD) face additional challenges due to pre-existing inequalities and intersecting forms of discrimination. CWD continue to face considerable barriers to inclusive high-quality education through negative social norms and attitudes, limited school capacity and infrastructure. Educators often lack capacity to provide support to children with special educational needs, especially to those with severe disabilities and developmental delays. The links between the Schools and Inclusive Resource Centers remain weak, and the use of Assistive Technology in Education is extremely sparse.

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 institutionalisation, stigmatization, and lack of guarantees of protection in specialised institutions, where cases of torture and ill-treatment continue to be documented. Such a situation is preconditioned by the wide-spread practice of the deprivation of their legal agency that amounts to violation of the right to equal recognition before the law and reinforces other existing barriers in the enjoyment of civil rights as well as the rights to education, work, and independent living. Specialized mental health and psychosocial support services designed to address the needs of persons with intellectual and psychosocial disabilities and those supporting them have already been scarce before the pandemic, and the few existing programs were suspended due to COVID-19 or discontinued as a consequence of the recent healthcare reform.

SUSTAINABLE DEVELOPMENT GOALS

The UN’s Universal Declaration of Human Rights enshrines the right of persons with disabilities to exercise their civil, political, social, economic and cultural rights on an equal basis. SDG 10 “Reduced Inequalities”, SDG 16 “Peace, Justice and Strong Institutions”, and SDG 17 “Partnership for the goals” are particularly foundational issues that underpin progress towards a disability-inclusive implementation across all the SDGs. Implementing nationally appropriate inclusive social protection systems for persons with disabilities will progressively ensure the ending of poverty in all its forms (SDG 1), ensure healthy lives, and promote well-being for all at all ages (SDG 3). Inclusive education for CWD throughout the education system will ensure school education for all children and adolescents (SDG 4). Addressing the unique and diverse experiences of women and girls with disabilities will ensure gender equality and empowerment of all women and girls (SDG 5). Making cities and rural settlements





inclusive will ensure access to transport systems and public spaces for all with special attention to the needs of persons with disabilities and older persons (SDG 11). And, addressing the barriers to inclusion of persons with disabilities in employment will help achieving sustained, inclusive and sustainable economic growth (SDG 8).

POLICY CONSIDERATIONS

The UN recommends the GoU to consider the following policy recommendations:

- Adopt and promote the human-rights-based model of disability.
- Expedite the process of full adoption of the WHO’s International Classification of Functioning (ICF) for cross sectoral use in disability-related programming and policy making.
- Urgently implement the recommendations made by the CRPD in its Concluding Observations, revoke discriminatory national legislation and establish institutional mechanisms to combat discrimination against persons with disabilities more effectively.
- Ensure compliance with the recommendations made by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee to adopt comprehensive policies and programmes to protect the rights of women and girls with disabilities, in particular those facing intersecting forms of discrimination, ensuring their equal access to education, employment, housing, healthcare, other basic services, protection from sexual and GBV, social protection and to promote their autonomy, access to community services and their participation in political and public life. Pursue a multi-pronged approach to effectively address the multiple and intersecting identities of women and girls with disabilities through mainstreaming, targeting, and inclusion.
- Collect and analyse disaggregated data on persons with disabilities to ensure evidence-based policymaking, provide for adequate budgeting and targeted, gender-responsive, disability-inclusive assistance, identify and remedy the socio-economic and health-related consequences of the COVID-19 pandemic.
- Systematically consult and involve persons with disabilities, including women and girls, parents of CWD and organisations that represent these groups in policy development and implementation, in the political and decision-making processes on an equal basis with others, including in elections as well as in the design and implementation of COVID-19 response and recovery measures.
- Streamline and integrate structures to deliver better and more equitable access to a wider range of cost-effective and quality health and social services, ensure accessibility for persons with disabilities.
- Promote the development of an inclusive education system and ensure all necessary support for the participation of children and youth with disabilities in education at pre-school, school, vocational and higher education levels, in mainstream settings. Ensure that additional support is provided to children and youth with disabilities to close the learning gaps determined by the school activity and organisation of education during the COVID-19 pandemic.
- Mainstream accessibility into all relevant policies and actions since accessibility to the built and virtual environments, information and communication technologies, goods and services, including transport and infrastructure, is an enabler of rights and a prerequisite for the full participation of persons with disabilities on an equal basis with others.
- Expand disability-targeted social protection, adapt delivery mechanisms and review the disability assessment framework based on the ICF to improve access, coverage, and increase disability allowances to cover minimum standards that match actual subsistence levels.
- Adopt measures, including long-term social infrastructure aimed at supporting family members and carers of persons with disabilities with additional social protection and work-related adjustments to ensure the continuation of caregiving work.





- Ensure that persons with disabilities have full and equal access to all COVID-19 prevention and response measures, to all healthcare services during quarantine periods, including sexual and reproductive health services, medication, medical examinations necessary for the registration of a disability status, referral mechanism services for women with disabilities who are survivors of sexual and GBV.
- Implement CEDAW Committee’s recommendation to provide adequate redress, assistance and protection to women who are victims of violence, including women and girls with disabilities, by establishing shelters, including in rural areas, and enhancing cooperation with NGOs that provide shelter and rehabilitation to victims.
- Implement a full-scale comprehensive awareness campaign on persons with disabilities as full-fledged members of society who need additional support for both human rights and purely economic reasoning; raise awareness of key stakeholders and general public about the rights of, and intersectional discrimination faced by women and girls with disabilities.
- Declare municipal and charitable organisations working with persons with disabilities as essential and increase funding to ensure service continuation during quarantine.
- Develop a policy of deinstitutionalisation to enable persons with disabilities to live in the community. This should include the development of inclusive infrastructure, alternative health services, comprehensive community-based support systems and networks to increase outreach and ensure service continuity during the COVID-19 pandemic. Under the ongoing decentralization reform, look for opportunities to appropriately embed relevant elements of GoU policy of deinstitutionalisation into the local and regional architecture of decentralized service provision within the community, as physical separation from communities and families severely limits the capacity and preparedness of those living or growing up in institutions to participate fully in their community and wider society.
- Provide additional financial resources and reallocate existing financial resources away from institutions to accelerate the development of family-based care options and community-based family support services for families with CWD and for CWD deprived of parental care.
- Ensure community-based technical aids, personal assistance, including in the area of mental health, as well as housing for persons with disabilities, especially for youth graduating from boarding schools and reintegrating back into their communities from institutional care.
- Provide adequate funding and strengthen capacity of local self-governments to deliver decentralised services to persons with disabilities and their caregivers at local level based on availability, accessibility, affordability and quality of public services criteria of human-rights-based approach.
- Strengthen the gatekeeping mechanisms at community level to support families of CWD and persons with disabilities. Adopt the National Strategy of Reform of the Institutional Care System 2017-2026 and the subsequent Action Plan and take into account the concluding observations and recommendations of the CRC Committee and recommendations of UNICEF.
- Coordinate across sectors and streamline the mechanisms of provision, service and expert support to the use of Assistive Technology that facilitate education, rehabilitation and social inclusion of persons with disabilities. Align the national Assistive Product Lists with international standards.
- Abolish all forms of deprivation of legal agency of persons with disabilities (including the over 40’000 persons with intellectual and psychological disabilities deprived of their legal agency), as well as deprivation of liberty based on disability.
- Introduce supported decision-making, other community-based support services to enable independent living and inclusion of persons with intellectual and psychosocial disabilities.





- Develop guidelines and specific instructions for the prevention of torture, ill-treatment, sexual and GBV against persons with disabilities in institutions, set up confidential and accessible complaint mechanisms, regularly monitor implementation.
- Finalize and endorse the National Strategy of Inclusive Education 2020-2030 with particular provisions for funding mechanisms of support, clearly defined role of special education and supporting role of specialist provision in the inclusion of pre-schools and CWD in regular schools and preschools, as well as for the role of Assistive Technology in supporting education of CWD and children with special educational needs.
- Ensure compliance with ILO Conventions #111 and #159 on the discrimination of persons with disabilities, take necessary action in line with the 7th periodic review to increase labour market participation of persons with disabilities.
- Ensure effective implementation of affirmative measures and the strengthening of businesses and the public sector for employment of persons with disabilities and improving their access to quality and sustainable jobs (decent work).

